Joint Health Improvement Plan 2004 / 2005

Section 1: Foreword

1.1 About East Lothian

Section 2 Introduction & Policy Background

Section 3 Health & Well Being
3.0 Introduction
3.1 What is Health?
3.2 What is Health Improvement?
3.3 What are Health Inequalities?

Section 4 Community Planning
4.0 Community Planning
4.1 Community Planning Partners
4.2 Planning & Co-ordination of Health Improvement In East Lothian

Section 5: The Challenge

Early Years
5.0 Teenage Transition
5.1 Communities & Communities of Interest
5.2 Adults of Working Age
5.3 Linked strategies and plans
5.4 How do we know if we are making a difference?

Appendix

2. Tables Describing Targets & Indicators for the Community Planning Health & Well Being Objectives.
3. Case Studies of Partnership development / working in East Lothian.
Foreword.
1.1 About East Lothian

East Lothian is one of Scotland’s most scenic areas; it covers some 270 square miles, and includes some 43 miles of coastline.

Its population is approximately 90,000 with traditional industries of farming and fishing. Musselburgh is the largest town the other principal towns being Haddington, Tranent, North Berwick, Prestonpans and Dunbar. East Lothian shares border with Edinburgh City, Midlothian and the Scottish Borders.

Although often seen as a relatively prosperous area, East Lothian does have significant pockets of deprivation often complicated by the rural nature of much of the area.

The population of East Lothian is growing with significant pressures for development of new housing. It is estimated that East Lothian needs 10,000 new houses over the next 10-15 years to provide for the growing population. In addition to this a further 40 hectares of land requires to be identified for new business development.

It is known that many of the residents of East Lothian commute to Edinburgh to work. The escalation of house prices and the growth of the Edinburgh economy and labour market have significant effects on East Lothian.

In terms of health service coverage East Lothian Boundaries are co-terminus with the East Lothian Local Health Care Co-operative and falls entirely within the Lothian NHS catchment area.

Diagram 1
Section 2

Introduction.
A general profile of health in East Lothian can be said to be slightly better than the Scottish average, with statistics showing improvement over the last two years. However, this has to be understood in the context of Scotland’s poor health record in international comparisons. Another important issue is the contrast or inequalities in health status that can be found between communities across East Lothian.

‘Towards a Healthier Scotland’ (Scottish Exec 1999) clearly identified that much of the illness caused by coronary heart disease, stroke and cancer in Scotland is preventable. East Lothian has a very significant challenge to improve the health of individuals and communities.

This Joint Health Improvement Plan has been developed by the Health Well Being & Lifelong Learning Forum of the East Lothian Community Planning Partnership to ensure the following: -
- joint working on health improvement across the community planning partners
- outline key national and local agendas for health improvement
- provide a framework for local delivery of corporate policy across a range of issues related to the wider determinants of health
- provide a profile of health improvement needs in East Lothian

The Policy Context
A range of key national and local strategies and initiatives has informed the East Lothian Joint Health Improvement Plan. The following is a brief overview of the key documents that influence the Joint Health Improvement Plan.

Social Justice – A Scotland Where Everyone Matters (2000)– this document describes the long-term strategy of the Scottish Executive for addressing the issue of poverty. The strategy outlines the ambition to ensure all Scottish people have access to the opportunities and chances in life, that allow people to prosper and grow.

‘Towards a Healthier Scotland (1999) this government white paper remains the cornerstone of much of the policy development on health improvement issues in Scotland. It remains important because it marked a shift in health policy towards recognising the importance of prevention of illness and the promotion of positive health. This document also recognised reducing the differences in health outcomes – ‘health inequalities’ as an important priority for health improvement.

The Health Improvement Challenge (2003) – this document describes a series of actions that are aimed at increasing the rate of improvements in Scotland’s Health. The document identifies five lifestyle factors – tobacco, alcohol, diet in particular low fruit and vegetable consumption, physical activity and obesity on which concerted action is needed. The document outlines four broad areas for focusing action on these five factors – Early Years, Teenage Transition, Workplace and Communities.

Partnership For Care (2003) – is a government white paper that details how the NHS in Scotland is to be modernised and developed. This document aims to improve public participation in local services, and encourages the NHS to participate in and develop partnerships with other service providers to ensure services are delivered efficiently at the most appropriate level. The document also recognises the challenge of reducing health inequalities and the demand for better information, and advice from the communities served by the NHS.

Local Government Scotland Act 2003 – this act has three main parts each of which have an important influence on the Joint Health Improvement Plan and the process of developing the plan – the Duty of Best Value, The Duty of Community Planning and the Power to Advance Well Being.

Local Authorities as Health Improvement Organisations (2001) – The confederation of Scottish Local Authorities (COSLA) issued this guidance to council in recognition of the crucial role councils have in improving the health of the communities they represent. The guidance lists key components that will assist council in delivering their health improvement function.
Section 3  

Health & Well Being

3.0 What is health?

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 infirmity.’

The following is perhaps a more comprehensive description of health:

“To reach a state of complete physical, mental and social well-being an individual or group must be able to identify and to realise aspirations to satisfy needs and to change or cope with the environment. Health is seen as a resource for everyday life and not the object of living. Health is a positive concept, emphasising social and personal resources as well as physical capacities”


A model of health.

Diagram 2 below depicts the several influences on health e.g. economic factors, physical environment, social environment, individual response and how they interact with each other.

Diagram 2.

3.1. What is Health Improvement?

Health Improvement is a term that is used to bring together a wide range of activities that can count towards improving human health. The following three broad themes are frequently used to describes areas where intervention can be made that will have outcomes in relation to the health of individuals and communities.

1. **Life Circumstances** – for example, through tackling unemployment, poverty, poor housing and improving the environment and educational standards
2. **Lifestyles** – eating a healthy diet, taking more physical activity, reducing smoking, drug and alcohol misuse
3. **Health Topics** – child health, dental and oral health, sexual health including teenage pregnancies and sexually transmitted diseases, coronary heart disease cancer etc.

*(Toward A Healthier Scotland, SODH 1999)*

3.2. What are Health Inequalities?

Although Scotland’s health is improving it has a poor record of health compared to the rest of the United Kingdom and to the rest of Europe. In general people live shorter lives in Scotland and are more likely to suffer from preventable illness. However, even considering the Scottish populations relative disadvantage compared to our European neighbours one of the most intractable and pressing issues for health improvement in Scotland is that of inequality. The level of morbidity and mortality is not evenly spread throughout the population. Socio-economic status is a major determinant of health status in Scotland. *(Towards a Healthier Scotland. SODH 1999, Inequalities in health: Report of the Measuring Inequalities in health Working Group. November 2003)*

Improving health in Scotland the Challenge (2003) lists a range of indicators of inequality for four population groups as show in Table 1.

<table>
<thead>
<tr>
<th>Population Group</th>
<th>Indicators of inequality</th>
</tr>
</thead>
</table>
| **Children**     | 1. Smoking during pregnancy  
  2. Breastfeeding  
  3. Dental Health of Children  
  4. Low birthweight babies  
  5. Accidents in children aged 0-9 (hospital admissions  
  6. Infant mortality  
| **Young People** | 7. Accident in Children aged 10-14 (hospital admissions  
  8. Teenage pregnancies (aged 13-15)  
  9. Teenage pregnancies (aged 13-19)  
  10. Suicides among young people aged 10-24  
| **Adults**       | 11a. Diet – Consumption of fresh fruit  
  11b. Diet – Consumption of green vegetables  
  12. Adult smoking  
  13a. Self reported general health in people aged 16-44  
  13b. Self reported general health in people aged 45-64  
  14. Self reported limiting long standing illness  
  15. Obesity  
  16. Mental health (GHQ12 scores)  
  17. All cause mortality rate among people under 75  
  18. Mortality rates from coronary heart disease among people under 75.  
  19. Mortality rates from cancer among people under 75  
  20. Life expectancy  
| **Older People** | 21. All cause mortality rate among people over 75  
  22. Mortality rates from coronary heart disease among people 75 and over.  
  23. Mortality from cancer among people 75 and over.  

The exact reason why health inequalities persist against a background of generally improving health is not completely understood. However, it is most likely that life circumstances and lifestyles have a very significant role to play in determining the increased mortality and morbidity in people and communities with lower incomes. *(Tackling Health Inequalities in Lothian. Lothian Health. 1999)*

Health Inequalities are a major issue for promoting Social Inclusion. The Scottish Executives Social Justice Milestones provide a number of challenges to improve the health of the most disadvantaged in our communities. This East Lothian Joint Health Improvement Plan has taken the lead from Community Planning Partners in adopting the Social Justice policy as described in the document ‘Social Justice: A Scotland Where Everyone Matters, Scottish Executive, Nov, 1999) as it’s overarching strategic direction.
Section Four Community Planning

4.0 The Community Planning Partnership
The East Lothian Community Planning Partnership provides a structure and process by which the partner organisations can work towards an agreed vision for East Lothian. The community planning partners are as follows: East Lothian Council, Lothian Health, Lothian Primary Care NHS Trust, East Lothian Health Care Co-operative, Communities Scotland, Scottish Enterprise Edinburgh & Lothian’s as well as voluntary sector representation and representation from carers & service users.

There are three main themes of the community plan, each of which has it’s own planning forum. The themes of the Community Plan are:
- Health Well being & Life Long Learning
- Enterprise & Skills
- Sustainable Development

An organisational chart has been appended to this document as appendix 1.

4.1 How is The Joint Health Improvement Plan Developed
Health Improvement is everyone’s business. In Section 2 diagram 2 depicts the range of influences on individual health and makes it clear that many things contribute to shaping our health.

Clearly the services provided by the NHS have a central role to play in maintaining and improving the health of the communities they serve. However, the Health Improvement agenda is wider than treatment and care of members of the community who become ill. It is this wider agenda of prevention and improvement that is the concern of the Joint Health Improvement Plan. Local authorities have a key role to play in health improvement because of their role within education, housing, planning, environmental health, leisure and recreation, and social care. All of these services have direct impact on health status.

The main participants in the drive to improve health in East Lothian include:
- All departments of East Lothian Council
- NHS Lothian
- East Lothian Health Care Co-operative
- Integrated Community Schools
- Health Promotion Network
- Tranent Social Inclusion Partnership
- Voluntary Organisation & Community Groups
- The wider Community Planning Partnership
- Private Sector

4.2 The Health Well Being & Lifelong Learning Forum
The Forum considers a range of areas that affect our everyday life and explores how we can work toward improving the health, well-being and lifelong learning opportunities of the individuals and communities that make up East Lothian. They have put together a framework based around three main themes:
- Healthy Communities and Healthy Citizens
- Strong and Inclusive Communities
- Working and Learning Communities.

In the Community Plan the Health Well Being & Lifelong Learning Forum states that its main aim is:

”to improve the health of individuals and families and reduce health inequalities in East Lothian”

[East Lothian Community Plan, 2001, Page 8.]
This forum has overall responsibility within the community planning process for the development and production of the Joint Health Improvement Plan

The Health Well Being & Lifelong Learning Forum has established eight objectives to meet its aim to ‘improve the health of individuals and families and reduce health inequalities in East Lothian’. The objectives are shown in the table 2.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Headline Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting Physical Activity</td>
<td>the number of people participating in active leisure activities</td>
<td>No. of people using sports &amp; leisure facilities No. of people who are moderately physically active. No. of school aged children who access two hours of P.E. in schools</td>
</tr>
<tr>
<td>Promoting Healthy Eating</td>
<td>The number of people eating a healthy diet</td>
<td>% consuming 400gms or five portions of vegetable per day % eating oily fish Amount of fibre in diet Consumption of processed sugars Consumption of saturated fats</td>
</tr>
<tr>
<td>Promoting Smoke Free Environments</td>
<td>Number of non-smokers</td>
<td>No. of smokers the percentage of women smoking while pregnant</td>
</tr>
<tr>
<td>Reduce Coronary Heart Disease &amp; Cancer</td>
<td>No. of people with diagnosis of CHD and cancer</td>
<td>mortality rates for cancer, coronary heart disease</td>
</tr>
<tr>
<td>Preventing Drugs Misuse</td>
<td>incidence of drugs misuse</td>
<td>No. of people misusing drugs in the community Rate of drug related crime. No. of individuals treated for drug misuse. No. of hospital admissions related to alcohol.</td>
</tr>
<tr>
<td>Promoting Sexual Health</td>
<td>No. of teenage pregnancies Rate of sexually transmitted infections</td>
<td>No. of unwanted pregnancies No. of s.t.i’ in 16 – 24 year olds.</td>
</tr>
<tr>
<td>Promote Positive Mental Health</td>
<td>No. of people expressing symptoms of mental ill health</td>
<td>Rates for self-harm and suicide. No. of prescriptions for anti depressants No. of school exclusions</td>
</tr>
<tr>
<td>Promote Positive Workplace Health</td>
<td>No. of adults with work related illness No. of adults maintained in the workforce</td>
<td>Rate of long term limited illness within the community No. of work days lost to illness No. of SME’s registered with SHAW</td>
</tr>
</tbody>
</table>

4.3 The Health Promotion Network

The East Lothian Health Promotion Network is an inter-agency group that aims to promote health improvement by enabling agencies to plan and work together in accordance with the principles laid out in the East Lothian Community Plan. It is linked to the Community Planning process through the Health, Well-being and Lifelong Learning Forum. The Network currently supports a range of groups’ coordinating work around health topic areas. The sub-groups are as follows:

- Early Years (0 – 8 years of age)
- Teenage Transition
- Adults of Working Age
- Communities (including communities of interest)
• food and health
• mental health
• parenting
• peer support
• physical activity
• sexual health
• Health Promoting Schools
• Smoking Cessation

The ‘Action Plan’, which accompanies this document, is derived from the work plans of the health Promotion Network.

4.4 The East Lothian Joint Public Health Team
The group complements the Health promotion Network by providing specialist public health / health improvement / health promotion advice, support and information and ensuring good communication between East Lothian Council, NHS Lothian, ELHCC and other agencies involved in the Health Promotion Network.
### Section Four

**Action Plan**

**Strategic Issues**
The following outlines issues which the Health & Well-Being Forum see as the key strategic priorities for improving health in East Lothian

<table>
<thead>
<tr>
<th>Actions we will take in East Lothian</th>
<th>Key Partners</th>
<th>Timescale</th>
</tr>
</thead>
</table>
| Develop a robust framework for Health Improvement in East Lothian through the continuing development and monitoring of the Joint Health Improvement Plan. | HWLLLFLF  
ELPHT                                           | 2004 / 2005                       |
| Improve partnership working and data sharing across agencies serving East Lothian via the community planning process. | HWLLLFLF | Ongoing       |
| Develop East Lothian Council as a Health Improvement Organisation through continued capacity building and the setting of health objectives in each departmental business plan. | ELC – all depts                    | 2007       |
| Continue to develop the capacity to support health improvement initiatives through the ongoing development of the Health Promotion Network and the Joint Public Health Team. | HPN  
ELPHT                                           | Ongoing                            |
| Facilitate the development of a multi agency approach to the development of Health Promoting Schools across East Lothian. Each school to have achieved the status of being a Health Promoting School by 2007. | HPN  
ELC – Education & Children’s Services | 2007       |
| Facilitate the development of a ‘Tobacco Alliance’ to co-ordinate smoking cessation and the development of smoke free environment across East Lothian, with a focus on tackling health inequalities. | HPN  
LHB – Health Promotion                | 2004 / 05                          |
| Ensure that the ‘Choose Life’ programme is developed within East Lothian.                          | HWLLLFLF  
Choose Life Implementation Group  
Integrated mental Health Planning Group | 2004 - 2006                       |
| Ensure that East Lothian needs are represented within the Lothian wide review of mental health services. | ELC                                             | 2004       |
| Promote the use of the Health Impact Assessment procedure as a means of assessing the health impact of new policy / developments. | HWLLLFLF  
ELPHT                                           | Ongoing                            |
| Explore the development of Healthy Living Centres across East Lothian.                           | ELC                                             | 2007       |
| The anticipated East Lothian Community Health Partnership (CHP) will have a key role to play to maximise the contribution of the Community Planning process to improve health and reduce health inequalities | ELHCC  
LHB  
ELC                                           | 2004/5                             |
5.1 Early Years
The document ‘Improving health in Scotland – The Challenge’ describes the importance of the Early Years of life to the health outcomes of later life.

**Children’s Services Chief Officer Group.**
The Children’s Services Chief Officer Group provides a senior multi agency forum for the planning, development and monitoring of services for children in East Lothian. The group is linked to the community planning process through the Health Well Being & Lifelong Learning Forum and the Joint Officers Group (JOG).

<table>
<thead>
<tr>
<th>Actions we will take in East Lothian</th>
<th>Key Partners</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consolidate the roll out of integrated Community School within East Lothian and ensure that a focus on health improvement is maintained</td>
<td>ELC – Education &amp; Children’s Services&lt;br&gt;COG&lt;br&gt;HPN&lt;br&gt;ELC – Education &amp; Children’s Services&lt;br&gt;LUHT - School&lt;br&gt;Nursing Service</td>
<td>2004 - 2007</td>
</tr>
<tr>
<td>Continue to support a multi agency approach to promoting healthier lifestyles to children and their families, which focuses on ensuring skill development to enable children and their families to make a healthy choice.</td>
<td>ELC – Education &amp; Children’s Services&lt;br&gt;HPN&lt;br&gt;COG</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Development of health promoting school concept throughout all East Lothian primary schools and nursery schools.</td>
<td>ELC – Education &amp; Children’s Services&lt;br&gt;HPN&lt;br&gt;COG</td>
<td>2004 - 2007</td>
</tr>
<tr>
<td>Continue to support the implementation of the ‘Hungry for Success’ report</td>
<td>ELC – Education &amp; Children’s Serves / Community Services</td>
<td>2006</td>
</tr>
<tr>
<td>Increase opportunities for physical activity for the 0- 8 age group, within schools and their communities.</td>
<td>ELC – Education &amp; Children’s Serves / Community Services&lt;br&gt;HPN</td>
<td>2004-2007</td>
</tr>
<tr>
<td>Continue to support the work of the East Lothian Drug &amp; Alcohol Team in supporting the families affected by substance misuse.</td>
<td>ELDAAT</td>
<td>On-going</td>
</tr>
<tr>
<td>Support the development of initiatives that promote positive parenting.</td>
<td>Positive parenting Forum&lt;br&gt;HPN</td>
<td>On-going</td>
</tr>
<tr>
<td>Continue to support a multi agency approach to addressing the health needs of homeless families.</td>
<td>ELC – Community Services&lt;br&gt;Homeless families Partnerships</td>
<td>On-going</td>
</tr>
<tr>
<td>Support health improvement initiatives in relation to children with special needs; looked after children; children with a disability; children who are carers; children who have offended.</td>
<td>ELC&lt;br&gt;LHB&lt;br&gt;ELHCC</td>
<td>On-going</td>
</tr>
</tbody>
</table>
Health For All (HALL 4) – utilise the opportunities presented by Hall 4 to support public health nurse teams to reorganise and re-focus their service to work, together with Early Years, Integrated Community Schools, Primary Care and the wider community, to take forward public health nursing in East Lothian.

Immunisation – Efforts will continue to ensure that levels of all immunisations for children reach the 90-95% rate required for full levels of protection for the entire population

Oral Health – Primary Care staff will continue to promote dental health with families and encourage early registration of infants with dental practices

Mental health - Primary care staff will continue to identify parents with postnatal depression through the use of screening tools and ensure that appropriate support is offered. They will also offer individual tailored support to all families with young children to promote positive mental health depending on assessed need.

Choose Life East Lothian is supporting work by East Lothian CAMHS and by the school nursing service to address mental health needs in children

Smoking Cessation - Want2Quit is developing individual and group smoking cessation services led by community pharmacists across Lothian targeting pregnant people, their partners and young people.

Breast-feeding – Breast-feeding is supported within a hospital setting and in the community by midwives and health visitors. There is a need to target resources in order to increase the levels of breast-feeding across Lothian especially amongst groups where rates are lowest.

Continue to support the development of the Early Years Community Assessment Team

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Responsible Bodies</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunisation</td>
<td>ELHCC, LUHT, ELC</td>
<td>2004-2006</td>
</tr>
<tr>
<td>Oral Health</td>
<td>ELHCC, LPCT, local dentists</td>
<td>On-going</td>
</tr>
<tr>
<td>Mental Health</td>
<td>ELHCC, CAMHS, Voluntary sector</td>
<td>On-going</td>
</tr>
<tr>
<td>Smoking Cessation</td>
<td>Choose Life Implementation Group CAMHS, School Nursing Service, Voluntary Sector</td>
<td>2007</td>
</tr>
<tr>
<td>Breast-feeding</td>
<td>LUHT, ELHCC</td>
<td>On-going</td>
</tr>
<tr>
<td></td>
<td>ELC</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
### 5.2 Teenage Transition

Ensuring that the experience of transition from childhood through adolescence to adulthood for individuals is positive and life enhancing will have a profound effect on teenage smoking, mental health, drug use and alcohol consumption.

<table>
<thead>
<tr>
<th>Actions we will take in East Lothian</th>
<th>Key Partners</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consolidate the roll out of Integrated Community School within East Lothian and ensure that a focus on health improvement is maintained.</td>
<td>ELC – Education &amp; Children’s Services CSCOG</td>
<td>2004 - 2006</td>
</tr>
<tr>
<td>Development of health promoting school concept throughout all East Lothian secondary schools.</td>
<td>ELC – Education &amp; Children’s Services ELDAAT</td>
<td>2007</td>
</tr>
<tr>
<td>Continue to support the work of the East Lothian Drug &amp; Alcohol Team in raising awareness of health impact of drug &amp; alcohol abuse and supporting the families affected by misuse.</td>
<td>ELDAAT</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Continue to support the active involvement of young people in active participation within school and community through pupil councils; Dialogue Youth; Youth Parliament; development of School Nutrition Action Groups.</td>
<td>ELC Dialogue Youth HPN</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Continue to support the participation of young people in sport, through the sports development programme.</td>
<td>ELC Sportscotland Sport &amp; Education Advisory Group HPN Physical Activity Group Paths Steering Group</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Continue to support the development of initiatives aimed at involving young people in leisure based physical activity – walking, cycling, horse riding, dance etc.</td>
<td>HPN</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Continue to support and develop a multi agency approach to the promotion of healthy lifestyle choices amongst young people.</td>
<td>ELC / HPN / ELHCC LUHT Choose Life</td>
<td>2004 - 2007</td>
</tr>
<tr>
<td>Support young people to achieve a positive self esteem through agreed initiatives.</td>
<td>LUHT LHB ELHCC</td>
<td>?</td>
</tr>
<tr>
<td>Support the new approach to school nursing to ensure health improvement activity is part of the workforce programme and to support the physical and mental well being of young people.</td>
<td>ELC / ELHCC / LUHT / LHB</td>
<td>On-going</td>
</tr>
<tr>
<td>Support the on-going development of an East Lothian based Child &amp; Adolescent Mental Health Service</td>
<td>ELC – Education &amp; Children’s Services CSCOG</td>
<td>2004 - 2006</td>
</tr>
<tr>
<td></td>
<td>ELC – Education &amp; Children’s Services ELDAAT</td>
<td>2007</td>
</tr>
<tr>
<td></td>
<td>ELDAAT</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>ELC Dialogue Youth HPN</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>ELC Sportscotland Sport &amp; Education Advisory Group HPN Physical Activity Group Paths Steering Group</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>HPN</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>ELC / HPN / ELHCC LUHT Choose Life</td>
<td>2004 - 2007</td>
</tr>
<tr>
<td></td>
<td>LUHT LHB ELHCC</td>
<td>?</td>
</tr>
<tr>
<td></td>
<td>ELC / ELHCC / LUHT / LHB</td>
<td>On-going</td>
</tr>
</tbody>
</table>
**Communities & Communities of Interest**

It is an unfortunate fact that where we live can have a considerable impact on our health. The most pressing challenge in improving the health of people of Scotland is ensuring that the gap between affluent communities and the economically less advantaged is reduced. However, modern communities are not always based on geography and many communities are composed of people who have an interest or characteristic in common. These communities of interest can also have specific needs in relation to health improvement.

<table>
<thead>
<tr>
<th>Actions we will take in East Lothian</th>
<th>Key Partners</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support Community Safety Partnership to reduce crime and fear of crime across East Lothian</td>
<td>Community Safety Partnership</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Support the East Lothian Domestic Abuse Forum to meet the health improvement needs of women who have violent partners.</td>
<td>HWLLF / Domestic Abuse Forum</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Support the work of the East Lothian Homeless Families Partnership in addressing the health improvement issues faced by homeless families.</td>
<td>Homeless Families Partnership</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Support the work of East Lothian Council housing department in developing a housing strategy for East Lothian, which addresses the issue of affordable housing, and the need for warm energy efficient homes.</td>
<td>ELC – Housing LHB ELHCC</td>
<td>On-going</td>
</tr>
<tr>
<td>Support the work of the Health Promotion Network in co-ordinating a multi agency response to the health improvement / promotion needs across East Lothian.</td>
<td>HWLLF ELC / LHB / ELHCC / Vol Sec</td>
<td>On-going</td>
</tr>
<tr>
<td>Continue to support a range of voluntary sector services, which enhance the capacity of local communities to meet their identified health improvement needs.</td>
<td>HWLLF ELC / LHB / ELHCC</td>
<td>On-going</td>
</tr>
<tr>
<td>Implement the East Lothian ‘Choose life Action Plan’, and national initiatives such as the anti stigma ‘See Me’ campaign.</td>
<td>HWLLF / Choose Life Implementation Group Integrated Mental Health Planning Group</td>
<td>2004 - 2006</td>
</tr>
<tr>
<td>Support the roll out of primary care based counselling services for people with mild to moderate mental health problems.</td>
<td>ELHCC / Integrated Mental Health Planning Group</td>
<td>2004</td>
</tr>
<tr>
<td>Support the work of the East Lothian Drug &amp; Alcohol team in addressing problems with the misuse of substances within local communities.</td>
<td>HWLLLLELDAAT</td>
<td>On-going</td>
</tr>
<tr>
<td>Provide increased opportunities for physical activity in local communities through the provision of improved facilities and safe environments.</td>
<td>ELC – Community Services</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
# Adults of Working Age

The workplace is an important setting for Health Improvement, and there are important economic imperatives for ensuring that adults of working age in Scotland are able to maintain employment and remain economically active. Healthy and safe workplaces can make an important contribution to improving health.

<table>
<thead>
<tr>
<th>Actions we will take in East Lothian</th>
<th>Key Partners</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the number of businesses involved in Scotland’s Health at Work. Work towards successively higher level awards from the SHAW programme.</td>
<td>LHB / ELC – economic development</td>
<td>2006</td>
</tr>
<tr>
<td>Improve the number of adults who make healthy food choices, and reduce obesity in adults.</td>
<td>LHB / ELHCC HPN / ELC– SHAW Group</td>
<td>On-going</td>
</tr>
<tr>
<td>Establish a ‘Tobacco Alliance’ within East Lothian. Reduce the number of adults who smoke, and increase the number of smoke free environments, with particular emphasis on low income smokers and pregnant women.</td>
<td>HPN ELHCC /LHB / ELC</td>
<td>2004</td>
</tr>
<tr>
<td>Reduce the alcohol intake of adults and promote ‘sensible drinking’.</td>
<td>ELDAAT HPN</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Promote positive mental health through the implementation of the Choose Life Action Plan.</td>
<td>CLIG / Mental Health Forum</td>
<td>2004 - 2006</td>
</tr>
<tr>
<td>Increase awareness of sexual health issues in adults, by ensuring awareness of services and how to access them.</td>
<td>HPN - Healthy Respect</td>
<td>On-going</td>
</tr>
<tr>
<td>Improve the access of working age adults to opportunities for physical activity.</td>
<td>HPN – Physical Activity Group</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Work will be developed locally targeting men’s health using funds available from the SE via LHB</td>
<td>LHB, ELHCC, Changes, Ageing Well</td>
<td>2004/6</td>
</tr>
</tbody>
</table>
Linked Strategies and Plans

Health and consequently health improvement is a very broad area which impacts on almost all services and areas of human activity. Hence it is not intended that this Joint Health Improvement Plan will in anyway encompass all activity related to Health Improvement within East Lothian. It focuses on the objectives laid out in the Community Plan and the Scottish Executive ‘Challenge’ document, but we remain aware that many other strategies and plans have an important influence on Health Improvement within East Lothian. In particular the Joint Health Improvement Plan recognises the contribution of the following plans to health improvement.

- Community Care Plan
- Children's Services Plan
- Housing Strategy
- Community Safety Strategy
- Domestic Abuse Strategy
- Agenda 21 Action Plan & East Lothian Environmental Strategy
- Health Promotion Network Action Plan
- East Lothian Drug & Alcohol Strategy
- East Lothian Local Transport Strategy
- Local Structure Plan
- ELHCC Service Plan
- Social Inclusion Strategy
- New Community Schools
- East Lothian Homelessness Strategy
- East Lothian Early Years Education & Childcare Plan
- Strategy to increase Rates of Breastfeeding in Lothian
- Education & Community Services Improvement Plan
- Supporting People Strategic Plan

How do we know if we are making a difference?

A range of quantitative indicators are being tracked for each of the objectives stated above. Indicators are chosen on the basis that they are able to show change over the period of the Community plan. These indicators are appended as appendix 2.

Measuring quantitative change in public health is well known to present numerous methodological problems. The main difficulty being the length of time between an intervention occurring and any expected health benefits becoming apparent. Another and more immediate method of evaluating health improvement projects is through case studies. Case studies also have the advantage that they often involve people as receivers of services in the process of evaluation. It is important not to lose sight of the people we are seeking to help, whose self esteem is a vital influence on their health in itself. The processes used may therefore be as relevant as the outcomes and evaluation tools should reflect this. Case studies provide one way of tracking process and how this impacts on people’s lives and their health. Three case studies demonstrating good practise in partnership development / working are given in appendix 3.
### Appendix Two
Tables Describing Targets & Indicators for the Community Planning Health & Well Being Objectives

<table>
<thead>
<tr>
<th>No</th>
<th>Objective</th>
<th>Data Source</th>
<th>Baseline Position</th>
<th>Proposed Target for June 2004</th>
<th>Source of Target(s)</th>
</tr>
</thead>
</table>
| 1.1 | Promoting Physical Activity (Increase Numbers of people participating in active leisure activities.) | Dept of Education & Community Services | New Computer System will track use of leisure facilities. | **National**  
Children - one hour of moderate activity most Days of the week  
Adults should accumulate (build up) at least 30 minutes of moderate activity on most days of the week.  
All children should have two hours of physical education in schools.  
**Local**  
(See Physical Activity Action Plan)  
1] To increase opportunities for people to participate in physical activities within their local communities.  
2] To provide training for staff and volunteers to enable them to assist with the delivery of activity programs within community facilities and schools  
3 To develop interest in exercise, recreation and health related issues. | Physical Activity Taskforce (Scottish Exec)  
Physical Activity Taskforce (Scottish Exec)  
Physical Activity sub-group of Health promotion Network |
|  | | Scottish Health Survey (1998) | Figures are for whole of Scotland % given are for those who meet required level of activity for health  
Adult Males 38%  
Adult Females 27%  
Boys 73%  
Girls 60% | | |
<p>|  | | Scottish Household Survey (2000) | Frequency of respondents use of sport / leisure facilities | | |
|  | | Lothian Health Survey | Available in 2003/04 | | |</p>
<table>
<thead>
<tr>
<th>No.</th>
<th>Objective</th>
<th>Data Source</th>
<th>Baseline Position</th>
<th>Proposed Target for June 2004</th>
<th>Source of Target(s)</th>
</tr>
</thead>
</table>
| 1.2 | **Promoting Healthy Eating**      | Scottish Health Survey                                                    | Diet indicators produced in Scottish Health Survey and ‘Towards a Healthier Scotland’. East Lothian Council is working towards producing a ‘healthy food policy’. | Eating for Health Targets for 1995 – 2010.  
- 400 grams or five portions of fruit and vegetables per day.  
- Increase intake of oily fish  
- Increase amount of fibre in diet  
- Reduce sugar intake  
- Reduce Salt intake  
- Reduce intake of saturated fats.  

Food & Health Sub-group of Health Promotion Network |
- Eating oily fish (36%)  
- Eating fresh fruit daily (27%)  
- Eating potatoes (not chips) pasta or rice once a day or more. (34.5%)  
- Eating cooked vegetables once per day. (27.5%)  
- Eating raw salad & vegetables once per day. (7%) | Eating for Health Targets for 1995 – 2010.  
- Increased physical activity  
- Reduced time spent sedentary  
- Increased access to sports facilities and facilities for active recreation |  
Food & Health Sub-group of Health Promotion Network |
<table>
<thead>
<tr>
<th>No.</th>
<th>Objective</th>
<th>Data Source</th>
<th>Baseline Position</th>
<th>Proposed Target for June 2004</th>
<th>Source of Target(s)</th>
</tr>
</thead>
</table>
| 1.3 | Promote smoke free environments  
(Reduce Percentage of women smoking during pregnancy.) | Public Health Annual Report (1999)  
ISD (SMR02 – 1998)  
Lothian Health.  
Lothian Health. | 18.5% women who are registered as pregnant smoke.  
East Lothian.  
N= 213  
26.8% of pregnant women.  
(6.7% below Scottish Average)  
Low birth weigh babies 4.4%  
(0.9% below Scottish Average) | In line with a reduction to 23% by 2005 and 20% by 2010 | NHS Lothian  
‘Towards a Healthier Scotland’ |

1 ISD = Information and Statistics Division (Scottish Executive)
<table>
<thead>
<tr>
<th>No.</th>
<th>Objective</th>
<th>Data Source</th>
<th>Baseline Position</th>
<th>Proposed Target for June 2004</th>
<th>Source of Target(s)</th>
</tr>
</thead>
</table>
| 1.4 | Reducing Coronary Heart Disease & Cancer (Reduce mortality rate from cancer and coronary heart disease.) | P.H.I.S Constituency reports based on General Register Office for Scotland figures for 1998. | East Lothian Data.  
**All Cancer** (N=237)  
Rate per 100,000 = 3.4 (13.7% above Scottish Average)  
**Lung Cancer** (N=50)  
Rate per 100,000 = 0.7 (11.2% below Scottish Average)  
**CHD** (N=196)  
Rate per 10,000 = 2.8 (3.3% above Scottish Average) | National Targets.  
Reduction in cancer rates consistent with a 20% reduction by 2010  
Reduction in CHD rates consistent with a 50% reduction by 2010 | NHS Lothian  
‘Towards a Healthier Scotland’ |
<table>
<thead>
<tr>
<th>No.</th>
<th>Objective</th>
<th>Data Source</th>
<th>Baseline Position</th>
<th>Proposed Target for June 2004</th>
<th>Source of Target(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5</td>
<td>Preventing Drugs Misuse</td>
<td>Local DAAT, Public Health Institute for Scotland – constituency report cards – (Data recorded in 1998 Source: Scottish office Statistical Bulletin, Criminal Justice Series March 1999)</td>
<td>154 individual patients treated for drug misuse per year.</td>
<td><strong>National Targets</strong>&lt;br&gt;Reduce the proportion of people under 25 reporting use of illegal drugs, and heroin use by 25%, by 2005.&lt;br&gt;Reduce repeat offending by increasing the number of drug misusing offenders entering treatment from criminal justice diversion and community disposals by 40% by 2004&lt;br&gt;Increase the number of drug mis-users in contact with drug treatment and care services in the community, by at least 10% every year until 2005.&lt;br&gt;Reduce the proportion of injecting drug users sharing needles and syringes by 20% by 2005, and reduce the percentage of injecting drug users testing positive for hepatitis C by 20% by 2005. Reduce the proportion of young people under 25 who are offered illegal drugs significantly, and heroin by 25% by 2005.&lt;br&gt;Increase the number of Drug seizures by 25% by 2004.&lt;br&gt;Increase the number of offences recorded by Scottish Police forces for “supply or possession with intent to supply drugs”, by 25% by 2004.&lt;br&gt;Reverse the upward trend in drug related deaths and reduce the total number, by at least 25% by 2005.</td>
<td>Tackling Drugs in Scotland. Scottish Executive 2001.</td>
</tr>
<tr>
<td></td>
<td>(Reduce incidence of drug misuse.)</td>
<td>DAAT Report by Hay and Gannon Oct 2001</td>
<td><strong>East Lothian</strong>&lt;br&gt;Opiates &amp; Benzodiazepines N=239 Problem drug Users&lt;br&gt;(N=779 or 1.6% of the 15 to 54 year old pop. Scottish Average =2.0%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Objective</td>
<td>Data Source</td>
<td>Baseline Position</td>
<td>Proposed Target for June 2004</td>
<td>Source of Target(s)</td>
</tr>
<tr>
<td>-----</td>
<td>-----------</td>
<td>-------------------</td>
<td>------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 1.6 | Promoting Sexual Health (Reduce unwanted pregnancies and sexually transmitted infection in 16-24 year olds.) | ISD (2000) | 35.9 per 1000 females (N=127)  
Figure for terminations is for all Lothian (N= 71 for under 24 age group) | **National Targets.**  
Reduction of 20% between 1995 & 2010 for 13 to 15 year olds.  
Reduce teenage terminations of pregnancy by 50% (1998 baseline)  
**Local Targets.**  
1] Improve access to and development of local sexual health services.  
2] Improve knowledge and skills of local workers to undertake sexual health work through training  
3] Increase knowledge and awareness of sexual health issues within East Lothian  
4] Promote Joint planning and, strategic development to influence and inform community planning. | NHS Lothian ‘Toward a Healthier Scotland’  
Sexual Health Sub-Group of Health Promotion Network |
<table>
<thead>
<tr>
<th>No.</th>
<th>Objective</th>
<th>Data Source</th>
<th>Baseline Position</th>
<th>Proposed Target for June 2004</th>
<th>Source of Target(s)</th>
</tr>
</thead>
</table>
Around 10% of 5 – 15 year olds in the United Kingdom have a mental disorder. Of this group 5% were diagnosed with conduct disorders 4% were diagnosed with emotional disorder (anxiety / depression) 1% were diagnosed as hyper kinetic  
Suicides in young Scottish men 33 / 100,000  
Local.  
Exclusion Rates 7.84% (2.59% below Scottish Average)  
Un-authorised absence Primary Secondary (excluding S6) 3% (1% above Scottish Average)  
Discharges due to self harm  
Alcohol Related discharge from psychiatric & non-psychiatric hospitals | National  
Reduce by a third the days lost every year through exclusion from school and truancy.  
Reduce suicide rate amongst young people.  
Local.  
To improve delivery of and access to Tier 1 and 2 mental health services for young people and their families.  
Improve the co-ordination of services delivered for Tier 1 & 2 | Social Justice Milestone  
Social Justice Milestone  
Health Promotion Network (Mental health Sub-Group Action Plan) |

<table>
<thead>
<tr>
<th>Source</th>
<th>Objectives</th>
<th>Data Source</th>
<th>Baseline Position</th>
<th>Proposed Target for June 2004</th>
<th>Source of Target(s)</th>
</tr>
</thead>
</table>
Around 10% of 5 – 15 year olds in the United Kingdom have a mental disorder. Of this group 5% were diagnosed with conduct disorders 4% were diagnosed with emotional disorder (anxiety / depression) 1% were diagnosed as hyper kinetic  
Suicides in young Scottish men 33 / 100,000  
Local.  
Exclusion Rates 7.84% (2.59% below Scottish Average)  
Un-authorised absence Primary Secondary (excluding S6) 3% (1% above Scottish Average)  
Discharges due to self harm  
Alcohol Related discharge from psychiatric & non-psychiatric hospitals | National  
Reduce by a third the days lost every year through exclusion from school and truancy.  
Reduce suicide rate amongst young people.  
Local.  
To improve delivery of and access to Tier 1 and 2 mental health services for young people and their families.  
Improve the co-ordination of services delivered for Tier 1 & 2 | Social Justice Milestone  
Social Justice Milestone  
Health Promotion Network (Mental health Sub-Group Action Plan) |

<table>
<thead>
<tr>
<th>Source</th>
<th>Objectives</th>
<th>Data Source</th>
<th>Baseline Position</th>
<th>Proposed Target for June 2004</th>
<th>Source of Target(s)</th>
</tr>
</thead>
</table>
Around 10% of 5 – 15 year olds in the United Kingdom have a mental disorder. Of this group 5% were diagnosed with conduct disorders 4% were diagnosed with emotional disorder (anxiety / depression) 1% were diagnosed as hyper kinetic  
Suicides in young Scottish men 33 / 100,000  
Local.  
Exclusion Rates 7.84% (2.59% below Scottish Average)  
Un-authorised absence Primary Secondary (excluding S6) 3% (1% above Scottish Average)  
Discharges due to self harm  
Alcohol Related discharge from psychiatric & non-psychiatric hospitals | National  
Reduce by a third the days lost every year through exclusion from school and truancy.  
Reduce suicide rate amongst young people.  
Local.  
To improve delivery of and access to Tier 1 and 2 mental health services for young people and their families.  
Improve the co-ordination of services delivered for Tier 1 & 2 | Social Justice Milestone  
Social Justice Milestone  
Health Promotion Network (Mental health Sub-Group Action Plan) |
### Objective 1.8  Targets & Indicators  Promoting Health in the Workplace.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Data Source</th>
<th>Baseline Position</th>
<th>Proposed Target for June 04</th>
<th>Source of Target (s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promote workplace health</td>
<td>HSE Self Reported Work Related Illness Household Survey 2001/02</td>
<td>National 2.3 million individuals in Great Britain were suffering from an illness in the last 12 months, which they believed was caused or made worse by their current or past work.</td>
<td>National 20% reduction in the incidence of work-related ill health.</td>
<td>Securing Health Together (Health &amp; Safety Executive)</td>
</tr>
<tr>
<td></td>
<td>HSE Self Reported Work Related Illness Household Survey 2001/02</td>
<td>33 million working days were lost in the previous 12 months through illness caused or made worse by work.</td>
<td>30% reduction in the number of work days lost due to work-related ill health</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scotland’s Health at Work Database</td>
<td>Scotland’s Health at Work National 938 organisation are participating in SHAW across Scotland.</td>
<td>Scotland’s Health at Work SHAW scheme to cover 40% of Scottish workforce by 2006 300 additional SMEs across Scotland to register with SHAW by 2003</td>
<td>National targets for Scotland’s Health at Work (Scottish Executive)</td>
</tr>
<tr>
<td></td>
<td>Scotland’s Health at Work Database</td>
<td></td>
<td>To contribute to the targets for physical activity, healthy eating, mental health, drug misuse cancer and CHD for the working age population.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Local Three organisations are participating in SHAW in East Lothian</td>
<td>Local Increase the number of organisation promoting health in the workplace with particular emphasis on SME’s.</td>
<td>To encourage fifteen SME’s in East Lothian to participate in SHAW.</td>
<td>Physical Activity Taskforce (Scottish Exec) Eating for Health: A diet Action Plan for Scotland (1996) Health Promotion Network (Mental Health Sub-Group Action Plan) Tackling Drugs in Scotland (Scottish Exec 2001) Towards a Healthier Scotland</td>
</tr>
</tbody>
</table>
Appendix Three
Case Studies of Partnership Working in East Lothian

Health Promotion Network
The East Lothian Health Promotion Network is an inter-agency partnership group that promotes health improvement by enabling agencies to plan and work together in promoting and improving health, and tackling health inequalities. The Network partners include many Local Authority departments, all relevant Health Agencies and representatives from local Voluntary Sector organisations. The Network is an integral part of the East Lothian Community Planning process, feeding into the Health Well-Being & Life Long Learning Forum.

The Network is not the only forum working towards health improvement in East Lothian. It is part of a wider process aimed at achieving health improvement in the county. Over the last three years it has evolved as new areas of work unfold and more agencies have joined the group. The work currently focuses mainly, but not exclusively, on young people. Health, education, community, other professionals and the wider community work together to deliver the aims of the action plan. By working together in partnership greater benefits can be achieved across the wider community through establishing cross-links and synergies across agencies and areas of work.

The Network produced an Action Plan in 2002 agreed to by all relevant partners. In the early stages an emphasis was placed on young people and a series of multi-agency sub-groups was set up to tackle specific areas including: food and health; mental health; parenting; peer support; physical activity; sexual health; alcohol and substance misuse. Future plans include a review of the current Plan and the development of an expanded Plan looking at wider community health improvement and health inequality issues.

Only by different agencies working together and collaboratively with the local community will it be possible to take forward the health improvement agenda and genuinely tackle the inequalities in health that exist in our local communities.

Tranent Health & Well Being Group
The Health and Well Being group was set up in 1999 to bring together local workers involved in health work & service managers who were in a position to influence strategy/policy. The group began its task by examining young people’s health needs. It reviewed local need assessment reports and identified priorities: sexual health, services for 16-25 year olds, drugs and alcohol and mental health. Specific questions about health were formulated by the group and included in the SIP “Youth Issues Research” to bring information about health needs up to date.

Following discussion about priorities in the light of other East Lothian wide work three sub-groups were set up to develop action plans covering support for young parents, mental health and drugs and alcohol. As a result of joint work by a range of local workers to support parents the SIP has funded a family outreach worker to provides support for vulnerable families. The post has encouraged further joint working, and referrals are now jointly assessed. Another example of joint working was a residential weekend attended by 25 young people to raise drug and alcohol awareness.

Since it was set up the Health and Well Being Group has broadened its membership to include local health workers, housing officers, community development workers, police, voluntary sector, New Community School reps, and most recently local activists. The group now provides a focus for discussing health issues relating to young people up to the age of twenty-five in the Tranent area. In November the group organised and hosted a health impact assessment of a proposed new settlement at Blindwells near Tranent. A detailed paper setting out possible health impacts will be presented to the Joint Officers Group responsible for planning and delivering services in the area.

The Health and Well Being group now has a number of obvious strengths. Well established joint working and active involvement of local people mean it is possible to respond to local need promptly. For some workers the effect has been to broaden their role and change their practice. The active involvement of housing officers has allowed them to develop their confidence in tackling health issues. The group is continuing to work at establishing effective processes to influence community planning in East Lothian.
East Lothian Child & Adolescent Mental Health Team

The Partners
East Lothian Council and Lothian Primary Care NHS Trust
Two of the posts are funded via Health. The other two posts are funded by the health improvement fund until March 2005 and the Changing Children’s Services fund until September 2005.

Why a Partnership was developed?
To provide a more accessible and localised response to the mental health needs of children and young people in East Lothian. In order to offer a comprehensive and equitable service East Lothian will be divided into two geographical groups. The first group is based on the school cluster areas of Musselburgh, Prestonpans, North Berwick & Tranent with Haddington and Dunbar forming the second group. Each area will have two workers responsible for 0-11 (primary school) and 11-18 (secondary school).

Objectives of Team
- Improve early recognition of child and adolescent mental health problems
- Work in partnership with education / health / social work to promote mental health awareness and good practise
- Develop effective links between Tier 1 professionals and specialist tier 3 services
- Improve consultation to Tier 1 & Tier 2 professionals by identifying training needs and enhancing training opportunities.
- To offer community based mental health assessment and intervention for children, young people and their families at a Tier 2 level.

Future Planning
Need to secure longer term funding for two limited posts.
Audit and evaluation of service impact on East Lothian