

“

The unstoppable momentum ...  
when so many start to see  
things differently

”

equally  
**well**  
implementation plan

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# JOINT INTRODUCTION

*"The unstoppable momentum that comes when leaders and consumers, old hands and newcomers – when so many start to see things differently."* – Elspeth Murray

We have been hugely encouraged by the positive reception for Equally Well, the report of the Ministerial Task Force on Health Inequalities, which we published jointly on 19 June 2008. The Task Force's work has been commended in the Parliament, locally by those who will deliver many of the changes that Equally Well recommends, and internationally.

Equally Well sets an ambitious and urgent agenda – all the more important in difficult economic times when our health and wellbeing are precious assets. Action on many fronts is already underway. We know that community planning partners across Scotland have been assessing their current plans and actions in the light of the Equally Well recommendations. Local partnerships are already identifying where they can step up their efforts, with a view to reducing unfair and unjust inequalities in health within Scotland's population.

"People are seeing this as a radical call to action", as one of our local test sites put it.

We have had a great response to our request for test sites that will explore how change can be delivered in new ways. Test sites will build from small steps to make real and sustainable progress with complex problems, in line with the big themes of Equally Well.

The purpose of this implementation plan is to support further progress and change, both nationally and locally. The plan describes how the Government and community planning partnerships can and will turn the Task Force's recommendations into action in the short to medium term and identifies which organisations can most helpfully be involved at each stage. The action sections include clear expectations of key service providers, across the themes covered in Equally Well.

An important contribution from the Government and COSLA is to clarify how current high-level social policy developments on children's early years, tackling poverty and reducing health inequalities fit together, so that action within each high level framework is consistent and mutually reinforcing.

We look forward to working with the Task Force again in 2010 to review progress with implementing Equally Well.

**Shona Robison MSP**, Minister for Public Health  
**Councillor Ronnie McColl**, CoSLA Spokesperson on Health and Wellbeing

# EXECUTIVE SUMMARY

## PURPOSE OF THE IMPLEMENTATION PLAN

Equally Well sets an ambitious and radical programme for change across the key priority areas of children's very early years; the big killer diseases of cardiovascular disease and cancer; drug and alcohol problems and links to violence; and mental health and wellbeing. Action on many fronts is already being taken forward. The purpose of this implementation plan is to support further progress and change, both at local and national level. It describes how the Government and community planning partnerships can and will turn the Task Force's recommendations into action in the short to medium term across the four priority areas, and identifies which organisations can most helpfully be involved at each stage. The plan includes examples of action already starting to happen across Scotland.

## LINKS WITH HIGH-LEVEL SOCIAL POLICIES

The Scottish Government and COSLA are publishing in late 2008 frameworks on tackling poverty and early years, which are closely related to Equally Well. The three major social policy approaches link in the following ways:

- All have been developed jointly by central and local government.
- All are about major and intractable social problems that are interlinked and work across generations to hold back Scotland's progress: children's start in life and cycles of poverty, inequality and poor health.
- These are complex issues with often complex solutions which cannot be sorted out overnight.
- Each framework supports the others and sets out specific actions needed to meet shared long-term health and other outcomes and aspirations.
- Commitments to rooting out inequality and promoting equality are central.
- The frameworks are vital in driving the Government's and COSLA's shared early intervention approach, moving from crisis management to early intervention and preventing and breaking cycles of poor outcomes.
- We aim to shift the focus from providing services (doing things for or to people) to building the capacity of individuals, families and communities, and addressing the external barriers people may face to making use of the high quality, accessible public services they require.

- A major purpose of Government activity is to support local change and development.
- Real change will happen through community planning and joined up action by the partner organisations locally. Often this requires small, innovative steps that will build up over time to have a big impact.
- It is vital to base action on what will benefit users of public service and communities directly.
- For example, the Equally Well test sites are all about better client pathways into, through, and eventually out of key public services, and joining up those local services for individuals, to address the whole range of their needs.
- Single Outcome Agreements with Government are the way to articulate joint local accountability for outcomes and change to meet local need.

## EQUALITY AND DIVERSITY

In addition to planning for reductions in health inequalities, recommendation 2 of Equally Well requires action to be subject to equality impact assessment. The Government will continue to reinforce the point in all further central and local policy and action on Equally Well recommendations.

The Government's Mutuality, Equality and Human Rights Board has established a group to promote good relations within communities and recognise the impact of discrimination and disadvantage on health. The group will scope existing activity across health and other sectors, explore new approaches for the NHS in Scotland, test out ideas and disseminate effective ways of working.

NHS Health Scotland is leading the development of an accessible communication, translation and interpreting strategy and action plan for use by NHS Boards. This will provide a consistent approach to enhancing and improving communication with patients from all backgrounds.

NHS Health Scotland is working with partners in NHS Greater Glasgow and Clyde (which is already implementing its own Language and Communication Support Plan) and other Boards. The strategy and action plan will be available by spring 2009.

In addition, and in order to meet Equally Well recommendations 74 and 75 on equalities data, NHS Health Scotland will undertake a review of equalities data for health needs. This will be linked to the UK-wide requirement to review equalities data which resulted from a recent UK statistics commission assessment. The review will use outputs from the current NHS NSS Equality and Diversity Information project. It will also examine the relevance of existing HEAT targets for each equalities dimension and advise on the development of appropriate measures. The review will be carried out in 2009. Its report will set out a plan for data development and collection, with timescales and costs. Following this review, targets will be considered to support work on patient monitoring and equalities data collection. This is likely to be in 2010.

## TEST SITES

Local test sites are a key way in which the Equally Well recommendations will be taken forward. These are areas where local authorities and their community planning partners intend to improve on both the reach and impact of local services within existing resources, taking the opportunity to use ideas from frontline staff who deliver services, and from the people who use them.

The plan describes how the test sites will transform and redesign public services, to improve client pathways through services that have a big effect on their health and wellbeing. The test sites are exploring joined-up local service responses to health inequalities. The test sites will learn from each other and we shall make sure that learning is spread more widely and effectively than has been possible through previous pilot- and project-based approaches.

The eight test sites are in:

- **Whitecrook, West Dunbartonshire** – targeting the high prevalence of smoking in the area.
- **East Lothian** – looking at health inequalities in early years in Prestonpans, Musselburgh East and Tranent.
- **Govanhill, Glasgow** – looking at community regeneration and development through the adoption of a neighbourhood management approach involving all key community planning partners.
- **Blairgowrie** – looking at delivering health inequality sensitive services in a rural setting for people with multiple and complex needs.
- **Lanarkshire** – focusing on sustained employment and supporting people to find decent work.
- **Fife** – focusing on anti-social behaviour in relation to alcohol and underage drinking.
- **Dundee** – focusing on methods of improving wellbeing.
- **Glasgow City** – looking at integrating health into current and future city planning.

Each of the test sites is a collaboration between local public services. Each has high-level buy-in from those with the authority to manage permanent change and direct spend in an area, and so will demonstrate how mainstream services can be transformed within existing resources to fit with what their clients really need.

The test sites approach embodies the new relationship between central and local government in Scotland: shared vision for high level outcomes and effective local action to help achieve those outcomes.

## PLANNING AND REPORTING PROGRESS

In order to deliver the changes Equally Well seeks across Scotland, we need to identify:

- How long-term reductions in the key health inequalities will be monitored and reported through community planning and the Single Outcome Agreement (SOA) process.
- How medium-term change can be planned and managed, again through community planning and SOAs and the accountability arrangements within community planning partner organisations.

The Government has adopted the health inequality indicators and measures recommended in Equally Well, which will be used to report regularly on long-term progress across the whole of Scotland.

The Government will expect coverage of health inequalities in 2009-10 SOAs, where there are relevant local issues and problems, and where local action can contribute to addressing both local and national health inequalities. There will be no separate reporting arrangements for implementation of Equally Well.

## ROLE OF COMMUNITY HEALTH PARTNERSHIPS

Community Health Partnerships (CHPs) play a critical role in addressing both causes and consequences of health inequalities. They are responsible for many relevant services jointly managed by NHSScotland and local authorities. They are critical in community planning at both whole-Council and smaller-area levels, and are well-placed to engage directly with the local community on the design and delivery of health and other services to meet local needs, including involvement of the Third Sector.

By Easter 2009, the Government and NHS Health Scotland will publish updated briefing for CHPs on improving health and reducing health inequalities.

## PROGRESS ON ACTION ON RECOMMENDATIONS

The plan provides an update on how the recommendations in Equally Well are being implemented. It identifies further actions that will be taking place over the next two years. This information supports local delivery of change by describing relevant national strategies, frameworks and other outputs that provide practical tools for local use.

We have not attempted to prioritise the recommendations. All are potentially important to achieving long-term shifts in health inequalities. Community planning partners will identify the relevance to their local circumstances and the outcomes they commit to achieving.

The implementation plan clusters the recommendations in smaller groups than those referred to in Equally Well and brings linked recommendations together with the intention of making it easier for organisations involved in local delivery to identify actions that are relevant for them. For example there are clusters relating to educating young people, and tackling poverty and regenerating communities.

## **KEY ACTIONS THAT PROGRESS THE EQUALLY WELL RECOMMENDATIONS INCLUDE:**

### **Early Years:**

- Scottish Government publishing the early years framework (December 2008).
- The Nurse Family Partnership pilot in NHS Lothian, which will provide holistic support services for families with very young children at risk of poor health and other poor outcomes (to start in 2009).
- The two year project to increase health and wellbeing support in schools, with demonstration sites in four NHS Boards (started autumn 2008).
- The Scottish Government's drugs strategy, The Road to Recovery, which includes 17 actions that will improve support for children and young people affected by parental substance misuse (published May 2008).

### **Education, information and engagement for young people:**

- The Scottish Government published Curriculum for Excellence: Building the Curriculum 3: A Framework for Learning and Teaching (June 2008).
- 16+ Learning Choices (implemented from December 2008), which will ensure that every young person has an appropriate, relevant and attractive offer of learning made to them well in advance of their school leaving date.

### **Mental health and wellbeing:**

- Pilot initiatives to widen access and offer innovative approaches to self-help cognitive behaviour therapy and guided self-help for people with depression and anxiety (August 2008).
- Publication of an action plan to improve mental health and wellbeing in Scotland (in early 2009).

### **Poverty and Fuel Poverty:**

- Scottish Government published Achieving our Potential, its framework for tackling poverty (November 2008).
- Scottish Government to invest in income maximisation work, including building on pilots with Age Concern Scotland and DWP to increase pension credit take-up (during 2009-10).
- Start of the Energy Assistance Package, providing advice on all aspects of fuel poverty, packages of insulation measures, and enhanced energy efficiency improvements (April 2009).

### **Business, employment and health and Public sector employers:**

- Scottish Government to complete its review of the Healthy Working Lives Strategy, aligning the outcomes to Equally Well recommendations (summer 2009).
- Scottish Centre for Healthy Working Lives to produce its three year strategic business plan, setting out a vision for the Centre and how it will develop products and services focused on the needs of SMEs (January 2009).
- Scottish Government to work with COSLA to promote to local authorities a common public sector recruitment approach (2009-10).

### Physical environments:

- Beyond the School Gate (part of the Government's Healthy Eating, Active Living action plan), which will help support health promotion across communities and focus on action that encourages physical activity and access to healthier foods (during 2008-09).
- Development of guidance materials and toolkits for developing sustainable management approaches for planning and greenspace (during 2009-10).

### Whole community demonstrations:

- Scottish Government announced the proposals to be funded by Smarter Choices, Smarter Places, a partnership project designed to increase active travel and use of public transport, and tackle transport emissions (August 2008).
- Scottish Government to establish Healthy Weight Community Projects, which aim to reduce obesity, particularly amongst children and more deprived groups of people (during 2009-10).

### Alcohol, drugs, violence – prevention:

- The Youth Justice Framework, which sets out a shared vision of what national and local agencies working with children and young people who offend (or are at risk of offending) should do to prevent, divert, manage and change that behaviour (published June 2008).
- The multi-agency Glasgow anti-gangs project, which aims to provide effective coordination of all services and community and voluntary groups to reduce gang-related violence (started October 2008).
- Evaluation framework to monitor the impact of the Government's interventions on alcohol misuse (early 2009).

### Joining up of drug treatment:

- Scottish Government to publish and respond to the SMACAP/SACDM Delivery Reform Group's consideration of the future of alcohol and drug delivery arrangements (end 2008, early 2009).

### Domestic violence:

- Scottish Government's Chief Executives' Letter (CEL 41(2008)) to NHS Boards on gender-based violence, which sets up a national three year programme of work on improving the healthcare identification and management of gender-based violence (September 2008).

### Anticipatory care, Primary care and dental health:

- The GMS funding contract for 2009-10, which will allow funding to be better targeted at practices in deprived areas with the highest prevalence of ill health (announced October 2008).
- Scottish Government working with NHS Boards to establish inequalities-targeted high risk primary prevention as part of the normal offer of the NHS across Scotland (2009-11).
- Development and roll-out of a coordinated core and client-centred oral health improvement programme for homeless people, an oral health strategy for offenders, and identifying good practice for improved oral health amongst older people (during 2009-10).

**Smoking:**

- Implementation of the Smoking Prevention Action Plan (2008-11).
- Launching the Enhanced Tobacco Sales Enforcement Programme (2008-09).

**Learning disabilities:**

- Scottish Government identifying test areas to take forward a change programme of health services for people with learning disabilities (from early 2009).

**Offenders' health:**

- COSLA to sponsor a workstream on community reintegration, as highlighted in the Report of the Scottish Prisons Committee (July 2008) Scotland's Choice (during 2009-10).
- Provision of anticipatory care for prison populations (2009-10).

**Third Sector:**

- Scottish Government launched (in June 2008) its investment strategy for the Scottish Investment Fund, with tackling the underlying causes in health inequalities a priority for its first year.
- Scottish Government to provide additional funding for Meeting the Shared Challenge (2009-10).

**RESOURCES, MONITORING AND EVALUATION**

Equally Well identified significant resources already allocated to the public sector that will make a difference to the underlying causes of health inequalities: £1.8 billion over the three years 2008-11.

Implementation of Equally Well will ensure better, more focused use of existing resources. The test sites, in particular, will demonstrate what change is possible within budgets at a local level.

Development of future action on health inequalities will require the Scottish Government to evaluate the policies and actions that Equally Well recommends. In order to do this, the Scottish Government will:

- Develop an evaluation framework that builds on the implementation plan and the analysis of medium-term outcomes.
- Ensure that the test sites are evaluated locally and that lessons are learned from the programme as a whole.
- Work with an external advisory group.
- Enhance opportunities for practitioners, academics and evaluators to share learning and to develop a wider range of approaches to evaluation appropriate for actions designed to reduce health inequalities.

Finally, the Scottish Government will announce by the end of 2009 how the Ministerial Task Force's review of progress will be carried out in 2010. This implementation plan will be a key part of determining progress towards Scotland becoming "Equally Well".

# INTRODUCTION

## PURPOSE OF THE IMPLEMENTATION PLAN

*“In order to reduce health inequalities, strategies should be developed which are powerful, sustained and systematic. This requires political will, attainable objectives, effective policies and interventions, effective implementation, and evaluation and monitoring.”*

Eurothine Final Report, August 2007

This plan meets the first recommendation in Equally Well:

- The Government should produce a practical implementation plan by the end of 2008, setting out how the Task Force’s recommendations will be turned into action and who will be responsible, at both national and local level.

Since Equally Well was published in June 2008, the Scottish Government and COSLA have discussed implementation with a wide range of groups and individuals. Details are at Annex 1. They have told us about the challenges Equally Well poses and also what they would find helpful to support them to deliver change.

Many community planning partnerships have already looked at what more they can do, to implement Equally Well locally within existing resources.

“We used the structure of our Community Planning Partnership – Inverclyde Alliance – to discuss Equally Well and allocate the recommendations. There will be a review at the next Alliance Board meeting to determine progress.

Local implementation will include work on building resilience with young people in our disadvantaged communities.”

Inverclyde Alliance

The Health and Sport Committee of the Scottish Parliament carried out an inquiry into health inequalities during 2008 and commented on monitoring progress, the importance of improving wellbeing, and various aspects of NHSScotland’s response to inequalities.

The plan meets both local and national requirements by:

- Providing continuing and visible national leadership for implementation of Equally Well.
- Responding to the Health and Sport Committee's comments.
- Clarifying links between current national social policy strategies and frameworks that are relevant to the underlying causes of health inequalities.
- Being clear that progress cannot be achieved without community planning partnership leaders ensuring that priority is given locally to action on the underlying causes of health inequalities.
- Identifying in detail which organisations are responsible for acting on Equally Well recommendations both nationally and locally.
- Locating action on Equally Well within the current relationship between national and local government and the SOA process.
- Identifying remote and rural issues and demonstrating action to resolve these.
- In particular, identifying Government support for local change.
- Giving examples of how Equally Well is already being put into practice.
- Describing related policy developments that will also help to tackle health inequalities.

This plan is for:

- Scottish Government, to continue action on Equally Well and to play its part in negotiating SOAs.
- Local authorities and their community planning partners, including Health Boards and their acute services and Community Health Partnerships, and the police.
- The Third Sector.
- The private sector, which Equally Well seeks to involve more closely in local action.
- Middle managers and frontline staff in public services, who are working directly with individuals and communities affected by poor health and wellbeing.
- International audiences, to demonstrate Scotland's progress, but also to continue our commitment to learn from the best available evidence of what works in tackling inequalities in health.
- The Ministerial Task Force itself, as a baseline for its work when it reconvenes in 2010 to review progress in implementing Equally Well.

### **Equally Well: key principles**

*"I describe Equally Well as being about doing different things and about doing things differently."*  
Professor Carol Tannahill, Director, Glasgow Centre for Population Health and Ministerial Task Force member.

The key principles set out in Equally Well to achieve change in the culture of organisations and underpin real progress in reducing health inequalities were:

- Improving the whole range of circumstances and environments that offer opportunities to improve people's life circumstances and hence their health.

- Reducing people's exposure to factors in the physical social environment that cause stress, are damaging to health and wellbeing, and lead to health inequalities.
- Addressing the inter-generational factors that risk perpetuating Scotland's health inequalities, particularly focusing on supporting the best possible start in life for all children in Scotland.
- Engaging individuals, families and communities most at risk of poor health in services and decisions relevant to their health, and promoting clear ownership of the issues by all involved.
- Delivering health and other services that are both universal and appropriately prioritised to meet the needs of those most at risk of poor health, and that seek to prevent problems arising, as well as addressing them if they do.
- Basing current and future action on the available evidence and adding to that evidence for the future, through introducing new policies and interventions in ways which allow for evaluating progress and success.
- Ensuring that the range of actions we take now will achieve both short and long-term impact and will address foreseeable future challenges.

The action in this Implementation Plan is based on these principles and on the evidence we have of what is likely to work.

The Scottish Government is developing a **Community Empowerment Action Plan** jointly with COSLA and the Third Sector. The plan will be launched in early 2009, and will put in place a range of support that will help to make community empowerment a core way of delivering change in Scotland over the long-term. It will provide clarity on what community is, why community empowerment is important, and how communities become empowered, taking account of views that were expressed in the dialogue on making community empowerment a reality, which took place at the end of 2007.

For some communities, empowerment will involve owning assets, and controlling budgets, or generating their own income to invest. In some cases, communities will want to take action around an injustice or to engage early with a plan for future physical development and land use, making the best of existing resources. From existing evidence, we expect to see a number of positive changes in how empowered communities work, including increased confidence and skills amongst local people; higher numbers of people volunteering in their communities; and higher levels of satisfaction with quality of life in a local neighbourhood. We know that these sorts of things can have a positive impact on a range of health outcomes.

The Scottish Government will continue to promote the benefits of community empowerment across a range of partners. It will continue to develop policy in partnership with others to help further develop culture change, and will invest in the wide ranging actions set out in the action plan.

Local authorities, particularly through their elected members, have a key role to play in promoting the benefits of community empowerment and engagement and in helping to drive the culture shift that will see community empowerment as a process which can help to deliver a range of local outcomes. Local government has a key role to play in supporting and developing the community groups which are the backbone of the community empowerment process.

## Equality and diversity

In addition to planning for reductions in health inequalities, recommendation 2 of Equally Well requires action to be subject to equality impact assessment. The Government will continue to reinforce the point in all further Government policy and central and local action on Equally Well recommendations.

The Government's Mutuality, Equality and Human Rights Board has established a group to promote good relations within communities and recognise the impact of discrimination and disadvantage on health. This will support NHS Boards' action on recommendation 62 of Equally Well. The group will scope existing activity across health and other sectors, explore new approaches for the NHS in Scotland, test out ideas and disseminate effective ways of working.

### Govanhill test site

Govanhill is one of West Scotland's most challenging neighbourhoods, with a significant level of health and social inequalities. It also has a comparatively large black and minority ethnic population, including a recently arrived Roma population. The test site will involve service redesign and a partnership approach that will be adopted at neighbourhood level. This will enable the implementation of an inter-related programme of social, economic and physical regeneration, in order to address the multi-faceted problems of the neighbourhood, including known priorities such as alcohol, drugs and community safety. It will actively involve the local community and Third Sector organisations and will consider the potential application of this cross-cutting approach to other areas.

NHS Health Scotland is leading the development of an accessible communication, translation and interpreting strategy and action plan for use by NHS Boards. This responds to Equally Well recommendation 64. It will provide a consistent approach to enhancing and improving communication with patients from all backgrounds.

NHS Health Scotland is working with partners in NHS Greater Glasgow and Clyde (which is already implementing its own Language and Communication Support Plan) and other Boards. The strategy and action plan will be available by spring 2009.

In addition, and in order to meet Equally Well recommendations 74 and 75 on equalities data, NHS Health Scotland will undertake a review of equalities data for health needs. This will be linked to the UK-wide requirement to review equalities data which resulted from a recent UK statistics commission assessment. The review will use outputs from the current NHS NSS Equality and Diversity Information project. It will also examine the relevance of existing HEAT targets for each equalities dimension and advise on the development of appropriate measures. The review will be carried out in 2009. Its report will set out a plan for data development and collection, with timescales and costs. Following this review, targets will be considered to support work on patient monitoring and equalities data collection. This is likely to be in 2010.

Meantime NHS Health Scotland is leading on early development of two elements which will form part of the wider plan:

- The alltheinfoplus national web-based resource for health information in a variety of languages and formats. This will be part of the "National health information and support service" led by NHS 24 which is due to be launched in April 2009.
- National contracts for interpreting and translation: proposals are being developed by procurement colleagues in NHS National Services Scotland.

## Linking high-level social policies

The Scottish Government and COSLA are publishing in late 2008 frameworks on early years and tackling poverty, which relate closely to Equally Well. These three major social policy approaches link up in the following ways:

- All three have been developed jointly by central and local government.
- They are about major and intractable social problems that are interlinked and work across generations to hold back Scotland's progress: children's start in life and cycles of poverty, inequality and poor health.
- These are complex issues with often complex solutions which cannot be sorted out overnight; they require long-term, sustained approaches.
- Each framework supports the others and sets out the specific action needed to meet shared long-term health and other outcomes and aspirations. For example the importance of family support for the most vulnerable families before birth and in children's very early years.
- Commitments to rooting out inequality and promoting equality are central.
- The frameworks are vital in driving the Government's and COSLA's shared early intervention approach ie moving from crisis management to early intervention and prevention and breaking cycles of poor outcomes.
- We aim to shift the focus from providing services (doing things for or to people) to building the capacity of individuals, families and communities, and addressing the external barriers people may face to making use of the high quality, accessible public services they require.
- It is a major purpose of Government activity to support local change and development.
- Real change will happen through community planning and joined up action by the partner organisations locally.
- Often this requires small, innovative steps that will build up over time to have a big impact.
- For example, the Equally Well test sites are all about better client pathways into, through and eventually out of key public services and joining up those local services for individuals, to address the whole range of their needs.
- SOAs with Government are the way that joint local accountability for outcomes and change to meet local need is articulated.

## Planning and reporting progress

In order to deliver the changes Equally Well seeks across the whole of Scotland, we need to identify:

- How long-term reductions in the key health inequalities will be monitored and reported.
- How medium-term change can be planned and managed, through community planning and the SOA process and the accountability arrangements within community planning partner organisations.

The Government has adopted the health inequality indicators and measures recommended in Equally Well, which will be used to report regularly on long-term progress across the whole of Scotland.

We will work to develop alignment between these indicators and the National Performance Framework and link reporting on health inequalities with Scotland Performs.

The Government published definitions of the high-level indicators and the current baseline position on 30 September 2008.

**Headline indicators of inequalities in health outcomes**

Healthy Life Expectancy (at birth)

Premature Mortality – from all causes, aged under 75 years

Mental Wellbeing – adults aged 16 years and over

Low birthweight

**Indicators of inequalities in morbidity and mortality from specific causes for specific age groups**

Coronary Heart Disease (first ever hospital admission for heart attack aged under 75 years; deaths aged 45-74 years)

Cancer (incidence rate aged under 75 years; deaths aged 45-74 years)

Alcohol (first ever hospital admission aged under 75 years; deaths aged 45-74 years)

All-cause mortality aged 15-44 years (to capture large inequalities in mortality observed in this age group)

<http://www.scotland.gov.uk/News/Releases/2008/09/30122246>

<http://www.scotland.gov.uk/Publications/2008/09/25154901/0>

We are not attempting to define numerical targets for progress on each of the key measures of inequalities because of the complex range of factors that contribute to change. We are jointly committed, however, to delivering improvement in every one of the individual measures in the longer term. This will show we are reducing inequalities across the whole population, not just improving the position of the very worst-off people and areas.

The high level measures of health inequalities are defined at the Scotland level. Some of the measures are not currently available at more local levels.

During 2009, the Scottish Government will discuss with local organisations which subset of the national key health inequalities measures are appropriate for them and which other, related measures could be used as proxies for reporting progress towards long-term outcomes. This will help local areas to quantify the health inequalities challenges they face and provide baselines from which local targets can be set and activity focused.

## Managing change in the medium term

The Government has now published ([www.improvementservice.org.uk/health-improvement/health/tools-for-soa-process](http://www.improvementservice.org.uk/health-improvement/health/tools-for-soa-process)) an analysis of intermediate (medium-term) health inequalities outcomes and associated indicators, where Equally Well recommends action. This analysis follows the format of the Health Improvement Performance Management package developed by NHS Health Scotland. This is already familiar to community planning audiences and sign-posted in the 2009-10 SOA guidance. The intermediate health inequalities outcomes are as follows and they are used to identify the purpose of actions in the main section of this implementation plan.

### Early Years Outcomes

- EY1: Reduction in child poverty
- EY2: Healthier lifestyles among younger women (diet, smoking, alcohol)
- EY3: Reduction in vulnerable pregnancies
- EY4: Improved breastfeeding rates
- EY5: Improved parent-child relationships through positive parenting approaches and skills
- EY6: Children's mental wellbeing/resilience
- EY7: Reduced percentage of children overweight or obese
- EY8: Improved health and wellbeing of looked after children
- EY9: Children's and young people's skills for life, including literacy and numeracy
- EY10: School leavers in positive and sustained destinations
- EY11: Children have more active lifestyles, access to greenspace and opportunities for play

### Mental Wellbeing Outcomes

- MW1: Reduced proportion of people living in poverty
- MW2: Greater financial inclusion and better financial management by individuals
- MW3: Reduction in fuel poverty levels
- MW4: Healthier workplaces
- MW5: Reduced sickness absence rates
- MW6: Better prospects of moving into good and sustained employment
- MW7: Less reported discrimination, harassment or abuse
- MW8: More volunteering
- MW9: Greater mental health literacy across the public and professions
- MW10: Improved recovery from mental illness
- MW11: Fewer suicides
- MW12: Sustained or improved physical and mental wellbeing of offenders (also BK8)
- MW13: Increased use of green space and more physical activity
- MW14: Greater satisfaction with public services and local neighbourhoods

### **Alcohol, Drugs and Violence Outcomes**

- ADV1: Reduction in average alcohol consumption
- ADV2: Reduction in alcohol-related harms
- ADV3: Reduction in drug use
- ADV4: Reduction in drug-related harms
- ADV5: Less drug-related crime
- ADV6: Reduction in domestic abuse
- ADV7: Fewer offences involving violence
- ADV8: Fewer adults experiencing non-domestic violence
- ADV9: Violence becomes less socially acceptable
- ADV10: Greater uptake of positive activities for young people

### **Big Killer Disease Outcomes**

- BK1: Reduced number of people smoking
- BK2: Reduced exposure to second hand smoke
- BK3: Reduction in average alcohol consumption (also ADV1)
- BK4: Reduced incidence of depression and anxiety
- BK5: Reduction in risk factors, eg diet and other lifestyle
- BK6: Improved dental health of vulnerable groups
- BK7: Improved health of people with learning disabilities
- BK8: Sustained or improved physical and mental wellbeing of offenders (also MW12)

Tracking these intermediate outcomes will allow community planning partnerships and their partner organisations to set milestones for local progress in reducing health inequalities in the longer term. They will be able to identify which of the outcomes and indicators are most relevant to their local problems and the action being taken to address these. The Government hopes that SOAs will identify local plans and targets along these lines. NHS Board annual reviews will incorporate a review of progress with relevant NHS action on Equally Well recommendations.

Further development and use of evidence to connect actions to both short-term and intermediate outcomes for health inequalities is needed. Indicators of progress towards intermediate outcomes need to be assessed, to align them with linked social policy areas. We will also consider if relevant additions are required to the national and local indicator sets, and to NHS Board HEAT targets. The Government and others will continue to work on this in 2009.

### Greenspace health outcomes planning

This is a partnership action research project involving greenspace scotland, NHS Health Scotland, Scottish Natural Heritage, Glasgow City Council and the Dundee Partnership for the Environment along with local partners. The aim is to develop an evidence-informed, plausible series of links between greenspace interventions and the National Performance Framework.

The interventions in question include the development and implementation of Open Space Strategies for Dundee and Glasgow; the planning and delivery of programmes of greenspace-based health promotion (such as physical activity or health walk programmes) and specific examples of greenspace improvement. These have a strong focus on addressing the significant health inequalities in both cities.

A report will be published by April 2009 and it is expected that further work will take place in 2009-10 to look at broadening the scope of the planning tools and supporting their use in local authority and community planning partnership settings.

## WORKING THROUGH COMMUNITY PLANNING AND SINGLE OUTCOME AGREEMENTS

*“Co-ordinated action locally is essential if we are to make progress on reducing health inequalities. The community planning partnership arrangements (based on strong locality planning mechanisms) offer a ready-made vehicle for change and improvement, bringing together in one body senior representatives of local government, NHS, Police, Fire and Rescue, FE, DWP, Scottish Enterprise (with their access to the private sector) and the voluntary sector. Together, by pooling our efforts and resources in a planned, systematic way, we can make a difference in the vital task of improving health and reducing health inequalities. The Single Outcome Agreement, reflecting the strategy of the community planning partnership, will be an important planning and monitoring tool to improve effectiveness and to ensure accountability.”*

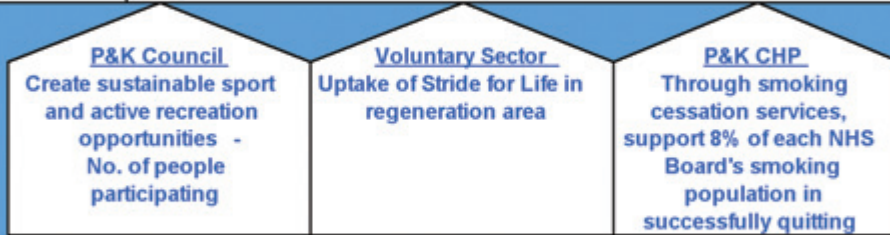
Ken Corsar, Chair, NHS Lanarkshire and Ministerial Task Force member

In the medium term, we expect to see the key local actions that will deliver reductions in health inequalities identified within community planning partnerships’ SOAs with the Government. This has already started in the 2008 SOA round, as the following case studies illustrate:

Perth & Kinross SOA 2008-09

## Partnership working to deliver

Local Outcome	Our people will have improved health and wellbeing
Local Priority	Tackle areas of health inequality
Local Indicator (OP7B)	Deaths from CHD among the under 75s in deprivation areas



17 October 2008

Perth & Kinross Council

### **Glasgow's SOA 2008-09**

Worklessness and ill-health are inextricably linked – a major issue for Glasgow, which has the highest proportion of Incapacity Benefit claimants in Scotland.

Taking forward the “work for those without” theme specifically the city has embraced the Department for Work and Pensions (DWP) Cities Strategy by launching the Glasgow Works Partnership (part funded through the Fairer Scotland Fund), which has an initial two year contract with DWP but seeks to bring about long-term structural change in the city's employability infrastructure, ensuring that more Glasgow residents get to be part of the city's economic growth through support into employment and in work support to sustain employment.

DWP and Glasgow have agreed a range of objectives and outcomes to help reduce the level of worklessness in the city. These outcomes are reflected in a range of associated targets which are also incorporated within Glasgow's current SOA. SOA targets include raising the employment rate to 67.8% by May 2009, and reducing by 12,000 the number of residents claiming the three main workless benefits of Job Seekers' Allowance (620), Lone Parents' Income Support (2,600) and Incapacity Benefits (8,750).

Significantly NHS Greater Glasgow and Clyde plays a prominent part; partners recognise the crucial role of health in the economy, and of employment in healthy working lives. In particular, CHCPs in Glasgow have been pivotal in establishing bridging services, which offer employability-related advice and support, to which CHCP staff are encouraged to refer their clients. The aim of each of the bridging service teams is to work closely with the locally based health and social care services in order to support clients and work in a holistic way with people referred in order to help access and sustain employability opportunities.

#### **Relevant local outcomes**

Increase the number of jobs in Glasgow

Increase the proportion of better paid and more productive jobs

Increase the proportion of Glasgow residents in work

Reduce the proportion of children in poverty

#### **Relevant indicators**

Employee jobs

Employment rate

Average earnings

Labour productivity

Number of families receiving Child or Working Tax Credits while in work or with CTC more than the family element

Number of Key Benefit Claimants

The Government will expect coverage of health inequalities in 2009-10 SOAs, where there are relevant local issues and problems, and where local action can contribute to addressing both local and national health inequalities. There will be no separate reporting arrangements for the implementation of Equally Well.

Community planning partners are jointly responsible for shared outcomes. Each partner organisation also has its own accountability, performance management and performance reporting system.

The Government has sharpened NHSScotland's accountability for reducing inequalities in coronary heart disease, which is one of the key inequalities identified in Equally Well. A new HEAT target will be in place from April 2009 for NHS Boards to carry out targeted health checks among communities most at risk of cardiovascular disease. This will be supported with additional Keep Well resources to NHS Boards, as covered in more detail in the action section of this plan.

### Community Health Partnerships

Community Health Partnerships (CHPs) play a critical role in addressing both causes and consequences of health inequalities. They are responsible for many relevant services jointly managed by NHSScotland and local authorities. They are critical in community planning processes at both local authority and smaller-area, locality levels often addressing underlying causes of health inequalities. They are well placed to engage directly with the local community on the design and delivery of health and other services to meet local needs.

The outcomes CHPs achieve for patients and the wider community are critical to meeting Equally Well's intermediate and long-term outcomes, and in the NHS HEAT targets that contribute to these.

CHPs have sought guidance on their role in implementing Equally Well.

Some key contributions to implementing Equally Well that CHPs and their staff are expected to achieve are:

- Range of actions to improve mental health and wellbeing.
- Support vulnerable families with very young children.
- Community nursing role in supporting looked after and accommodated children.
- Nursing support for schools to deliver the Curriculum for Excellence health and wellbeing outcomes and meet children's health needs through an integrated approach.
- Establish working links with local colleges.
- Promote health benefits of employment and support patients and customers to remain in or re-enter work.
- Encourage "social prescribing", for example of physical activity.
- Drug and alcohol services, planned and delivered as part of local Alcohol and Drug Partnerships.
- Targeted health checks and anticipatory care.
- Improve access to primary care and other health services for vulnerable groups.
- Manage the development of professional roles and skill mix in the workforce.
- As a commissioner and funder of Third Sector and community-led activities that promote health and tackle the underlying causes of health inequalities.
- Promote equality and eliminate discrimination in service provision.
- Engage the community on planning and delivering of CHP services.
- Promote and facilitate the partnership approach locally, within the overall community planning arrangements.
- As a large employer of staff and an investor in the local community.
- Update their Scheme of Establishment and operating plans to incorporate critical action on both causes and consequences of health inequalities. Action must align with community planning outcomes and support the SOA.
- Track progress towards short-term and intermediate health inequalities outcomes.

The Government and NHS Health Scotland will publish updated briefing for CHPs on improving health and reducing health inequalities by Easter 2009.

### Measuring progress by CHPs

The Glasgow Centre for Population Health is developing a framework of indicators for Greater Glasgow and Clyde Community Health and Care Partnerships and Community Health Partnerships for monitoring and reviewing their actions to address health and social inequalities in order to evaluate progress. An action research approach was taken to ensure that the indicators would be relevant to the work of the CHPs and to contribute to the development of action. The indicators framework was informed by the Community Profiles and an analysis of the CHP development and service plans. The aim is for the framework to support CHPs' actions on inequalities and also to link with HEAT targets, the SOA process and organisations' internal performance management.

A final report will be available on the Glasgow Centre for Population Health website from spring 2009.

### Resources

Equally Well identified significant resources already allocated to the public sector that will make a difference to the underlying causes of health inequalities; a total of £1.8 billion over the 3 years 2008-11.

Implementing recommendations in Equally Well will ensure better, more focused use of existing resources. This will be particularly important in a climate of financial constraints.

The test sites will demonstrate what change is possible within budgets locally.

In the longer term, the challenge remains of shifting resources from dealing with consequences of health inequalities to preventing poor health in the first place. The virtuous cycle: moving from action on crises to preventative and early intervention services is explored in more detail in the early years framework.

The Government's next strategic spending review will consider the need for new or re-aligned investment in future spending plans, as envisaged in Equally Well recommendation 68.

The **Technical Advisory Group on Resource Allocation (TAGRA)**, whose members have expertise in resource allocation and financial matters, will give technical advice on future allocation and targeting of NHS resources. Its work programme is still at an early stage. However, TAGRA will consider evidence on the effectiveness of addressing unmet need through targeted funding and will consider, with NHS Boards, whether the allocation formula could be used at sub-Board level to help them in decisions about resource distribution at more local levels.

### Support for implementing Equally Well offered by NHS Health Scotland

NHS Health Scotland will support the implementation of Equally Well in the following ways:

- Offer expertise and experience in evidence, evaluation, learning support and workforce development, in particular to the test sites.
- Develop the Health Improvement Performance Management framework further, providing tools to support community planning and SOA processes.
- Facilitate cross-sector partnerships that can contribute. These include: the Healthy Environment Network (government, local government and statutory organisations with the ability to influence the environment and health); the Physical Activity and Health Alliance (disseminates evidence and shares good practice); the Food and Health Alliance (similar role).
- Programme management for Keep Well and Well North and the development of broader anticipatory care approaches.
- Support NHS Boards and partners with both planning and implementation of equality priorities. This includes, through the equalities and planning directorate, collaborative work with equality and diversity leads in each Board to promote and support initiatives aimed at, for example, learning disabilities, as well as leading on the development of a national accessible communications strategy and equality profiles for the population.
- Support NHS Boards to reach their breastfeeding targets, through several initiatives, including research into the barriers to breastfeeding.
- Link with the Third Sector through partnerships with CHEX, Voluntary Health Scotland, Community Food and Health Scotland.

### The International Picture

Since Equally Well, WHO has published Closing the Gap in a Generation, the final report of the Commission on Social Determinants of Health. This reflects many of the same principles and practical recommendations as Equally Well. For example, the cross-government approach required, improving the circumstances in which children are born and develop, addressing inequitable conditions of daily living through a strong public sector.

The Scottish Government welcomes the WHO report. Scotland will benefit, along with the UK Government from work that Sir Michael Marmot, who led the WHO Commission, will be undertaking to identify further progress in the light of the Commission's findings. This will contribute helpfully to the Ministerial Task Force's review of progress in 2010.

# TEST SITES – A MOVEMENT FOR CHANGE

*"If you do what you've always done, you'll get what you've always got."* – Dr Harry Burns, Chief Medical Officer for Scotland

*"Commitment to doing things better means agreeing that we don't yet know how best to do things better."* – Elspeth Murray

Health inequalities in Scotland are complex issues that cannot be solved overnight. The test sites are a means of putting the Equally Well recommendations into practice. Community planning partners will transform and redesign their public services to improve client pathways into, through, between, and out of a range of local services, with the long-term intention of improving health and wellbeing outcomes.

## **Tackling complex problems**

- Collaborative strategies.
- Broad approach to the whole system.
- Innovative hunches.
- Work across organisations.
- Review progress.
- Persuade people to go along with change.

The Equally Well test sites are neither short-term projects nor pilot studies. They are areas where local authorities and their partners improve on both the reach and impact of mainstream local services, within existing resources, drawing on the knowledge and opinions of frontline staff who deliver services, and the people who use them. Third Sector organisations may be involved where they are providing key local services.

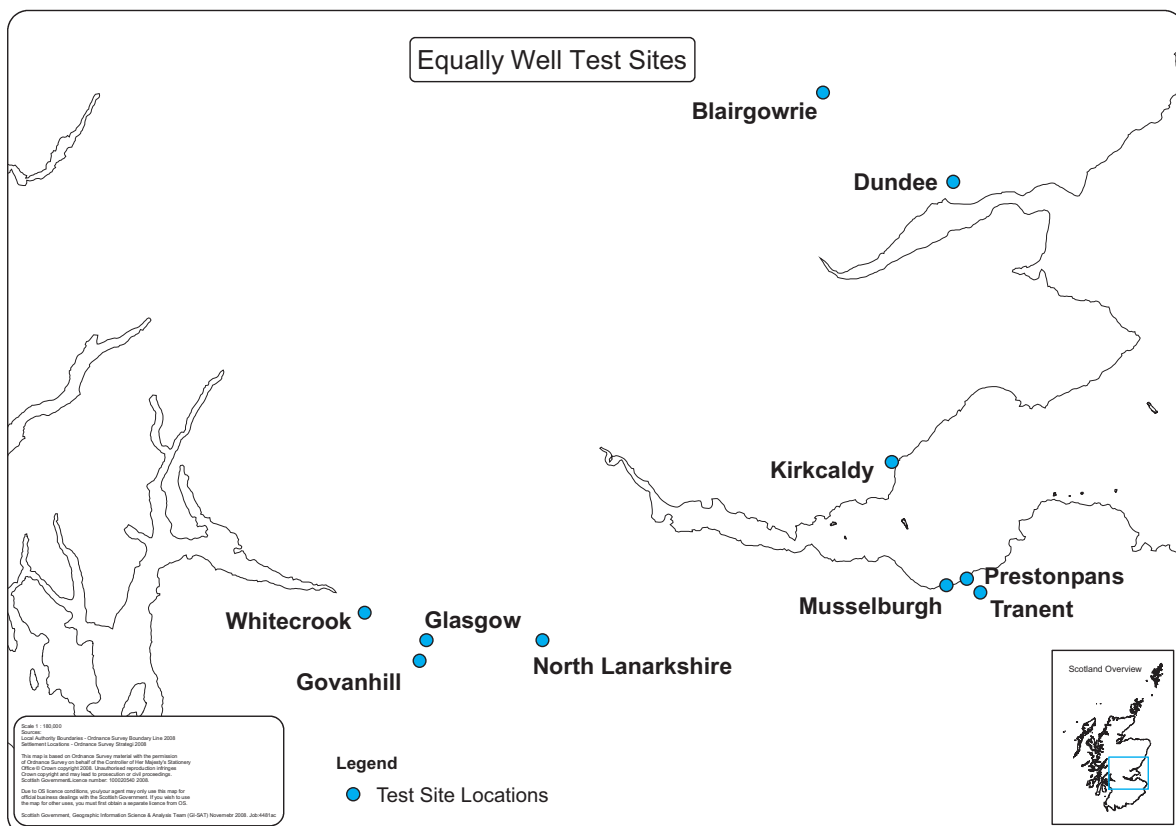
Scottish Government and COSLA put out a joint call for test site proposals in June 2008, asking public sector applicants to select their own focus from the Task Force's priorities. The call for applications resulted in significant enthusiasm and high-level interest across local authorities and community planning partners during the summer, as ideas were developed. High-level buy-in from those who direct the use of resources will be crucial in transforming service delivery at a local level.

We received nearly 30 applications for test sites, which covered a range of priorities. The most popular focus for the test sites was on children’s very early years, a key priority from Equally Well, with 13 proposals. Other applications focused on mental health and wellbeing; increasing employability; learning disabilities; planning and health; violence and alcohol misuse; healthy weight; tackling poverty; and smoking.

The Government and COSLA jointly chose to take forward eight of the proposals as core test sites. Between them, the eight sites cover the Equally Well priority areas of children’s early years; the harm caused by drugs, alcohol and violence; mental health; and risk factors for the big killer diseases of cardiovascular disease and cancer. The core test sites cover a wide geographical spread and include urban and rural areas. Brief descriptions of the test sites have been included with the relevant clusters of recommendations and elsewhere in this implementation plan.

The eight test sites are in:

- **Whitecrook, West Dunbartonshire** – targeting the high prevalence of smoking in the area.
- **East Lothian** – looking at health inequalities in early years in Prestonpans, Musselburgh East and Tranent.
- **Govanhill, Glasgow** – looking at community regeneration and development through the adoption of a neighbourhood management approach involving all key community planning partners.
- **Blairgowrie** – looking at delivering health inequality sensitive services in a rural setting for people with multiple and complex needs.
- **Lanarkshire** – focusing on sustained employment and supporting people to find decent work.
- **Fife** – focusing on anti-social behaviour in relation to alcohol and under-age drinking.
- **Dundee** – focusing on methods of improving wellbeing.
- **Glasgow City** – looking at integrating health into current and future city planning.



Learning and knowledge exchange are vital for the test sites. The Government will establish and support Equally Well learning networks for the test sites. The networks will build on experience from past or current similar networks, to ensure that lessons already learned are taken on board. The networks will include all the partners highlighted in Equally Well, because all are interactive parts of a complex, but adaptive system.

The eight core test sites are being supported in their development and delivery by a National Programme Manager, and will have at their disposal techniques and expertise from a wide range of people, teams and organisations. This includes using improvement methods that encourage local flexibility and creativity to test out and explore service change. Test sites will be able to draw on evidence of what works and on other relevant policy and practice developments.

All the proposed test sites will be encouraged to take forward their ideas locally and will be included in the shared learning networks. The sites focusing on children's early years have been invited to work together with key teams within Scottish Government to identify learning from their local experience.

### **Unmet needs projects, providing principles for planning local services**

Unmet needs pilot projects between 2004 and 2008 in NHS Tayside, former NHS Greater Glasgow and former NHS Argyll & Clyde aimed to provide evidence on whether increased resources would lead to an improvement in access to health services.

The pilots covered unmet health needs from mental health and stress, to treating causes of ill health (smoking, addiction), and services aimed at specific hard to reach or equality groups (eg homeless people, ethnic minority communities).

The pilots found that targeting health resources can indeed help address unmet needs, if health services:

1. Shape and adapt services to fit users – the services provided should be shaped by the communities and populations that are to receive them.
2. Deliver services at appropriate times – issues of childcare, finances and often chaotic lifestyles mean that the timing of service delivery needs to be flexible.
3. Deliver services in the community – this may mean moving out of the buildings and places where they are traditionally delivered.
4. Integrate with other services.
5. Provide patient pathway support – services should provide consistent support along the whole patient pathway.
6. Use a personal approach – services should support and facilitate links and relationships between specific workers and specific service users so that their needs are met in a way that is personal, respectful and non-judgemental.
7. Are persistent – in order to overcome the significant barriers to engagement with services, services should work to overcome barriers for users such as low literacy and poor organisational skills.
8. Provide services that users value – working with service recipients to identify goals.

Unmet Needs – Recommendations for future service design (Nov 2008)

[www.scotland.gov.uk/publications/2008/11/13111303/0](http://www.scotland.gov.uk/publications/2008/11/13111303/0)

# PROGRESS ON ACTION ON RECOMMENDATIONS

This section provides an update on how the recommendations in Equally Well are being implemented. It identifies further actions that will be taking place over the next two years. This information supports local delivery of change by describing relevant national strategies, frameworks and other outputs that provide practical tools for local use.

Those responsible for implementing the Task Force's recommendations should carry out equality impact assessments on the action they are taking to ensure this is legally compliant; systematically consider the needs of the diversity of the population; ensure action does not adversely affect any part of the population; and consider how they can promote equality.

We have not attempted to prioritise the recommendations. All are potentially important to achieving long-term shifts in health inequalities. Community planning partners will identify the relevance to their local circumstances and the outcomes they commit to achieving.

The following tables indicate who is responsible for delivering action. In some cases, this is the Scottish Government, but in many others it is community planning partnerships (referred to as CPPs in the 'Delivery lead' column), or local authorities, NHS Boards, or Third Sector organisations individually. They also indicate the intermediate outcomes to which action contributes.

Equally Well presented recommendations according to the broad themes of early years and young people; tackling poverty and increasing employment; physical environments and transport; harms to health and wellbeing: alcohol, drugs and violence; health and wellbeing.

This plan clusters the recommendations in smaller groups and brings linked recommendations together. This is to allow organisations involved in local delivery to identify actions that are relevant for them. For example, recommendations 10, 11, 12, 13 and 44 form a cluster relating to educating young people, and recommendations 16, 17, and 18 form a cluster about tackling poverty, and regenerating communities.

Case studies have been included in this section to illustrate where progress is already being made on the recommendations.

The complete list of recommendations may be found at Annex 2. Annex 2 also summarises the lead for each recommendation. The list includes 78 recommendations from Equally Well and further recommendations that were identified by the Ministerial Task Force and which supplement those in Equally Well, but which were not included in the June 2008 report.

## Early years

- Recommendation 3 – Reducing health inequalities should be a key outcome for the early years framework being developed jointly by the Government and COSLA.
- Recommendation 4 – NHS Boards should improve the capacity of ante-natal services to reach higher risk groups and identify and manage risks during pregnancy.
- Recommendation 5 – The Government should arrange a Scottish survey of the incidence of Foetal Alcohol Syndrome.
- Recommendation 6 – NHS Boards should improve breastfeeding rates in deprived areas and among disadvantaged groups.
- Recommendation 7 – The Government should lead the development of holistic support services for families with very young children at risk of poor health and other poor outcomes.
- Recommendation 8 – There should be a range of services that identify need and provide support to the most vulnerable children and families. As part of that, the Government should develop a community-based integrated school health team approach, targeting children at risk and increasing the nursing staff and other professionals supporting schools.
- Recommendation 9 – The Government should continue to improve support for children at risk in households where alcohol or drugs are misused.
- Recommendation 15 – Each NHS Board should assess the physical, mental and emotional health needs of looked after children and young people and act on these assessments, with local partner agencies.

Date	Support for actions on the recommendations	Delivery lead	Intermediate outcomes
End 2008	Scottish Government launches <b>Early Years Framework</b> .	Scottish Government	EY1-11
Spring 2009	Publication of <b>ante- and post-natal care pathways for vulnerable women and their families</b> , which will be the foundation for reaching higher-risk groups and identifying and managing risks during pregnancy.	NHS QIS	EY2, EY4
End 2009	Scottish Government to have arranged a <b>Scottish survey of Foetal Alcohol Syndrome</b> .	Scottish Government	EY2
March 2008	Scottish Government issued Chief Executives' Letter (CEL 14(2008)) requesting all maternity units to <b>implement the UNICEF Baby Friendly Initiative Awards Scheme</b> . <sup>1</sup>	NHS Boards	EY2, EY4
Early 2009 and 2011	Identification of <b>barriers to breastfeeding</b> in deprived areas and among disadvantaged groups: short-term research to report in early 2009, and longer-term research to conclude early 2011.	NHS Health Scotland	EY2, EY4, EY7
End-2009	<b>Nurse Family Partnership pilot</b> starts, which will provide holistic support services for families with very young children at risk of poor health and other poor outcomes. Staff will be recruited in Spring 2009 for the pilot.	NHS Lothian	EY2, EY4, EY5, EY6, EY7

<sup>1</sup> The Baby Friendly Initiative Awards Scheme offers an assessment and accreditation process that recognises those who have achieved the required standards in ensuring a high standard of care for pregnant women and breastfeeding mothers and babies.

Date	Support for actions on the recommendations	Delivery lead	Intermediate outcomes
End-2008	Clarify process of how to <b>assess the physical, mental and emotional health</b> needs of looked after children and young people.	Scottish Government, NHS Boards	EY8
Spring 2009	Guidance to be issued to NHS Boards for <b>assessing the physical, mental and emotional health needs</b> of looked after children and young people.	NHS Boards	EY8
Sept 2008	Start of two year project to increase <b>health and wellbeing support</b> in schools, with demonstration sites in four NHS Boards. The sites will identify the health and wellbeing needs of the school population, which will inform what additional resources from NHS and other community-based services are required to meet these needs.	NHS Ayrshire & Arran, NHS Lothian, NHS Forth Valley, NHS Grampian	EY5, EY6, EY7
End 2010 – early 2011	Roll-out of recommendations from <b>health and wellbeing support in schools project</b> across Scotland.	tbc	EY5, EY6, EY7
May 2008	Scottish Government published its drugs strategy The Road to Recovery. A Project Board <sup>2</sup> has been established to drive forward progress on each of the 17 actions which will improve support for children and young people affected by parental substance misuse.	Project Board	EY5, ADV2

### East Lothian test site: Service pathways in early years

East Lothian will focus on the communities of Prestonpans, Musselburgh East and Tranent, which have significantly poorer health outcomes than the local average. The focus of the test site is improving existing and/or developing new service pathways for addressing health inequality in the early years.

Initial activity will engage local people and frontline services in a comprehensive review of service pathways for health and wellbeing of pre-school aged children, to assess services against the knowledge base on reducing health inequalities and to develop understanding and ownership of the test site amongst the targeted communities and service areas. The learning from this review will then be used to plan service redesign/development. A steering board will provide clear lines of communication and accountability across service boundaries within the test site, as well as leadership for service redesign. Service Champions will be identified to foster the learning culture that will be crucial to this process.

<sup>2</sup> The Project Board has membership from the Scottish Government, COSLA, voluntary sector organisations (Aberlour, Lloyds TSB Partnership Drug Initiative).

## Education, information and engagement for young people

- Recommendation 10 – Curriculum for Excellence should continue its strong focus on literacy and numeracy, with every teacher taking responsibility for delivery across the curriculum.
- Recommendation 11 – Curriculum for Excellence should take a holistic approach to health and wellbeing outcomes, including active and healthy lifestyles, supported by the new school health team approach.
- Recommendation 12 – The ethos within which Curriculum for Excellence is implemented should place the child at the centre of the process.
- Recommendation 13 – Curriculum for Excellence should provide continuity and progression through school to post-school, aimed at retaining young people in learning after the age of 16.
- Recommendation 44 – Local agencies should provide high quality, consistent information to young people in a whole range of settings, including easily accessible drop-in services, staffed by health professionals and youth workers.

Date	Support for action on the recommendations	Delivery lead	Intermediate outcomes
June 2008	Scottish Government published <b>Curriculum for Excellence: Building the Curriculum 3: A Framework for Learning and Teaching</b> . This is relevant to everyone who is involved in promoting effective learning for children and young people from 3 to 18. It builds on A Curriculum for Excellence: Progress and Proposals, provides guidance on a new framework and sets out considerations that are critical to the adoption of Curriculum for Excellence. It outlines important messages for all partners involved in planning the curriculum for children and young people, placing the learner at the centre of the process of planning and curriculum delivery. <a href="http://www.scotland.gov.uk/Publications/2008/06/06104407/0">http://www.scotland.gov.uk/Publications/2008/06/06104407/0</a>	CPP	EY6, EY9, EY10
Summer 2008	Scottish Government published light-touch guidance highlighting roles and responsibilities of local authorities, Skills Development Scotland (SDS) and other key players for delivering <b>16+ Learning Choices</b> . 16+ Learning Choices is our new model to support the delivery of the senior phase of Curriculum for Excellence, and will ensure that every young person has an appropriate, relevant, and attractive offer of learning made to them well in advance of their school leaving date.	CPP, SDS	EY9, EY10
Dec 2008 – Dec 2010	Implementation of <b>16+ Learning Choices</b> (in selected areas during December 2008; across the whole of Scotland by December 2010).	Local authorities and their partners (CPP)	EY9, EY10

Date	Support for action on the recommendations	Delivery lead	Intermediate outcomes
Early 2009	Final versions of experiences and outcomes for literacy, numeracy, health and wellbeing for Curriculum for Excellence to be made available.	Learning Teaching Scotland (LTS)	EY6
August 2009	Schools and local authorities use final versions of experiences and outcomes for literacy, numeracy, health and wellbeing in their planning (all schools to use the guidance by August 2010).	CPP	EY6
June 2009	Learning Teaching Scotland and Health Scotland to issue national guidance and self-assessment tool to local authorities and NHS Boards on evidence and effectiveness of the multi-faceted approach of combined education and services.	NHS Boards, local authorities	EY5, EY6, EY9
Summer 2009	Drop-in services offering general health advice, including sexual health advice at all schools, or easily accessible to schools and to be open for at least 2 hours per week.	NHS Boards, local authorities	EY2, EY3, EY5
Summer 2009	High quality, consistent information on all aspects of sexual health and location of services to be provided to young people in settings such as schools, libraries, youth projects and health centres.	NHS Boards, local authorities	EY2, EY3, EY5
Early 2009	Publication of a <b>Youth Framework</b> , which will provide <b>a set of common principles for delivering on Scottish Government national outcomes 4</b> (our young people are successful learners, confident individuals, effective contributors and responsible citizens) <b>and 7</b> (we have tackled the significant inequalities in Scottish society).	Scottish Government	EY6, EY9, EY10, EY11, ADV10

Date	Support for action on the recommendations	Delivery lead	Intermediate outcomes
October 2008	<p>Launch of <b>Young Scot: Active</b>, a proposal led by <b>Young Scot in partnership with the Scottish Government and COSLA to engage all young people in their local public services</b>. Young Scot: Active brings together government, the public, private and Third Sector in Scotland with a shared vision to effect a cultural shift in attitudes and approaches towards young people, in terms of how they are perceived, the quality of services and products provided to them, and the support given to them to develop to their full potential. The proposals are set in the context of the National Performance Framework and linked to a range of cross-sector strategies designed to support young people's development. Key organisations will work with and empower young people to experience more, achieve more, contribute to and enrich their communities. It offers an over-arching framework of information and engagement services to be developed and accessed by projects across Scotland and the young people they support.</p>	Young people, local authorities, CPPs, NHS Boards, voluntary sector	EY6, EY9, EY10, EY11, MW8, ADV10

## Mental health and wellbeing

- Recommendation 49 – NHS Board interventions to address depression, stress and anxiety should be increasingly targeted in deprived communities, ensuring that approaches and materials used are appropriate.
- Recommendation 50 – The next phase of Government-led work, following the National Programme for Improving Mental Health and Wellbeing should apply evidence of what works, in particular for those in disadvantaged groups and areas whose future health is most at risk.

Date	Support for actions on the recommendations	Delivery lead	Intermediate outcomes
Sept 2008	Launch of the latest phase of advertising by the <b>Choose Life</b> programme, to reduce the number of deaths in Scotland by encouraging people to talk more openly about suicide, as part of the ten year Choose Life action plan and strategy (launched in 2002). It included poster, press and radio advertising as well as online advertising to direct people to the new public-facing website. <a href="http://www.suicide-prevention.co.uk">www.suicide-prevention.co.uk</a>	NHS Health Scotland	MW11
Sept 2008	Launch of the latest phase of advertising by the <b>See Me</b> campaign, to eliminate the stigma and discrimination faced by people with mental health problems throughout Scotland. The campaign included adverts run on STV, Channel 4 Scotland and radio stations across Scotland, supported by a range of poster images distributed to communities across the country. <a href="http://www.seemescotland.org">www.seemescotland.org</a>	See Me Campaign	MW9, MW10
Early 2009	Scottish Government to publish an <b>Action Plan to improve mental health and wellbeing</b> , following consultation on Towards a Mentally Flourishing Scotland in 2007-08. The action plan will set out the Government's approach to mental health improvement, key priority areas for action and support for implementation, recognising both the need for a whole population approach and a targeted approach to address known inequalities.	Scottish Government	MW9, MW10, MW11
August 2008-11	Scottish Government funds pilot <b>initiatives to widen access and offer innovative approaches to self-help cognitive behaviour therapy and guided self-help</b> for people with depression and anxiety.	NHS Boards, NHS24	MW10

### **Tayside test site: Integrating mental health improvement in a defined community within Dundee**

This test site aims to work in a defined community in Dundee to improve wellbeing, to test how well-evidenced interventions impact on the community, what measures demonstrate impact, and to test the added value of focusing partnership resources on achieving wellbeing. The community will be engaged with to set the agenda, developing and delivering focus groups to investigate mental wellbeing issues, determinants, action and measures and hold dissemination and awareness-raising sessions on wellbeing interventions. Partnership analysis will determine wellbeing implications and priorities in local plans. The test site is testing three elements: improvement in wellbeing; what interventions lead to this; and how to measure it.

The Scottish Government's **Health Improvement Social Marketing** strategy delivers social marketing addressing smoking, alcohol, physical activity, diet, sexual health, breastfeeding and wellbeing. Tackling health inequalities is a core principle and the core audience for the strategy is from socioeconomic groups C1, C2, D and E.

The first social marketing campaign within the strategy, Take Life On, was launched in June 2008. It covered physical activity, healthy eating, wellbeing and alcohol moderation. The central message is that simple achievable changes in everyday life can bring real benefits for health and wellbeing, helping to reduce the risk of heart disease, cancer and diabetes and making people feel more positive in themselves. Take Life On provides practical advice that aims to be empowering and demonstrate how changing behaviours can be realistic in a busy schedule within constrained resources.

In October 2008 Lidl supermarkets promoted affordable healthy food choices, alongside alcohol moderation and physical activity messages. A similar partnership project will run with Coop/Scotmid stores in January 2009.

Early evaluation of the impacts of Take Life On indicate that the campaign's key target audience, women aged 25-50 from more deprived groups, find the campaign to be "incredibly motivating" to take small steps to lead a healthier lifestyle. It has also had a significant motivational impact amongst those with children.

### **Delivering for mental health in a rural and remote area**

The focus of mental health services within remote and rural communities must be on the early detection of disease, with pro-active case finding targeted at difficult to reach people and those in need, the aim of which is to prevent disease escalation. One such example is Guided Self Help Workers in NHS Highland, who identify people with depression at an early stage and focus upon the prevention of escalation of disease.

Remote and rural areas can also develop creative solutions to prevent mental health crisis by utilising Choose Life Coordinators, and building on work by the Mental Health Foundation, SAMH and the Mental Health Collaborative improvement programme on reducing hospital re-admissions and developing an assessment/appraisal tool for NHS Boards and partners to use to assess progress against delivering these standards.

## Poverty

- Recommendation 16 – Fairer Scotland Fund resources deployed by community planning partnerships should contribute to health outcomes and improving healthy life expectancy.
- Recommendation 17 – Universal public services should build on the examples of effective financial inclusion activity, to engage people at risk of poverty with the financial advice and services they need.
- Recommendation 18 – The Government should help people to maximise their income and encourage them to take up means-tested benefits, starting with older people and extending activity through intermediary organisations such as Registered Social Landlords and healthcare services.

Date	Support for action on the recommendations	Delivery lead	Intermediate outcomes
Autumn 2008	Scottish Government <b>supporting CPPs</b> in the <b>continuous improvement of their Fairer Scotland Fund</b> plans (by written feedback and policy team visits).	Scottish Government, local authorities, CPPs	MW1, MW2
June 2008	Scottish Government held a seminar for local authorities to <b>disseminate good practice</b> developed by the 11 local authorities that received funding from the Financial Inclusion Fund authorities for two years (2006-08).	Scottish Government, Financial Inclusion Fund authorities	MW1, MW2, MW3
January 2009	Launch of Community Regeneration and Tackling Poverty Learning Network (coordinated by the Scottish Centre for Regeneration). The network will provide advice, support and a forum to share best practice as CPPs look to mainstream approaches to tackle regeneration, poverty and income inequality.	Scottish Government, local authorities, CPPs	MW1, MW2
2008-11	Scottish Government collaborating with DWP to <b>maximise the impact of the Scottish Financial Inclusion Champions Team.</b> <sup>3</sup>	Scottish Government, DWP	MW2
2009-11	Scottish Government to invest in <b>income maximisation</b> work, including a focus on benefits uptake for older people and other key groups, building on what works and developing new approaches to boost the income of those in poverty or at risk of poverty. This will include <b>building on pilots with Age Concern Scotland and DWP to increase pension credit take-up by older people</b> in the East End of Glasgow and Aberdeenshire.	Scottish Government, DWP, local authorities, Third Sector	MW1, MW2

<sup>3</sup> As part of the UK Government’s activities on financial inclusion, DWP has established a financial inclusion champions initiative, launched in October 2008, which will provide dedicated members of staff with experience in working on financial inclusion to work with local authorities, social landlords and other potential financial inclusion intermediaries.

Date	Support for action on the recommendations	Delivery lead	Intermediate outcomes
November 2008	Scottish Government launched <b>Achieving our Potential, its framework for tackling poverty</b> .	Scottish Government, local authorities, Third Sector	EY1, MW1, MW2, MW3
March 2009	<b>Effective links with income maximisation activity being undertaken under other programmes and frameworks</b> (such as fuel poverty) to be in place.	Scottish Government	EY1, MW1, MW2, MW3
Spring 2009	The National Food and Drink policy workstream on affordability, access and security to provide a research inquiry into food prices and the impact on the affordability and access of healthy, wholesome food and provide recommendations.	Scottish Government	MW1, MW5, BK5, EY2

## Poverty

**Macmillan Cancer Support** has worked with local authorities across Scotland and other key stakeholders to develop policies and services highlighting issues of unclaimed benefits and other socioeconomic inequalities affecting cancer patients. This has created a platform for discussion leading to improved advice services for cancer patients and carers throughout Scotland.

Since its **Benefits and Financial Advice services** were launched in 2004, Macmillan has helped patients in Scotland access £30m of otherwise unclaimed benefits. The **Macmillan Money Matters** service in Forth Valley, which spans three local authorities (Stirling, Clackmannanshire and Falkirk Councils), has supported cancer patients, their carers and family members access £3m in the past three years. An innovative service at **Beatson West of Scotland Cancer Centre** was launched in October 2007 and has, to date, generated £1.8m for service users.

New benefits services will be launched in several locations during 2009, including partnerships with Glasgow City Council, Edinburgh City Council and the three local authorities on Tayside.

**NHS Greater Glasgow and Clyde** has developed a **financial inclusion pilot service for people affected by stroke** (patients, carers and family). The pilot service meets the immediate financial needs of people affected by stroke within the acute setting and facilitates a transition to specialised community based financial inclusion services when, or if, required. The service offers general advice over the telephone, as well as hospital and home visits. The service is advertised within ward and visitor areas, and key staff involved in patient care have a three question screening tool that is proactively used to identify a person's need for money advice. Referrals can be taken from patients, staff, carers or anyone affected by a stroke. Once a referral has been made, a money advisor will assess a client's short- and long-term money needs, and provide an intervention in place to support these needs. Short-term needs can prevent any catastrophic events from taking place, such as being taken to court, accounts being suspended, or someone losing their home. Long-term needs can include maximising income, benefit claims, re-ordering finances, and general financial capability support.

**Fairer Scotland Fund (FSF)**

**Glasgow City Council** is investing £1.2m from its 2008-09 FSF allocation to deliver a new, city-wide Addictions Programme. The Programme aims to bring together previously separate streams of addictions funding under clear strategic priorities. This will ensure demand-led provision of services, as well as identifying the need for new or additional services. There will be a specific focus on helping people with addictions into employment.

**Falkirk** has provided £200k from the FSF over the next three years for a physical activity initiative for young people, targeted at the most disadvantaged areas. The project delivers a sports activity outreach programme that aims to create an alternative route for young people to become involved in sport outwith normal school or sports club settings. The project provides a positive diversion from areas where communities have identified issues of youth antisocial behaviour, underage drinking etc. Young people will be engaged to assist in directing the types of activities which are delivered. A particular focus will be on encouraging the participation of teenage girls, who traditionally have a lower participation rate in sport.

## Fuel poverty

- Recommendation 19 – Any future Government action on fuel poverty should consider explicitly whether improvements in health and reductions in health inequalities can be expected as a result.

Date	Support for action on the recommendation	Delivery lead	Intermediate outcomes
May 2008	Scottish Fuel Poverty Forum <sup>4</sup> reconvened, to advise the Scottish Government on how best to tackle fuel poverty in the future.	Scottish Fuel Poverty Forum	MW3
Nov 2008	Scottish Government announced that the Central Heating and Warm Deal Programmes will be replaced with an <b>Energy Assistance Package</b> (from April 2009).	Scottish Government	EY1, MW1, MW3
April 2009	Operation of the <b>Energy Assistance Package, available to pensioners and low income families with a child under 5 or a disabled child under 16</b> . This is a one-stop shop delivered via the Energy Saving Scotland Advice Centre Network. It will provide <b>advice on all aspects of fuel poverty</b> , checking those vulnerable to fuel poverty are on the <b>best fuel tariff, maximising their income and improving the energy efficiency of their homes</b> . Energy companies will provide a <b>package of insulation measures</b> , funded under the Carbon Emissions Reduction Target (CERT) to fuel-poor households. Scottish Government will fund <b>enhanced energy efficiency improvements to those households hit hardest by higher fuel bills</b> (such as insulation for fuel poor households who live in private sector homes that have poor energy performance). Maximum cap <b>grant to be increased from £3,500 to £4,000</b> for most homes under the Energy Assistance Package. Up to <b>£6,500 to be available for homes off the gas grid</b> that cannot be sufficiently improved under the lower cap. The Energy Assistance Package to be <b>supported by funding worth £55.8m</b> per year.	Energy Saving Scotland Advice Centre Network, Scottish Government, energy supply companies	EY1, MW1, MW3

4 Membership of the Fuel Poverty Forum: Age Concern, Citizens' Advice Scotland, COSLA, Energy Action Scotland, Energy Saving Trust, Energywatch, Friends of the Earth, Help the Aged, Home Energy Conservation Act (HECA) officers Network, Ofgem, Poverty Alliance, Scottish and Southern Energy, Scottish Federation of Housing Associations, Scottish Gas, Scottish Power, and Shelter.

## Business, employment & health

- Recommendation 20 – The Government should encourage local leadership in activating business participation in the community planning process. New agencies and current statutory partners should be involved in responding to local needs. In particular, NHS Boards should play an active part in employability partnerships in Scotland.
- Recommendation 21 – To achieve the potential of business and enterprise in contributing to local community action, the outcome of improving health through work should be integrated with the remit of economic development agencies at national, sectoral and local authority levels including urban regeneration initiatives.
- Recommendation 25 – The Scottish Centre for Healthy Working Lives should refine the Healthy Working Lives Award scheme to make it more flexible and accessible to smaller businesses.

Date	Support for action on the recommendations	Delivery lead	Intermediate outcomes
March 2008	Scottish Government issued a Chief Executives' Letter to all NHS Boards (CEL 14(2008)), requesting <b>all acute sector units to take part in the Healthy Working Lives awards scheme</b> and work towards an award.	NHS Boards	MW4, MW5
August 2008	Scottish Government reviewed the <b>Scottish Action Plan on Health and Safety</b> . All actions in the plan have either been completed or mainstreamed into the regular activities of relevant agencies.	Scottish Government	MW4
End 2008	Scottish Government and Urban Regeneration Companies (URCs) to develop a <b>monitoring and evaluation framework for URCs which includes specific health indicators</b> .	Scottish Government, URCs	
Summer 2009	Scottish Government to complete its <b>review of Healthy Working Lives strategy</b> , aligning the outcomes to Equally Well recommendations. Workstreams within the review of the Healthy Working Lives strategy will: (i) develop a communications strategy that includes messages on health and work tailored to specific stakeholder groups (healthcare professionals, SMEs, private sector organisations, etc); and (ii) clarify client pathways in journey to employment and improved health, with focus on delivery of occupational health and vocational rehabilitation services.	Scottish Government	MW4, MW5, MW6
June 2009	Scottish Government to hold the second <b>National Health and Work Conference</b> to promote relaunch of the Healthy Working Lives strategy, reinforce messages, and re-engage with key stakeholder groups.	Scottish Government	MW4, MW5, MW6

Date	Support for action on the recommendations	Delivery lead	Intermediate outcomes
End 2008	<p>Scottish Government to set up an interactive <b>Employability Learning Network</b>. The network is aimed at partners in local employability networks, including local authorities, NHS Boards, CHPs, and Third Sector organisations. The employability learning network will comprise: an <b>employability website</b> to provide a “home” for toolkits, learning points and other employability resources; a series of <b>targeted learning</b> events to disseminate and share lessons and experience, including facilitated networks and learning sets to build skills and apply lessons; and a regular <b>e-bulletin</b> to keep wider interests informed of developments.</p>	Scottish Government, local employability networks	MW4, MW5, MW6
Jan 2009	<p>The Scottish Centre for Healthy Working Lives to produce its three year Strategic Business Plan setting out a vision for the Centre and how it will develop products and services that are more focused on the needs of SMEs.</p> <p>The Centre supports the work of Scottish Business in the Community and collaborates with Jobcentre Plus in promoting the message on the benefits of employers offering employment to people who are currently out of work because of ill health. Services will also be aligned with the Scottish Government’s mental health strategy.</p>	Scottish Centre for Healthy Working Lives	MW4, MW5, MW6

**Lanarkshire test site: Sustained employment**

The recent Black report highlighted the impact of worklessness on health. This test site is designed to support and enable frontline NHS, social work and housing staff to engage with patients/clients on the issue of employability and to make onward referrals to employability programmes. It will involve partner services that are not traditionally engaged with the employability needs of clients or patients, such as social work and housing. The aim is to support clients/patients claiming (or at risk of claiming) Employment and Support Allowance to enter or remain in the labour market. The test site will cover both North and South Lanarkshire.

## Public sector employers

- Recommendation 22 – NHS Boards and public sector employers should act as exemplars in increasing and supporting healthy employment for vulnerable groups.
- Recommendation 23 – Public sector leaders should promote the evidence on the health benefits of employment with staff, patients and clients.
- Recommendation 24 – Professional bodies in the field of occupational and public health should be consulted on incorporating the evidence on the health benefits of employment into professional development and practices.
- Recommendation 26 – Public sector organisations should increase the use of community benefits clauses in their contracting processes.

Date	Support for action on the recommendations	Delivery lead	Intermediate outcomes
Ongoing	Thirteen of the territorial NHS Boards provide <b>pre-employment training and opportunities for people on benefits</b> , including those from marginalised groups, through health care academies or similar schemes. Scottish Government has been highlighting and promoting research that evaluated current NHS Board activity in providing pre-employment opportunities and how this leads to permanent posts	NHS Boards, CPPs	MW4, MW5, MW6
2009-10	Scottish Government to work with COSLA in <b>extending the scope of the Boards' schemes to all local authorities</b> .	Scottish Government, COSLA, NHS Boards, local authorities	MW4, MW5, MW6
2009-10	Scottish Government to work with COSLA to promote to local authorities <b>a common public sector recruitment approach</b> to develop pools of appropriate individuals from which smaller public sector recruiters could also draw.	Scottish Government, COSLA, local authorities	MW4, MW5, MW6
2008-09	Scottish Government providing seminars and workshops to public sector organisations, explaining the <b>benefits of community benefits clauses in their contracting processes</b> . <sup>5</sup>	Scottish Government	MW6

<sup>5</sup> Glasgow City Council is placing appropriate community benefit clauses in tenders relating to the 2014 Commonwealth Games

## Healthcare Academies

The **NHS Greater Glasgow and Clyde** programme, Working for Health (WfH) began as a pilot in January 2004 and was set up to meet the needs and demands of NHS employers. Working age adults who had been unemployed for between six months and 10 years were eligible for the training. WfH is a partnership project involving the employer (NHS GG&C), the funders (Scottish Enterprise Glasgow and Jobcentre Plus), and the training provider (The Wise Group).

The core programme was a six week training and work experience module covering confidence building, skills training (including ICT, interview skills and job-matching) and concluding with general aspects of the NHS induction.

Participants took a work placement and received support to apply for NHS jobs. A two week skills and job-matching option was also created, aimed at unemployed adults who have existing skills but are not aware of the current skills requirements of NHS jobs. Finally, for adults who needed supplemental training to ready themselves for the workforce, a 15 week occupational skills module was created which included intensive training and work placement.

The **NHS Tayside** Healthcare Academy, a partnership between NHS Tayside, Skills Development Scotland, Careers Scotland, Jobcentre Plus, Triage, Claverhouse Group, Dundee City Council, Angus Social Work and Health, Dundee Social Work Department, Perth & Kinross Housing and Community Care, Angus College, Dundee College and Perth College was implemented in January 2006 following publication of the regional Strategic Workforce Development Plan. Within the context of Social Inclusion, Equality and Diversity, unemployed people have been targeted to participate in the Health Care Academy Pre Employment Training Initiative. Through analysis of age profiles within the workforce and discussion with NHS Managers, services identified as potentially accessing the Health Care Academy, included:

- Operations Directorate Staff.
- Administration and Clerical Support.
- Clinical Support roles.

The NHS Tayside Health Care Academy model is underpinned by close cooperation and liaison with Jobcentre Plus, Scottish Enterprise Tayside and identified training providers, one of these being Dundee college. Close collaboration with Social Care has been crucial.

Since 2006, NHS Tayside Academy has enrolled 164 students to a six week pre-employment training course. 146 students completed the course and 84 subsequently found permanent employment in the NHS and elsewhere.

## Physical environments

*“Scotland’s urban environment is still not consistently or equitably beneficial for communities.”*  
– greenspace Scotland

- Recommendation 14 – Physical environments that promote healthy lifestyles for young children, including opportunities for play, physical activity and healthy eating, should be a priority for local authorities and other public services.
- Recommendation 27 – Government action on the physical environment should include: evidence-based environmental improvements to promote healthy weight, and improving the quality of local neighbourhoods through providing more environmental “goods” to foster better physical and mental health, improve community cohesion and prevent risks to community safety.
- Recommendation 28 – The Government and local agencies and partnerships should apply the “precautionary principle” across policy development affecting greenspace in environment, education and health.
- Recommendation 29 – The Government, NHS Boards and other public sector organisations should take specific steps to encourage the use and enjoyment of greenspace by all, with a view to improving health. Public sector organisations should provide materials, resources and training and evaluation of specific initiatives eg the prescription of “greenspace use” by GPs and clinical practitioners.
- Recommendation 30 – Local authorities and others should foster greater public responsibility for maintaining local environments.
- Recommendation 31 – Children’s play areas and recreation areas for young people generally should have high priority in both planning and subsequent maintenance by the responsible authorities.

Date	Support for actions on the recommendations	Delivery lead	Intermediate outcomes
Dec 2008	<b>Early Years Framework</b> highlights improving outcomes and children’s <b>quality of life through play</b> . Scottish Government to lead a <b>national debate on relative risks and benefits associated with play to children, involving a range of partners, including Play Scotland and the police</b> .	Scottish Government	EY7, EY11, MW13
Ongoing	Scottish Government attendance at meetings of the Sustainable Scotland Network and regular discussion and development work with SOLACE and COSLA to support delivery of healthy physical environments, including how to deliver Greener objectives in the context of SOAs.	Scottish Government	EY7, EY11, MW13
June 2008	Scottish Government published <b>Healthy Eating, Active Living (HEAL)</b> , its action plan to improve diet, increase physical activity and tackle obesity in Scotland.	NHS Boards, local authorities	EY2, EY7, EY9, EY11, MW13

Date	Support for actions on the recommendations	Delivery lead	Intermediate outcomes
2008-09	Scottish Government to produce <b>guidance</b> on <b>Beyond the School Gate</b> . Beyond the School Gate (part of HEAL) will help support health promotion across communities and focus on action that encourages physical activity and access to healthier foods.	Scottish Government	EY2, EY7, EY9, EY11, MW13
End-2008	Scottish Government publishes <b>Good Places, Better Health</b> , a strategic framework for environment and health that aims to identify evidence and policies that can be taken forward to create environments that promote and nurture good health. Its first priorities in children's health are obesity, unintentional injuries, asthma and mental health and wellbeing.	Scottish Government	EY6, EY7, MW3
Sept 2008	greenspace Scotland published guidance on <b>health impact assessments</b> <a href="http://www.greenspacescotland.org.uk/default.asp?page=462#HIA%20guide">http://www.greenspacescotland.org.uk/default.asp?page=462#HIA%20guide</a>  greenspace Scotland to explore how to apply <b>health impact assessments</b> to greenspace interventions, identify how they can increase the positive health impacts of greenspace actions, and model the planning and development of greenspace interventions that are intended to deliver health outcomes.	greenspace Scotland, local authorities, CPPs	EY11, MW13
2009-10	Development of <b>guidance materials and toolkits</b> for developing sustainable management approaches for planning and greenspace.	greenspace Scotland, SNH, Glasgow and Clyde Valley Network Partnership	MW13
June 2008	Scottish Government published guidance to the <b>Scottish Sustainable Communities Initiative</b> , which seeks to provide places that have high quality, affordable homes for all sectors of the community, fully integrated with public and active transport networks (rather than being car-dependent).	Scottish Government, local planning authorities, building and development industry	EY7, EY11, MW13, MW14
January 2008	Scottish Government published <b>National Planning Framework 2: Discussion Draft</b> for public engagement prior to final publication (spring 2009). A key part of the long-term spatial strategy is to help build safer, stronger and healthier communities by promoting improved opportunities and a better quality of life.	Scottish Government, local authorities, planning authorities	MW13, MW14

**Glasgow test site: Integrated health and planning**

This test site builds on previous experience of incorporating health considerations into the planning process through Glasgow's East End Local Development Strategy. That showed the potential to consider the health impact of neighbourhood design and development. An initial event with planners, architects and developers, and community representatives will build cross-sectoral momentum and ownership for the test site. The test site aims to develop good practice in incorporating health within the planning process; incorporate lessons learned from existing experience; provide new and innovative means for partners to engage with each other; offer new ways of shaping the health impact of private sector investment in buildings and land; and assess the impacts on inequalities in health and wellbeing.

**Use of greenspace**

At Hailes Quarry Park in the Wester Hailes area of Edinburgh, the City of Edinburgh Council had identified that the park was seriously underused but had the potential to improve quality of life for people in the surrounding area. Initial thoughts were that the park needed better paths and lighting but it was recognised that there was a need for community engagement to identify the way forward. The Council worked with placemaking scotland and with the Edinburgh and Lothians Greenspace Trust to involve local community groups and individuals. As a result, more is being done to encourage and support community uses of the park and to mark and signpost entrances to the park. In the two years since work began, the levels of informal use of the park have steadily increased, and attendance at community events has climbed from single figures to between 40 and 50 at most small events. The Fun Day at the park in May 2008 attracted more than 1,200 people.

## Transport

- Recommendation 32 – The National Transport Strategy delivery plan, currently being worked up by the Government, should include specific actions likely to improve health and reduce health inequalities.
- Recommendation 33 – Health inequalities should be addressed specifically in the Government’s first formal review of the National Transport Strategy, which will report in 2010.
- Recommendation 34 – The Government should take forward action targeting children from disadvantaged areas who are at greater risk of injury in road accidents and to encourage local authorities to follow existing good practice in this area.

Date	Support for action on the recommendations	Delivery lead	Intermediate outcomes
By end-2008	Discussions between Scottish Government and external agencies regarding the content of the <b>National Transport Strategy delivery plan</b> .	National Transport Strategy Stakeholder Group	EY11, MW13, MW14
Early 2009	Scottish Government to publish the <b>Road Safety Strategy</b> , which will include objectives and actions regarding targeting children who are at greater risk of injury in road accidents and will encourage good practice by local authorities.	Local authorities	EY11
By 2010	Health inequalities to be considered as part of the Scottish Government’s <b>review of the National Transport Strategy</b> in 2010.	Scottish Government	EY11, MW13, MW14

## Whole community demonstrations

- Recommendation 35 – New Government whole-community demonstration initiatives should be measured on their impact on health and health inequalities outcomes.

Date	Support for action on the recommendation	Delivery lead	Intermediate outcomes
Aug 2008	Scottish Government announced the proposals to be funded by <b>Smarter Choices, Smarter Places</b> (SCSP), a partnership project between the Scottish Government and COSLA, which is designed to increase active travel and use of public transport, and tackle transport emissions. Proposals were required to demonstrate a positive effect on health improvement and reducing health inequalities.	Local authorities	EY11, MW13
2009-12	Smarter Choices, Smarter Places projects in operation. <a href="http://www.scotland.gov.uk/Topics/Transport/sustainable-transport">www.scotland.gov.uk/Topics/Transport/sustainable-transport</a>	Local authorities	EY11, MW13
May 2009	<b>First baseline report</b> from monitoring and evaluating the seven SCSP communities, including identifying current data on the physical activity levels and related health of the populations.	Scottish Government	EY11, MW13
2009	Scottish Government to establish <b>Healthy Weight Community Projects</b> , which aim to reduce the rate of increasing obesity, particularly amongst children and more deprived groups of people. The projects will bring together local stakeholders to raise community-wide awareness of the importance of healthier living, and help make clearer how people can be more active in everyday life and make healthier food choices.	Local authorities and partners	EY5, EY7, EY9, EY11, MW13

### East Renfrewshire – Smarter Choices, Smarter Places

East Renfrewshire Council has the overarching objective of promoting a healthy and active lifestyle at the core of its Smarter Choices, Smarter Places sustainable transport demonstration town project in Barrhead. The project has a strong community focus and will concentrate on combining the benefits of a high quality infrastructure with a variety of behaviour change initiatives targeted at residents, children and employees. Included in the mix of 17 projects is the progression of the innovative work of the Auchenback Health and Open Space project which explores linkages between greenspace and health in one of the most deprived areas in Barrhead. Other projects include Walking and Cycling for Health in Barrhead, Personalised Journey Planning, Smarter Barrhead Schools Initiative, and Working with Business.

## Alcohol, drugs, violence – prevention

- Recommendation 36 – Local authorities, Third Sector organisations and other partners should increase programmes designed to support and engage with those young people who have started on the cycle of offending but not yet escalated to serious violence.
- Recommendation 37 – Local authorities and their partners should provide more positive activities for young people including improved access to existing facilities.
- Recommendation 39 – The Government should ensure more effective local delivery of joined-up services for problem drug and alcohol users, through reform of the current Alcohol and Drug Action Team (ADAT) arrangements. The resources that member agencies contribute to ADAT activities should be more targeted to deprived groups and communities.
- Recommendation 40 – Strong leadership for joint working addressing the underlying causes of violence at local level is required through, for example, greater NHS involvement in local community safety partnerships and police participation in relevant health and education forums. Such partnerships should be built on effective cross-agency information sharing to ensure risk is identified early and managed effectively.
- Recommendation 41 – The Government should support improved data collection, analysis and sharing by all agencies, to ensure that the true level of violence and opportunities for joint solutions are identified. The National Injury Surveillance Model currently being trialled by NHS Lanarkshire should be evaluated and then rolled out, in order that hospital injury data can be shared across agencies, to ensure more effective enforcement and prevention action.

Date	Support for action on the recommendations	Delivery lead	Intermediate outcomes
June 2008	Scottish Government published a Youth Justice Framework ( <b>Preventing Offending by Young People: A Framework for Action</b> ). This sets out <b>a shared vision of what national and local agencies working with children and young people who offend (or are at risk of offending) should do to prevent, divert, manage and change that behaviour</b> . It includes <b>a commitment to expand positive opportunities for young people</b> , through Curriculum for Excellence, CashBack for Communities, and the forthcoming Youth Framework. <b>CashBack for Communities</b> is linked with More Choices More Chances and demonstrates the Scottish Government’s financial commitment towards providing opportunities for young people to take part in positive activities.	Scottish Government, COSLA, Association of Chief Police Officers Scotland (ACPOS), Scottish Children’s Reporter Administration (SCRA), the Crown Office, local authorities	ADV1, ADV2, ADV3, ADV4, ADV5, ADV7, ADV8, ADV9, ADV10
2009	Scottish Government <b>to produce an evidence base around what works in early and effective intervention</b> for reducing offending in young people, and to <b>disseminate good practice</b> to CPPs.	Scottish Government	ADV5, ADV7, ADV8, ADV9

Date	Progress with action on the recommendations	Delivery lead	Intermediate outcomes
2009	Scottish Government, COSLA, ACPOS, Crown Office and Procurator Fiscal Services, SCRA, HM Inspectorate of Education (HMIE), Social Work Inspectorate Agency (SWIA), Care Commission to develop and publish <b>a voluntary framework for management information, to help local areas to plan and manage their services relating to youth justice.</b>	Scottish Government, COSLA, ACPOS, COPFS, SCRA, HMIE, SWIA	ADV5, ADV7, ADV8, ADV9
October 2008	<b>Multi-agency Glasgow anti-gangs project launched</b> , providing effective coordination of all services and the community and voluntary groups to reduce gang-related violence. It will provide fast-track referral to education, employment, diversionary activities, programme work and support services for young men who wish to stop being involved in violence and gang fighting.	National Violence Reduction Unit, local partners	MW6, ADV2, ADV4, ADV5, ADV7, ADV9, ADV10
Early 2009	Following a review of national Scottish policy, Scottish Government to publish <b>new framework for preventing antisocial behaviour.</b> This will include national actions and local recommendations across four themes, prevention, integration, engagement and communications.	Scottish Government	MW14, ADV2, ADV4, ADV5, ADV7, ADV8, ADV9, ADV10
Ongoing	Continuation of <b>Injury Surveillance project</b> for intentional injuries and ongoing evaluation as the project proceeds. Scottish Government to formally assess impacts of the project (by October 2010) and consider whether to replicate elsewhere.	NHS Lanarkshire, National Violence Reduction Unit, Scottish Government	ADV7
2008-09	Scottish Government to commission a pilot study to assess the level and quality of data collected in A&E Departments around <b>unintentional injury.</b>	ISD	
March 2008	Scottish Government issued Chief Executives' Letter to NHS Boards (CEL14 (2008)) requesting them to implement health promoting actions around <b>brief interventions on alcohol misuse, and directing patients to an appropriate support service.</b> Alcohol Brief Interventions Delivery Support Team established to support delivery of brief interventions across NHS Scotland.	NHS Boards, Alcohol Brief Interventions Delivery Support Team	ADV1, ADV2, ADV7
End 2008/early 2009	SMACAP/SACDM <sup>6</sup> Delivery Reform Group to report on its consideration of the future of alcohol and drug delivery arrangements. The intention of this work is to deliver more effective, joined up services at local level to those most in need.	SMACAP/SACDM Delivery Reform Group	ADV1, ADV2, ADV3, ADV4, ADV5

6 SMACAP/SACDM Delivery Reform Group is a joint sub-group of the Scottish Ministerial Advisory Committee on Alcohol Problems and the Scottish Advisory Committee on Drug Misuse.

Date	Progress with action on the recommendations	Delivery lead	Intermediate outcomes
2008-09	NHS Health Scotland to develop a research evaluation framework to monitor the impact of the Government's interventions on alcohol misuse.	NHS Health Scotland, Scottish Government	ADV1, ADV2

### **Fife test site: Safer neighbourhoods**

The overall objective of this test site is to reduce crime and antisocial behaviour (ASB) through a targeted intelligence-led approach, based on Safer Neighbourhoods team area-based tasking in antisocial behaviour in the Templehall area of Kirkcaldy. By linking health services into the area tasking group and promoting greater integration of health and community safety interventions, the test site will address health inequalities and ASB, and embodies many of the basic principles of the Government's ASB review. The test site aims to reduce crime and fear of crime in the area; to reduce antisocial and nuisance behaviour; to use partnership data to generate a better baseline of health-related behaviours and health interventions; to increase understanding across all partners in the task group of the relationship between antisocial behaviour and physical and mental wellbeing; to promote community engagement in addressing poor mental and physical wellbeing in young people; and to expand the model from the Templehall area to other 'at risk' areas.

### **Medics against Violence**

Sixty-five senior medics from the Glasgow area have voluntarily committed their time to Medics Against Violence, and that number is increasing daily. The first project they will undertake is an education initiative in schools, supported by lesson plans that are being developed with the help of education professionals. The Directors of Education at Glasgow and Inverclyde Councils have agreed to support this work. The Scottish Government has provided £80k funding to create the teaching plans, produce a short film and to provide additional materials and hand-outs for students.

### **Action on alcohol in Perth & Kinross**

SIGN Guideline 74 sets out a strong evidence base of the benefits of screening and brief interventions in relation to alcohol consumption.

A training programme operating within Perth & Kinross CHP targets a broad spectrum of staff and seeks to increase their awareness of the effects of alcohol consumption and equip them with the skills to undertake screening and brief interventions. To maximise uptake and minimise disruption to staff, 20-30 minute training sessions are included in established staff and management meetings where staff are also introduced to the Screening and Brief Intervention Handbook for At-Risk and Harmful Alcohol Use. This will initially be aimed at health visitors, district nurses, public health nurses, young people's workers, minor illness/injury nurses, A&E staff, community hospital staff, GPs and pharmacists, before being rolled out to other groups of staff.

## Joining up of drug treatment

- Recommendation 38 – NHS drug treatment services, which will incorporate the new emphasis on recovery, should be required to link locally to other forms of support that address clients' wider problems and life circumstances.

<b>Date</b>	<b>Support for action on the recommendation</b>	<b>Delivery lead</b>	<b>Intermediate outcomes</b>
End 2008/early 2009	SMACAP/SACDM Delivery Reform Group to report on its consideration of the future of alcohol and drug delivery arrangements. Proposals will focus on structures, function and accountability for local partnerships working on alcohol and drugs; the importance and value on partners working together on the basis of outcomes; and the additional support required to help partnerships deliver the drugs strategy.	SMACAP/SACDM Delivery Reform Group, Scottish Government	ADV3, ADV4, ADV5

## Domestic violence

- Recommendation 42 – NHS Boards should ensure that all women attending key NHS services are asked routinely if they are or have been a victim of domestic abuse.
- Recommendation 43 – NHS Boards and community health partnerships, with other local organisations, should ensure a swift and effective response to the needs of women and children experiencing abuse.

Date	Support for action on the recommendations	Delivery lead	Intermediate outcomes
Sept 2008	Scottish Government issued a <b>Chief Executives' Letter to NHS Boards on gender-based violence</b> (CEL 41(2008)). This sets up a <b>national programme of work on improving the healthcare identification and management of gender-based violence (2008-11)</b> . At a strategic level, local Boards will work with multi-agency partnerships on abuse and community safety and community planning processes .	Scottish Government, NHS Boards, community safety units, CPPs	ADV6
End 2008	Scottish Government to <b>issue guidance to NHS Boards for all staff on the different components of gender-based violence</b> . This will include detailed guidance on routine enquiry, how to record and handle disclosure, and will initially be targeted at priority areas of mental health, sexual and reproductive health, A&E, addictions, primary care, and maternity services.	Scottish Government, NHS Boards	ADV6
2009-10	<b>Learning and training for health staff</b> to facilitate routine enquiry into domestic abuse. Local training consortia will support Health Boards in undertaking training for staff around the implementation of routine enquiry.	National Training Steering Group, local training consortia, NHS Boards	ADV6
tbc	<b>Scottish Health Network on Gender-Based Violence</b> to be established, which will provide a national forum for health staff to share best practice, disseminate research and information, and obtain support and guidance.	Scottish Government	ADV6

## Anticipatory care,<sup>7</sup> primary care and dental health

- Recommendation 45 – Keep Well health checks in deprived areas should identify people with depression and anxiety and make sure they get treatment and support.
- Recommendation 46 – The Government commitment to health checks for all at age 40 should be implemented in ways that build on the Keep Well programme.
- Recommendation 47 – The Government should create and fund new evidence-based anticipatory care programmes for other groups most at risk of health problems.
- Recommendation 48 – The Government should continue to reform the funding of Primary Care. Service developments through the Scottish Enhanced Services Programme should address the needs of groups and communities most at risk of health inequalities.
- Recommendation 55 – The Government should roll out a programme for improving the dental health of vulnerable groups, addressing the needs of, for example, older people, prisoners and homeless people.

Date	Support for action on the recommendations	Delivery lead	Intermediate outcomes
Early 2009	All health checks undertaken as part of the Keep Well programme to include screening for <b>anxiety and depression</b> , followed by appropriate support and treatment. Funding has been set aside during 2009-11, within Keep Well budgets, to assist in implementing both screening and treatment.	NHS Health Scotland, Keep Well Health Boards and local partners	BK4, BK5
2008-10	<b>Well North</b> is being implemented. This is a programme to <b>increase the reach and impact of health improvement interventions that deliver anticipatory care for those most at risk of poor health outcomes in remote and rural areas</b> . The overall aim is to provide inequalities-targeted anticipatory care, addressing the major risk factors for poor health outcomes, by developing approaches in areas which pose significant and different challenges to service deliverers. Parallel approaches to be delivered in Forth Valley, Dumfries and Galloway and Borders (2009-11).	NHS Health Scotland, NHS Grampian, NHS Highland, NHS Orkney, NHS Western Isles, NHS Shetland	BK4, BK5
Ongoing	Scottish Government will work with NHS Boards towards <b>establishing inequalities-targeted high risk primary prevention as part of the normal offer of the NHS across Scotland</b> . Scottish Government will provide up to £13m from within Keep Well budgets, to allow further refining and testing of anticipatory care approaches during 2009-11. This will draw upon the anticipatory care work initiated under Have a Heart Paisley, and the unmet needs projects, and will represent the smooth transition from the Keep Well and Well North programmes into a mainstreamed approach.	Scottish Government, NHS Boards	BK4, BK5

<sup>7</sup> Use of the term Anticipatory care in this implementation plan refers to inequalities-targeted high risk primary prevention.

Date	Progress with action on the recommendations	Delivery lead	Intermediate outcomes
2008-09	Early discussions regarding the provision of <b>anticipatory care programmes</b> that target prisoner and South Asian populations.	Scottish Government	BK4, BK5, BK8
2009-10	Roll-out of <b>anticipatory care for prison populations</b> .	NHS Boards, Scottish Prison Service	BK8
2008-09	Development of <b>Life Begins</b> programme, which aims to give every 40 year old the opportunity to assess their risk of future illness, especially coronary vascular disease, and to inform them of measures they can take to reduce those risks.	Scottish Government	BK4, BK5
2009	Implementation of <b>Life Begins</b> in Scotland. The universal (Life Begins) and targeted (Keep Well, Well North) approaches to health checks will complement each other, increasing the population who have been invited to assess their risks and change their lifestyle where necessary.	NHS Health Boards	BK4, BK5
Oct 2008	<b>GMS funding contract for 2009-10</b> announced by Scottish Government will allow for <b>funding to be better targeted at practices in deprived areas with the highest prevalence of ill health</b> , to enable them to <b>improve core general medical services, participate in more directed enhanced services</b> and <b>better address health inequalities</b> . <sup>8</sup>	NHS Boards, GMS Practices	BK4, BK5
Oct 2008	NHS Forth Valley to report on how to improve <b>offenders' oral health</b> ; NHS Highland to report on how to improve <b>oral health amongst homeless people</b> ; NHS Ayrshire & Arran to identify good practice for improved <b>oral health amongst older people</b> .	NHS Forth Valley, NHS Highland, NHS Ayrshire & Arran	BK6
2009-10	Start roll out of <b>coordinated core and client-centred oral health improvement programme for homeless people</b> .	NHS Boards, local authorities	BK6
2009-10	Start to roll out <b>oral health strategy for offenders</b> .	NHS Boards, Scottish Prison Service	BK6

<sup>8</sup> This will be done by phasing out the Minimum Practice Income Guarantee (MPIG), making changes to the Quality and Outcomes Framework (QOF), and making changes to the current prevalence arrangements (that apply in the payment of QOF payments).

### Delivering anticipatory care in rural and remote areas

Based upon the principles of Keep Well, **Well North** is being implemented in remote and rural areas in the North of Scotland. Well North is a programme to increase the reach and impact of health improvement interventions that deliver anticipatory care for those most at risk of unequal health outcomes in remote and rural areas. The overall aim is to provide inequalities-targeted anticipatory care, addressing the major risk factors for poor health outcomes, by developing approaches which work in such areas. The Scottish Government is providing £750,000 to six projects over five NHS Boards, which will:

- Target individuals or households of any age at risk of preventable serious ill-health in defined remote and rural areas. The target population includes those with undetected chronic disease.
- Target disease according to patient/local needs and disease risk factors (eg blood pressure, cholesterol, smoking and diabetes) in recognition that this will have benefit in relation to other serious conditions and wider lifestyle factors (eg housing).
- Seek to improve reach, access and methods of engagement with services/the wider primary care team, thereby addressing the inverse care law (availability of good medical care tends to vary inversely with the need for it in the population served).
- Take account of the dispersion of deprivation that is unique to remote and rural Scotland.
- Generate further evidence of effective working practices that will inform the future roll-out of anticipatory care.

**Uptake of Cardiology Services in NHS Tayside** aimed to improve access to modern, evidence-based cardiology services for people most at risk from coronary heart disease, and so increase uptake of services. All services that could be delivered away from the main cardiology department were delivered in a community venue or in a clinical mobile unit (van). In addition, potential patients were identified through attendance at local events (including gala days, bingo halls and at mosques). 1,781 people engaged with the project. Most of the people who were involved were from the poorest areas of Tayside, and 10% were of South Asian ethnicity (a group that has an increased risk of coronary heart disease). 161 people received a consultation at the specialist cardiology clinic, of whom 82 had no known coronary heart disease by described significant symptoms. The project improved access to modern cardiology services for people in deprived and minority ethnic communities.

**Improving access to coronary heart disease services** was an unmet needs project run in Greater Glasgow. The project was developed as part of Have a Heart Paisley, and aimed to identify whether intensive outreach and support (a) encourages people from deprived communities to access primary prevention services, and (b) encourages uptake of health checks for coronary heart disease in deprived communities. The project team used a variety of community engagement techniques, including on-street interviewing, attendance at local social activities, post office queues during benefit-collection times, and opportunistic recruitment on local buses. Those who were approached were given a leaflet highlighting the service offered and encouraged to come forward. The project had set out to screen 133 clients. It resulted in screening 247 clients (159 women and 88 men). In addition, a second screening (6 months after the initial screening) resulted in 75% clients returning to be screened. The project demonstrated the success of using flexible approaches to engagement, with a particular focus on community engagement techniques.

### **Health and homelessness**

Through the **Edinburgh Homeless Practice** the City of Edinburgh Council and NHS Lothian provide a full range of primary health care services, while also addressing people's wider needs, such as more secure tenancy. The practice aims to support people to transfer to mainstream services. It offers many services, including drug treatment, a psychiatric clinic, a women and children's midwifery, and public health nursing service .

## Smoking

- Recommendation 51 – It should be a key priority within the Government’s smoking strategy that NHS Boards and their local partners act to prevent young people in deprived communities from smoking, and to provide more effective support to smokers in those communities to quit.

Date	Support for action on the recommendation	Delivery lead	Intermediate outcomes
March 2008	Scottish Government issued Chief Executives’ Letter (CEL 14(2008)), requesting all NHS Boards to <b>implement health promoting actions on smoking</b> .	NHS Boards	EY2, BK1, BK2
May 2008	Scottish Government published the <b>Smoking Prevention Action Plan, Scotland’s Future is Smoke-Free</b> , which sets new separate targets for 13 and 15 year old boys and girls, and for 16-24 year olds.	Scottish Government	EY2, BK1, BK2
2008-11	<b>Implementation of Smoking Prevention Action Plan (SPAP)</b> . Scottish Government has provided £9m to local authorities and NHS Boards to support delivery of SPAP – local authorities will use funding to enforce tobacco sales law; NHS Boards will use funding to coordinate local action by local tobacco control alliances to underpin SPAP measures.	NHS Boards, local authorities, local tobacco control alliances	EY2, BK1, BK2
Late 2008, early 2009	Launch of <b>Enhanced Tobacco Sales Enforcement Programme (ETSEP)</b> . This identifies new targets for an outcomes-focused scheme to secure more rigorous enforcement of tobacco sales law.	Scottish Government, COSLA, Society of Chief Officers of Trading Standards in Scotland (SCOTSS)	EY2, BK1, BK2
End-2008	Production of <b>practical resources and support</b> to assist delivery of ETSEP/SPAP, <b>including best practice guidance and evidence-based training</b> .	NHS Health Scotland, Partnership Action on Tobacco and Health (PATH)	EY2, BK1, BK2
2008-09	NHS Health Scotland to develop a research <b>evaluation framework</b> to monitor the impact of SPAP.	NHS Health Scotland	EY2, BK1, BK2

**West Dunbartonshire test site: Targeting tobacco in Whitecreek**

Smoking prevalence in Whitecreek is 40.2% compared to a national average of 24.7%. The area has high rates of coronary heart disease, cancer and cardio-vascular disease. The test site aims to reduce the prevalence of smoking within the population of Whitecreek, an area that suffers considerable and multiple socioeconomic deprivation. The test site will focus on several themes: prevention and education (including work in schools and nurseries with parents and children, and wider activity using social marketing approaches); enhanced smoking cessation services (including evidence-based group work and piloting more intensive individualised support whilst linking quitters into a wide range of local services); and targeting tobacco sales (including test sales and awareness work with retailers).

## Health, literacy and learning disabilities

- Recommendation 52 – NHS Boards should target health promotion and health improvement action better for people with learning disabilities and others who may need support with access to information, in line with statutory disability requirements.
- Recommendation 53 – The Government should lead development of a framework for regular health assessments for people with learning disabilities in all NHS Board areas.
- Recommendation 54 – Each NHS Board should have a designated senior post responsible for ensuring that people with learning disabilities receive fair and equitable treatment from health services.

Date	Support for action on the recommendations	Delivery lead	Intermediate outcomes
2008-10	Implementation of <b>The same as you?</b> The same as you? national implementation group, <sup>9</sup> led by the Scottish Government, will work with NHS Health Scotland and the Scottish Consortium for Learning Disability to develop targeted health promotion activities.	National implementation group	BK7
2008-09	<b>Development of training materials</b> for health professionals, social care workers and family carers targeted at the health improvement of people with profound and multiple disabilities.	PAMIS <sup>10</sup>	BK7
2008-10	Certain NHS Boards to build on existing work to <b>take forward a change programme of health services for people with learning disabilities</b> , to explore a range of service models that tackle the known health inequalities of this group. Other NHS Boards to bid for resources in 2009-10 to develop change programmes.	Scottish Government, selected NHS Boards	BK7
End 2008	Scottish Government to publish <b>national framework for regular health checks</b> for people with learning disabilities.	Scottish Government	BK7
End 2008	Scottish Government to receive <b>proposals from NHS Boards</b> for specific actions in each Board's area to address the inequalities faced by people with learning disabilities when being treated in health settings. Proposals will identify a lead person in each area to take responsibility for the programme of change.	Scottish Government, NHS Boards	BK7
Ongoing	Scottish Government developing its approach to <b>independent living</b> , with the aim of ensuring that disabled people feel valued as individuals and have the same choice, control and freedom as any citizen. This includes establishing a <b>reference group on independent living</b> , which will meet in early 2009.	Scottish Government, NHS Boards, local authorities	
2009	Scottish Government will identify opportunities to develop health literacy aspects within current health policy and practice areas. We will look at targeting groups and communities likely to benefit most.	Scottish Government	

<sup>9</sup> Membership of The same as you? national implementation group includes Scottish Government, the Thistle Foundation, Enable Scotland, Calling the Shots, People First, Scottish Autism Society, Scottish Consortium for Learning Disability, PAMIS, NHS Lothian, Down Syndrome Scotland, ADSW.

<sup>10</sup> Profound and Multiple Impairment Service, based at the University of Dundee.

### Health and literacy projects

The **NHS Lothian CLAN Health and Literacy Project** works to address health inequalities in areas of deprivation in Edinburgh. Low literacy and numeracy skills in 23% of the Scottish adult population (OECD, International Adult literacy survey, 1997) have an impact on their health and their access to services. CLAN offer training to health staff on literacy awareness and clear communication. Health staff then refer people for learning advice and the project provides some initial individual literacy learning for particularly vulnerable learners. In partnership with local learning providers they offer new learning opportunities to suit the needs of people referred through health.

**Healthwise Aberdeen** is a health and literacy project based within the South Adult Literacies team in Aberdeen. The South Adult Literacies team works in partnership with the NHS to offer a learning advisor service in three local health clinics, and has close links with a number of relevant agencies. Learners come from a range of backgrounds and often have complex problems, such as drug and alcohol abuse or criminal justice issues; some are lone parents, often living in disadvantaged areas. Learning activities aim to build basic literacy skills to help learners understand and interpret health information. The team has found that improving skills in relation to health, literacy, lifestyle and parenting can provide significant benefits to individuals and, in turn, their families.

## Self-directed support

- Recommendation 56 – NHS Boards and local authorities should work together to maximise the potential of self-directed support which allows disabled people and others to buy their own social care.

Date	Support for action on the recommendation	Delivery lead	Intermediate outcomes
June 2008	Scottish Government published <b>A Review of Self-directed support in Scotland</b> , which provided qualitative evidence of the experience of clients in receipt of self-directed support (SDS) and explored innovative work going on to deliver SDS in three local authorities.	Scottish Government	MW10, BK7
End 2008	Scottish Government to establish a pilot project in NHS Lothian to identify ways of <b>improving how funding is used in self-directed support packages</b> .	Scottish Government, NHS Lothian	MW10, BK7
Spring 2009	Develop and publish a <b>self-directed support strategy</b> .	Self-directed support reference group <sup>11</sup>	MW10, BK7
End 2008	Scottish Government to identify, establish and fund three <b>test sites for improving the uptake of self-directed support</b> , which will run for two years and aim to inform decisions for the next comprehensive spending review.	Scottish Government, COSLA, NHS Boards and local authorities	MW10, BK7

11 The self-directed support reference group comprises membership from Scottish Government, COSLA, Association of Directors of Social Work, Scottish Care at Home, Scottish Commission for the Regulation of Care, Community Care Providers Scotland, Thistle Foundation, Argyll & Bute Community Health Partnership, ENABLE Scotland, Scottish Consortium for Learning Disability, Scottish Association for Mental Health, Age Concern Scotland, Alzheimer Scotland-Action on Dementia, Key Housing Association, Telford College, In Control, Glasgow Centre for Inclusive Living, Penumbra, City of Edinburgh Council, Camphill, City of Aberdeen Council, and Capability Scotland.

## Offenders' health

- Recommendation 57 – Offenders and ex-offenders should have access to the health and other public services they need and benefit from the same quality of service as the rest of the population.
- Recommendation 58 – Criminal justice agencies and NHS Boards should work together to ensure that offenders who have engaged with the Throughcare Addiction Service are assessed for and able to access addiction and health services within six weeks of release from prison.
- Recommendation 59 – Criminal justice services should work with other public and Third Sector organisations and user groups to respond to studies led by the Prison Reform Trust that aim to improve the experience and wellbeing of people with learning disabilities who are in trouble with the law.
- Recommendation 60 – Scottish Prison Service approaches to promoting positive mental health and wellbeing should be extended across all criminal justice settings.
- Recommendation 61 – The Scottish Prison Service should offer family and relationships support from the date of entry into prison.

Date	Support for action on the recommendations	Delivery lead	Intermediate outcomes
Ongoing	Identify how best to ensure that offenders and ex-offenders have access to the health services they need and benefit from the same quality of service as the rest of the population.	Scottish Government, NHS Boards, SPS, local authorities	MW12, BK8
End 2008	Scottish Government to <b>respond to the recommendations</b> in the <b>Report of the Scottish Prisons Committee (July 2008) Scotland's Choice</b> .	Scottish Government	MW12, BK8
Ongoing	Scottish Government working closely with COSLA to ensure that the needs of adult offenders (including their health needs) are reflected through the community planning process and in the 2009-10 SOAs.	Scottish Government, COSLA, local authorities, CPPs	MW12, BK8
2009-10	COSLA to sponsor a workstream on community reintegration (as highlighted by recommendation 18 in the Report of the Scottish Prisons Committee, which recommended that the Government promote recognition across all Government departments, all public services, all sectors and all communities of a duty to reintegrate both those who have paid back in the community and those who have served their time in prison).	COSLA, Scottish Government	MW12, BK8
Ongoing	Discussions between Scottish Government, NHS and Scottish Prison Service regarding potential transfer of health services in prisons to the NHS.	Scottish Government, SPS, NHS Boards	MW12, BK8

Date	Support for action on the recommendations	Delivery lead	Intermediate outcomes
2009-10	<b>Anticipatory care to be provided for prison populations.</b>	NHS Boards	MW12, BK8
October 2008	<b>Publication of the second Throughcare Addiction Service (TAS) audit report.</b> <a href="http://www.scotland.gov.uk/Publications/2008/10/03142010/0">http://www.scotland.gov.uk/Publications/2008/10/03142010/0</a>	Multi-agency TAS Working Group <sup>12</sup>	MW12, ADV3, ADV4, ADV5, BK8
Ongoing	Scottish Government auditing <b>progress of the TAS across Scotland.</b>	Scottish Government	MW12, ADV3, ADV4, ADV5, BK8
Ongoing	Prisoners to be <b>registered with a GP and referred to community-based services</b> on release.	Scottish Prison Service, TAS workers	MW12, BK8
2009	Scottish Government to present a <b>summary of best practice for providing services to offenders with mental health issues</b> at a meeting of the National Advisory Body on Offender Management. <sup>13</sup>	Scottish Prison Service	MW12, BK8

**Community Link Centre in Edinburgh**, ensures continuity of contact with short-term prisoners, offering them pre-release help with specific problems, and continuing that contact and assistance post-release. This is delivered by SACRO (Safeguarding Communities – Reducing Offending), a national community justice voluntary organisation that works across Scotland to make communities safer by reducing conflict and offending.

**Families Outside** provide support to families affected by imprisonment and run the Scottish Prisoners’ families telephone helpline.

<sup>12</sup> Membership of the multi-agency TAS Working Group was from Scottish Government, Association of Directors of Social Work, Scottish Prison Service, and Phoenix Futures.

<sup>13</sup> The summary paper was produced by a multi-agency Offender Mental Health Working Group, comprising individuals from the Scottish Government, South Ayrshire Council, the Scottish Prison Service, Lothian and Borders Community for Justice Authority (CJA), and Social Work Inspection Agency.

## Delivering change through the workforce

- Recommendation 66 – The Government should establish a short life, cross-sector working group to enable different sectors and those working within them to recognise and share common values, knowledge and skills and develop a joint educational/training framework to support practice which is sensitive to inequalities.
- Recommendation 67 – Government should use existing experience in work on Changing Lives, Working for Families and in the early years field to develop a wider concept of a key worker role and the competencies and skills required to carry it out.

Date	Support for action on the recommendations	Delivery lead	Intermediate outcomes
End 2008	Scottish Government to launch a <b>Continuous Learning Framework</b> for the social services sector, which <b>will provide a wider concept of the skills and competencies required in the social services sector and identify synergies with related skills frameworks in other sectors</b> . The Continuous Learning Framework will provide transparency across disciplines and ensure possibilities for greater joint training and initial education across the social services sector and between related sectors.	Scottish Government	
Early 2009	Scottish Government to set up a <b>short-term working group to identify common values, knowledge and skills across different sectors</b> . This will help develop a training framework that is sensitive to inequalities and the concept of a key worker role that is transferable across and between different sectors, making links with the Continuous Learning Framework and other areas. This action will help with health outcomes and link with the Early Years Framework (improving accessibility and flexibility of services and strengthening the ability of universal services to meet additional needs through developing new workforce roles).	Scottish Government	

### Perth & Kinross test site: Coordination leads for meeting needs in Rattray area of Blairgowrie

Rattray is an area identified as a priority for community regeneration, with a large number of clients/service users with multiple and complex needs. Service providers in the area recognised the need for services and support that encourages prevention and early intervention. The test site aims to support service users with multiple and complex needs, and improve the responsiveness and relevance to those with a history of non-engagement with services. The test site will develop the central role of lead workers who will be responsible for co-ordinating the interventions of statutory services and support vulnerable individuals and families to participate in the process. Service redesign will be the responsibility of a local network of public sector managers, who will challenge obstacles to effective service delivery and develop shared information systems.

NHS Greater Glasgow and Clyde Health Board's **Inequalities Sensitive Practice Initiative (ISPI)** has aimed to find out: 1) what will help improve the effectiveness and efficiency of frontline services in reducing health inequalities; and 2) what type of planning and policy arrangements are required to sustain service improvements.

The initiative has focused on practice across four settings: addictions, primary care mental health, maternity, and integrated children's services.

A key theme emerging is the need to strengthen health professionals' confidence and competence in carrying out sensitive enquiry into the social determinants of a person's health, for example gender-based violence and poverty. The initiative is developing tools to support staff with inequalities-sensitive practice. These include care pathways and a series of DVDs.

**Bridging the Gap** is an online resource developed by NHS Education for Scotland which provides flexible learning opportunities for pre-registration, qualified nursing, midwifery and allied health professionals, and others involved in tackling health inequalities in Scotland. The resource introduces some of the key evidence, issues and themes in health and social inequalities, provides access to a range of add-on resources and links to further information. It is accessible to all via the NHS e-library and can be accessed at Bridging the Gap in the 'quick link' menu at: <http://www.equalityinhealth.scot.nhs.uk>

The **Remote and Rural Healthcare Educational Alliance (RRHEAL)** coordinates educational development in response to the specific needs of healthcare staff in remote and rural areas. One of RRHEAL's early actions was to establish a project to develop a rural-proofing framework for educational interventions using six projects as the pilot. The projects are:

- Assisting the development of a new multi-professional leadership programme in Orkney, with results that can be transferred to other locations.
- Developing educational programmes to support midwifery, nursing and allied health professionals with special interest in remote and rural Scotland.
- Assisting the development of the NES Child Health Emergency care outreach training programme in remote and rural areas.
- Working with NES to ensure that the design of a new HNC in speech and language therapy is appropriate and accessible to all support workers in Scotland.
- Developing refresher courses and learning opportunities for isolated GPs.
- Scoping, commissioning and rural-proofing education programmes to support radiography staff in remote and rural areas.

RRHEAL will work with education providers to use the most rural-proofed methods of education delivery possible. Often this will take the form of a blended learning approach, with use of technology, rural e-library resources, small group teaching and peer networking support. The aim is to ensure that educational programmes are as accessible as possible to frontline healthcare staff across all areas of Scotland.

## Third Sector

*“Third Sector organisations – so much to contribute to making Scotland ‘Equally Well’: facing up to complex social problems, practical local partnerships with other organisations and joint solutions, and real transformational change for individuals and communities”*

Andrew Muirhead, Chief Executive of Inspiring Scotland and LloydsTSB Foundation for Scotland and Ministerial Taskforce member.

- Recommendation 69 – Funding for Third Sector organisations through the Government’s new Scottish Investment Fund should support Third Sector action in the priority areas identified in the Task Force’s recommendations, and this should be explicit in criteria for the Fund.

Date	Support for action on the recommendation	Delivery lead	Intermediate outcomes
Ongoing	Scottish Government <b>investing £93.6m in the Third Sector over the period 2008-11</b> , recognising and supporting the vital contribution of the Third Sector to a more successful Scotland. The funding will support a vital, innovative and sustainable Third Sector through pump-priming direct investment, support to the sector’s local infrastructure and activities to open markets and address barriers to the effective operation of Third Sector bodies. <sup>14</sup>	Scottish Government, Third Sector	
June 2008	Scottish Government launched its investment strategy for the <b>Scottish Investment Fund</b> , whose purpose is to build capacity, capability and financial sustainability in the Third Sector; ensuring a strong and active Third Sector reaches its potential and makes a key contribution to the Scottish Government’s national outcomes. Priority for the first year are organisations that address issues of <b>employability, environmental action, and tackle the underlying causes of health inequality</b> .	Scottish Government	
2009-10	Scottish Government to provide additional funding for <b>Meeting the Shared Challenge</b> , <sup>15</sup> to build on the success of its first year’s operation.	Scottish Government, Scottish Community Development Centre	
tbc	Scottish Government to provide training for public sector purchasers to help open all markets to the Third Sector.	Scottish Government	
tbc	Scottish Government to provide funding through Firstport <sup>16</sup> for social entrepreneurs to establish new social enterprises.	Scottish Government	

14 The Scottish Investment Fund (<http://www.scotland.gov.uk/Resource/Doc/48453/0061853.pdf>) provides investment in mature Third Sector organisations ready to make a significant step-change in their organisational capacity and capability. The Enterprise Fund will provide development funding for Third Sector organisations which are at an earlier stage of development.

15 Meeting the Shared Challenge is a Government-funded support programme that aims to improve joint working with the community-led health sector. It is run by the Scottish Community Development Centre and started in September 2007.

16 Firstport is a registered charity working to support new and emerging social entrepreneurs throughout Scotland. It was developed to act as a first port of call for social enterprise and social entrepreneurs in Scotland, to act as a broker for advice and support to them and to increase their numbers.

**Voluntary and community-led health initiatives** can make a major contribution to reducing health inequalities. Based in the communities they serve, community health initiatives can be very effective in reaching and engaging with people in communities who have significant health inequalities. Many community health initiatives offer multiple services such as, for example, smoking cessation advice, cooking classes, physical activity opportunities and money advice, and involve local people in deciding what their community requires. These initiatives often involve local people as volunteers or staff in delivering the services.

### **Meeting the Shared Challenge in Scotland**

The **Scottish Borders** regional development group held a Healthy Borders community-led health event in November, which aimed to raise awareness of the community-led health approach with Heads of Services in the NHS and local authorities. The event aimed to enable decision makers to see the real value of community-led health initiatives and to recognise how they fit in to the wider health structure. Five community groups showcased their activities and impact, and a DVD of case studies was shown.

The **Fife** Meeting the Shared Challenge Programme is focusing on local work in Auchmuty, a neighbourhood area in Glenrothes. The programme is supporting the development of joint dialogue between staff from the NHS, Fife Council and local tenants association members with a programme of work that supports a shared understanding and solutions to local health and wellbeing issues. The programme intends to produce learning on (a) communities and public bodies working together on health and wellbeing issues; and (b) the development of policies and service delivery that enhance the capacity of communities to take action on issues of local importance.

# MONITORING AND EVALUATION

## Better Data

Equally Well identified significant gaps in the data available to support local performance management and reporting. Forthcoming improvements have been described previously within NHSScotland, where health data on diversity are inadequate.

Equally Well described health inequalities based on health outcomes for individuals, rather than the areas in which they live. However, most of the information currently available to describe health inequalities based on socioeconomic status is area-based. Recommendation 76 is about developing better data. The Government will therefore examine whether options for linkage of individual records of health status with individual records of socioeconomic status should be pursued. For example:

- **Linkage to income records**, such as: The inclusion of a question on income in the 2011 Census; tax records from the Inland Revenue linked to mortality data (work ongoing by Leyland et al); investigation of the feasibility of linking incapacity benefit data with health datasets (work ongoing by Glasgow University).
- **Within survey linkage of individual income information with health variables** such as self-assessed health, long-standing limiting illness, GHQ12 and in the future WEMWBS (using large scale national surveys such as Scottish Health Survey or Scottish Household Survey).
- The new Scottish Health Survey results will become available during 2009 – these will be analysed, and linkage will be done to explore the possibility of developing new basis for assessing health inequalities.
- This new analysis will become possible in 2009-10 (Scottish Health Survey), and 2012-13 (2011 census).

## How will we know it's working?

Integrated impact assessment is to be developed and supported under Equally Well recommendation 77. This will help national and local organisations to identify in advance how policies and programmes will affect health inequalities. The Scottish Government is taking the following action:

- The Government is currently reviewing its approach to policy appraisal. The first stage of this review involves the development of an impact assessment framework based on the Government's Purpose and National Outcomes. A Scottish impact assessment framework will be piloted within Scottish Government. The second stage will assess the potential to develop an integrated impact assessment model and examine the wider application of such an approach with community planning partners. It is expected that this second stage will require commissioning of external contractors, following some initial scoping with stakeholders within and outwith government.
- EQIA is part of the Scottish impact assessment framework, and will be included within the development of integrated impact assessment.
- Providing support for local impact assessment during 2009-10, through suitable tools and increasing local skills and capacity to use them effectively.

## Evaluation

It will be vital for the future development of action on health inequalities to evaluate the effectiveness of policies and actions that Equally Well has recommended. Evaluation needs to:

- Be appropriate for both specific interventions and complex packages of actions (recommendation 73).
- Be properly resourced.
- Focus on areas where current evidence is weakest.
- Address the differential impacts of policies and actions on different subgroups (socioeconomic, gender, ethnicity, for example).
- Address cost-effectiveness.

In order to achieve these recommendations, the Scottish Government will:

- Develop an evaluation framework, which builds on this implementation plan and the analysis of intermediate outcomes.
- Work with an external advisory group.
- Support local evaluation of and ensure that lessons are learned from the test sites as a whole.
- Enhance opportunities for practitioners, academics and evaluators to share learning and develop a wider range of approaches to evaluation appropriate for actions designed to reduce health inequalities. For example NHS Health Scotland will continue to run the Evaluation Summer School in collaboration with Scottish Government, academic units and public and Third Sector bodies. Scottish Government will sponsor and participate in the Scottish Evaluation Network.

## 2010 review

The final recommendation in Equally Well is that the Ministerial Task Force should reconvene in 2010 to review progress with implementation.

- The Scottish Government will announce by the end of 2009 how the Ministerial Task Force's review of progress will be carried out in 2010. The review will draw on progress in the local test sites and on action being taken by community planning partnerships generally, and reflected in the 2009-10 Single Outcome Agreements with Government. The review will also identify progress made by NHSScotland and community planning partners with the relevant action set out in the Better Health, Better Care action plan (December 2007). The Ministerial Strategic Group for Health and Community Care includes representation from Government, local authorities and NHSScotland. The Group will maintain an oversight of progress until the Task Force's formal review.

# ANNEX 1

## **Organisations who provided views on Equally Well and organisations with whom we have discussed implementation:**

NHS Board Chairs and Chief Executives

NHS Health Scotland Board

NHS Conference, SECC, June 2008

Association of Community Health Partnerships' Annual Conference

North of Scotland Public Health Network

NHS Lothian Health Promotion Network

Keep Well Programme Board

NHS Scotland Directors of Public Health

UK Government Health Select Committee

Department of Health Scientific Reference Group on Health Inequalities

SOLACE

Better Health, Better Care Health Improvement/Inequalities Advisory Group

COSLA Health & Executive Wellbeing Group

COSLA Leaders

NHS Health Scotland Partnership Management Programme event

Ministerial Strategic Group on Health and Community Care

Royal College of GPs

greenspace Scotland

Scottish Interfaith Council

Equality and Human Rights Commission

Scottish Parliament Health & Sport Committee

# ANNEX 2

## EQUALLY WELL RECOMMENDATIONS

The following table lists the Equally Well recommendations. Additional recommendations listed in italics are recommendations the Task Force identified, which were excluded from Equally Well, but enhance the 78 recommendations. The table gives a general lead for each recommendation (Scottish Government (SG) or CPP) and also identifies where the recommendation is referred to in the implementation plan.

No.	Recommendation	Lead	Section
1.	The Government should produce a practical implementation plan by the end of 2008, setting out how the Task Force's recommendations will be turned into action and who will be responsible, at both national and local levels.	SG	Introduction
2.	Those responsible for implementing the Task Force's recommendations should carry out equality impact assessments on the action they are taking to ensure this is legally compliant; systematically consider the needs of the diversity of the population; ensure action does not adversely affect any part of the population; and consider how they can promote equality.	SG	Introduction
3.	Reducing health inequalities should be a key outcome for the Early years framework being developed jointly by the Government and COSLA. <ul style="list-style-type: none"> <li><i>The Government should, as a priority, examine targeted early access to pre-school education for under 3's. This will build on previous experience of earlier entry to pre-school for high risk groups and acknowledge the significant role that pre-school and early education have in addressing future inequalities.</i></li> </ul>	SG	Progress on action – Early years

No.	Recommendation	Lead	Section
4.	NHS Boards should improve the capacity of ante-natal services to reach higher risk groups and identify and manage risks during pregnancy.	SG	Progress on action – Early years
5.	The Government should arrange a Scottish survey of the incidence of Foetal Alcohol Syndrome.	SG	Progress on action – Early years
6.	NHS Boards should improve breastfeeding rates in deprived areas and among disadvantaged groups.	SG	Progress on action – Early years
7.	The Government should lead the development of holistic support services for families with very young children at risk of poor health and other poor outcomes.	SG	Progress on action – Early years
8.	There should be a range of services that identify need and provide support to the most vulnerable children and families. As part of that, the Government should develop a community-based integrated school health team approach, targeting children at risk and increasing the nursing staff and other professionals supporting schools.	SG	Progress on action – Early years
9.	<p>The Government should continue to improve support for children at risk in households where alcohol or drugs are misused.</p> <ul style="list-style-type: none"> <li><i>The Government should continue to work with local partners to look at ways to improve identification, assessment, recording and planning for children at risk in substance misusing households, build capacity and improve services in this area and improve the management of immediate risk.</i></li> </ul>	CPP	Progress on action – Early years
10.	Curriculum for Excellence should continue its strong focus on literacy and numeracy, with every teacher taking responsibility for delivery across the curriculum.	CPP	Progress on action – Education, information and engagement for young people
11.	Curriculum for Excellence should take a holistic approach to health and wellbeing outcomes, including active and healthy lifestyles, supported by the new school health team approach.	CPP	Progress on action – Education, information and engagement for young people
12.	The ethos within which Curriculum for Excellence is implemented should place the child at the centre of the process.	CPP	Progress on action – Education, information and engagement for young people

No.	Recommendation	Lead	Section
13.	Curriculum for Excellence should provide continuity and progression through school to post-school, aimed at retaining young people in learning after the age of 16.	CPP	Progress on action – Education, information and engagement for young people
14.	Physical environments that promote healthy lifestyles for young children, including opportunities for play, physical activity and healthy eating, should be a priority for local authorities and other public services.	CPP	Progress on action – Physical environments
15.	Each NHS Board should assess the physical, mental and emotional health needs of looked after children and young people and act on these assessments, with local partner agencies.	CPP	Progress on action – Early years
16.	Fairer Scotland Fund resources deployed by community planning partnerships should contribute to health outcomes and improving healthy life expectancy.	CPP	Progress on action – Poverty
17.	Universal public services should build on the examples of effective financial inclusion activity, to engage people at risk of poverty with the financial advice and services they need.	CPP	Progress on action – Poverty
18.	The Government should help people to maximise their income and encourage them to take up means-tested benefits, starting with older people and extending activity through intermediary organisations such as Registered Social Landlords and healthcare services.	SG	Progress on action – Poverty
19.	Any future Government action on fuel poverty should consider explicitly whether improvements in health and reductions in health inequalities can be expected as a result.	SG	Progress on action – Fuel poverty
20.	The Government should encourage local leadership in activating business participation in the community planning process. New agencies and current statutory partners should be involved in responding to local needs. In particular, NHS Boards should play an active part in employability partnerships across Scotland.	CPP	Progress on action – Business, employment & health
21.	<p>To achieve the potential of business and enterprise in contributing to local community action, the outcome of improving health through work should be integrated with the remit of economic development agencies at national, sectoral and local authority levels including urban regeneration initiatives.</p> <ul style="list-style-type: none"> <li data-bbox="323 1800 1042 2042">• <i>Health and education outcomes should be included in the Urban Regeneration Corporation (URC) monitoring and evaluation framework. There is significant Government investment in URCs, which are required to bridge the gap between physical, economic and social regeneration of some of the most deprived communities in Scotland.</i></li> </ul>	CPP	Progress on action – Business, employment & health

No.	Recommendation	Lead	Section
22.	NHS Boards and public sector employers should act as exemplars in increasing and supporting healthy employment for vulnerable groups.	CPP	Progress on action – Public sector employers
23.	<p>Public sector leaders should promote the evidence on the health benefits of employment with staff, patients and clients.</p> <ul style="list-style-type: none"> <li>• <i>The Government should identify best employability practice from existing services such as Working for Families, condition management approaches, vocational rehabilitation and person centred approaches. These should be used to replicate effective action throughout NHSScotland. Evidence should also be shared with the Task Force’s learning networks and with community planning partnerships more generally, in order to influence the design of local services.</i></li> </ul>	CPP	Progress on action – Public sector employers
24.	Professional bodies in the field of occupational and public health should be consulted on incorporating the evidence on the health benefits of employment into professional development and practice.	SG	Progress on action – Public sector employers
25.	<p>The Scottish Centre for Healthy Working Lives should refine the Healthy Working Lives Award scheme to make it more flexible and accessible to smaller businesses.</p> <ul style="list-style-type: none"> <li>• <i>The Scottish Centre for Healthy Working Lives should incorporate in its work programme:</i> <ol style="list-style-type: none"> <li>a) <i>promoting the benefits of safe and healthy workplaces to employers, particularly to SMEs. This will require a range of innovative approaches including social marketing techniques, case studies, and use of high performing businesses as buddies and champions.</i></li> <li>b) <i>promoting to employers current tools and materials about mental health and wellbeing in the workplace, for example Mental Health First Aid Training and HSE guidance on tackling stress.</i></li> <li>c) <i>promoting to employers the benefits from supporting employment for people currently out of work as a result of ill health or injury.</i></li> <li>d) <i>identifying and supporting opportunities for early interventions and rapid access to occupational health services and advice.</i></li> </ol> </li> <li>• <i>The Government should review progress under the Scottish Action Plan on Health and Safety and improve integration of health and wellbeing advice with business support.</i></li> </ul>	SG	Progress on action – Business, employment & health

No.	Recommendation	Lead	Section
26.	Public sector organisations to increase the use of community benefits clauses in their contracting processes.	CPP	Progress on action – Public sector employers
27.	Government action on the physical environment should include: evidence-based environmental improvements to promote healthy weight, and improving the quality of local neighbourhoods through providing more environmental “goods” to foster better physical and mental health, improve community cohesion and prevent risks to community safety.	CPP	Progress on action – Physical environments
28.	The Government and local agencies and partnerships should apply the “precautionary principle” across policy development affecting greenspace in environment, education and health.	CPP	Progress on action – Physical environments
29.	<p>The Government, NHS Boards and other public sector organisations should take specific steps to encourage the use and enjoyment of greenspace by all, with a view to improving health. Public sector organisations should provide materials, resources and training and evaluation of specific initiatives, eg the prescription of “greenspace use” by GPs and clinical practitioners.</p> <ul style="list-style-type: none"> <li>• <i>Action to improve the provision of greenspace should be assessed and evaluated for its impact on health inequalities, as part of Government research programmes.</i></li> </ul>	CPP	Progress on action – Physical environments
30.	Local authorities and others should foster greater public responsibility for maintaining local environments.	CPP	Progress on action – Physical environments
31.	Children’s play areas and recreation areas for young people generally should have high priority in both planning and subsequent maintenance by the responsible authorities.	CPP	Progress on action – Physical environments
32.	The National Transport Strategy delivery plan, currently being worked up by the Government, should include specific actions likely to improve health and reduce health inequalities.	SG	Progress on action – Transport
33.	Health inequalities should be addressed specifically in the Government’s first formal review of the National Transport Strategy, which will report in 2010.	SG	Progress on action – Transport
34.	The Government should take forward action targeting children from disadvantaged areas who are at greater risk of injury in road accidents and to encourage local authorities to follow existing good practice in this area.	SG	Progress on action – Transport
35.	New Government whole-community demonstration initiatives should be measured on their impact on health and health inequalities outcomes.	SG	Progress on action – Whole community demonstrations

No.	Recommendation	Lead	Section
36.	Local authorities, Third Sector organisations and other partners should increase programmes designed to support and engage with those young people who have started on the cycle of offending but not yet escalated to serious violence.	CPP	Progress on action – Alcohol, drugs, violence
37.	Local authorities and their partners should provide more positive activities for young people including improved access to existing facilities.	CPP	Progress on action – Alcohol, drugs, violence
38.	NHS drug treatment services, which will incorporate the new emphasis on recovery, should be required to link locally to other forms of support that address clients' wider problems and life circumstances.	CPP	Progress on action – Joining up of drug treatment
39.	<p>The Government should ensure more effective local delivery of joined-up services for problem drug and alcohol users, through reform of the current Alcohol and Drug Action Team (ADAT) arrangements. The resources that member agencies contribute to ADAT activities should be more targeted to deprived groups and communities.</p> <ul style="list-style-type: none"> <li>• <i>As the Government develops its long term strategic approach towards tackling alcohol misuse, it should take into account the underlying factors that determine inequalities in alcohol-related harm and address the impact of alcohol on crime, local communities and employment, as well as on health and wellbeing.</i></li> <li>• <i>Research commissioned under the Government's Scottish Alcohol Research Framework should consider inequality issues, with specific work being undertaken to help understand the links between alcohol consumption, serious alcohol-attributable disease and deprivation.</i></li> <li>• <i>Action should continue to focus on preventing drug misuse and addressing fundamental causes such as relative poverty, poor educational attainment and lack of opportunities, particularly for young people and in communities affected by high levels of crime.</i></li> <li>• <i>Drug strategy objectives should continue to be identified as part of other related Government-led policy development, eg in the fields of early years, mental health and wellbeing, alcohol, violence, young work, reform of the school curriculum.</i></li> <li>• <i>The Government's national evidence group that will inform future policy and practice in addressing drug misuse should develop as part of its work the evidence on effectiveness in reducing drug-related health inequalities.</i></li> </ul>	SG and CPP	Progress on action – Alcohol, drugs, violence

No.	Recommendation	Lead	Section
40.	<p>Strong leadership for joint working addressing the underlying causes of violence at local level is required through, for example, greater NHS involvement in local community safety partnerships and police participation in relevant health and education forums. Such partnerships should be built on effective cross-agency information sharing to ensure risk is identified early and managed effectively.</p> <ul style="list-style-type: none"> <li><i>A partnership between police, Government and the research community should promote better co-ordination of research on violence, in particular on the inter-relationships between alcohol, drugs, violence and deprivation, to ensure that scientific findings are translated into effective practice.</i></li> </ul>	CPP	Progress on action – Alcohol, drugs, violence
41.	<p>The Government should support improved data collection, analysis and sharing by all agencies, to ensure that the true level of violence and opportunities for joint solutions are identified. The National Injury Surveillance Model currently being trialled by NHS Lanarkshire should be evaluated and then rolled out, in order that hospital injury data can be shared across agencies, to ensure more effective enforcement and prevention action.</p>	CPP	Progress on action – Alcohol, drugs, violence
42.	<p>NHS Boards should ensure that all women attending key NHS services are asked routinely if they are or have been victim of domestic abuse.</p>	SG	Progress on action – Domestic violence
43.	<p>NHS Boards and community health partnerships, with other local organisations, should ensure a swift and effective response to the needs of women and children experiencing abuse.</p>	SG	Progress on action – Domestic violence
44.	<p>Local agencies should provide high quality, consistent information to young people in a whole range of settings, including easily accessible drop-in services, staffed by health professionals and youth workers.</p>	CPP	Progress on action – Education, information and engagement for young people
45.	<p>Keep Well health checks in deprived areas should identify people with depression and anxiety and make sure they get treatment and support.</p>	SG	Progress on action – Anticipatory care, primary care, dental health
46.	<p>The Government commitment to health checks for all at age 40 should be implemented in ways that build on the Keep Well programme.</p>	SG	Progress on action – Anticipatory care, primary care, dental health

No.	Recommendation	Lead	Section
47.	The Government should create and fund new evidence-based anticipatory care programmes for other groups at high risk of health problems.	SG	Progress on action – Anticipatory care, primary care, dental health
48.	The Government should continue to reform the funding of primary care. Service developments through the Scottish Enhanced Services Programme should address the needs of groups and communities most at risk of health inequalities.	SG	Progress on action – Anticipatory care, primary care, dental health
49.	NHS Board interventions to address depression, stress and anxiety should be increasingly targeted in deprived communities, ensuring that approaches and materials used are appropriate.	SG	Progress on action – Mental health and wellbeing
50.	The next phase of Government-led work, following the National Programme for Improving Mental Health and Wellbeing should apply evidence of what works, in particular for those in disadvantaged groups and areas whose future health is most at risk.	CPP	Progress on action – Mental health and wellbeing
51.	It should be a key priority within the Government’s smoking strategy that NHS Boards and their local partners act to prevent young people in deprived communities from smoking, and to provide more effective support to smokers in those communities to quit.	CPP	Progress on action – Smoking
52.	NHS Boards should target health promotion and health improvement action better for people with learning disabilities and others who may need support with access to information, in line with statutory disability requirements.	SG	Progress on action – Health literacy and learning disabilities
53.	The Government should lead development of a framework for regular health assessments for people with learning disabilities in all NHS Board areas.	SG	Progress on action – Health literacy and learning disabilities
54.	Each NHS Board should have a designated senior post responsible for ensuring that people with learning disabilities receive fair and equitable treatment from health services.	SG	Progress on action – Health literacy and learning disabilities
55.	The Government should roll out a programme for improving the dental health of vulnerable groups, addressing the needs of, for example, older people, prisoners and homeless people.	SG	Progress on action – Anticipatory care, primary care, dental health

No.	Recommendation	Lead	Section
56.	NHS Boards and local authorities should work together to maximise the potential of self-directed support which allows disabled people and others to buy their own social care.	CPP	Progress on action – Self-directed support
57.	<p>Offenders and ex-offenders should have access to the health and other public services they need and benefit from the same quality of service as the rest of the population.</p> <ul style="list-style-type: none"> <li><i>A research and evaluation programme should be set up to test the effectiveness of the Task Force’s recommendations on health and wellbeing of offenders. One component of the programme should be an integrated stream of research into health, resilience and wellbeing and prevention of reoffending.</i></li> </ul>	CPP	Progress on action – Offenders’ health
58.	Criminal justice agencies and NHS Boards should work together to ensure that offenders who have engaged with the Throughcare Addiction Service are assessed for and able to access addiction and health services within six weeks of release from prison.	CPP	Progress on action – Offenders’ health
59.	Criminal justice services should work with other public and Third Sector organisations and user groups to respond to studies led by the Prison Reform Trust that aim to improve the experience and wellbeing of people with learning disabilities who are in trouble with the law.	CPP	Progress on action – Offenders’ health
60.	Scottish Prison Service approaches to promoting positive mental health and wellbeing should be extended across all criminal justice settings.	CPP	Progress on action – Offenders’ health
61.	The Scottish Prison Service should offer family and relationships support from the date of entry to prison.	SG	Progress on action – Offenders’ health
62.	NHS Boards should take opportunities to play a leadership role in promoting good relations within communities, recognising the impact of discrimination and disadvantage on health.	SG	Introduction
63.	All contractors and providers commissioned by the NHS should be explicitly required to monitor their services in accordance with public sector equality duties, ensuring that their analysis uses qualitative and quantitative data to monitor the needs of different groups.	SG	Introduction
64.	NHS Health Scotland should deliver an accessible communication, translation and interpreting strategy and action plan, with clear outcome measures.	SG	Introduction

No.	Recommendation	Lead	Section
65.	<p>The Government should provide resources to test and promote the Task Force’s approach to redesigning and refocusing public services through health inequalities learning networks. These will operate initially through a small number of test sites within community planning partnerships. Resources will be required to apply continuous improvement techniques locally, as well as to bring together all the evidence available to inform good practice, track progress and spread learning in order to influence change in public services more widely.</p> <ul style="list-style-type: none"> <li>• <i>Local learning approaches and support to community planning partnerships for their use of the Fairer Scotland Fund should link to the health inequalities learning networks approach.</i></li> <li>• <i>The Government’s Multiple and Complex Needs projects should be evaluated to identify the impact they can have on health and wellbeing and the changes in service design required. This learning should inform the approach to service redesign adopted in the Task Force’s test sites.</i></li> <li>• <i>Addressing the inter-related issues of alcohol, drugs, violence and poor mental health should be part of the health inequalities learning networks approach as an early priority.</i></li> <li>• <i>The health inequalities learning networks should incorporate the potential for a whole spectrum of local services to include the promotion of good health to those at risk of poor health outcomes. The evidence base for such action will include the NHS’s health promoting health service activities.</i></li> <li>• <i>The Violence Reduction Unit should be involved in the Task Force’s learning networks and advise on applying effective approaches to prevention in the test sites.</i></li> <li>• <i>Frontline housing services should be included in the health inequalities learning networks approach.</i></li> </ul>	SG	Test sites
66.	<p>The Government should establish a short life, cross-sector working group to enable different sectors and those working within them to recognise and share common values, knowledge and skills and develop a joint educational/training framework to support practice which is sensitive to inequalities.</p>	SG	Progress on action – Delivering change
67.	<p>Government should use existing experience in work on Changing Lives, Working for Families and in the early years field to develop a wider concept of a key worker role and the competencies and skills required to carry it out.</p>	SG	Progress on action – Delivering change

No.	Recommendation	Lead	Section
68.	The Government should protect current resources targeted at reducing health inequalities and consider the need for further investment in its longer-term spending plans, based on experience from the Task Force's learning networks about any further resources required for public services to address health inequalities and their underlying causes more effectively.	SG	Introduction
69.	Funding for Third Sector organisations through the Government's new Scottish Investment Fund should support Third Sector action in the priority areas identified in the Task Force's recommendations, and this should be explicit in criteria for the Fund.	SG	Progress on action – Third sector
70.	The Government should adopt the recommended new headline indicators and measures for reporting on long-term progress in reducing health inequalities in Scotland and driving action on the underlying causes of the most important inequalities.	SG	Introduction
71.	The Government should publish in Summer 2008 detailed proposals for the new high level indicators and measures of health inequalities, along with current levels and trends for each measure.	SG	Introduction
72.	The Government should arrange for a clear analysis of the medium-term outcome indicators critical to achieving reductions in the key health inequalities outcomes. This analysis should reflect the National Performance Framework and the new relationship between the Scottish Government and local authorities as embodied in the Single Outcome Agreement process. It should be published by autumn 2008, in order to guide community planning partnerships and their constituent organisations in their own planning and performance reporting.	SG	Introduction
73.	The Government should work with existing and new expert organisations in Scotland to develop a wider repertoire of approaches to outcome and impact evaluation, appropriate for specific interventions and complex and comprehensive packages of actions designed to reduce health inequalities.	SG	Monitoring and evaluation
74.	The Government should commission a review of health data needs that covers gender, ethnicity, age, disability, religion and belief, sexual orientation and transgender. The review should be published and include a plan of action with milestones to fill information gaps identified.	SG	Introduction
75.	NHS targets should be set to support work on patient monitoring and collection of equalities data, led by the Equality and Diversity Information Project at NHS National Services for Scotland (ISD).	SG	Introduction

No.	Recommendation	Lead	Section
76.	The Government, with advice from relevant experts, should work towards better information to describe health inequalities based on socioeconomic status, for example looking at low income of individuals, not just at average income of people living in small areas.	SG	Monitoring and evaluation
77.	<p>Integrated impact assessment processes for public policies and programmes should be developed and implemented at national and local levels, within constraints of the relevant formal systems. Impact on health inequalities should be a clear component. The Government should ensure that there is guidance and support to develop the knowledge and skills to enable impact assessment to be carried out, and health inequalities issues to be incorporated effectively.</p> <ul style="list-style-type: none"> <li>• <i>The policies and actions that the Task Force recommends should be implemented in ways that will allow for proper evaluation of their effectiveness. Evaluation needs to address the differential impacts of policies and actions on different sub-groups (socioeconomic, gender, ethnicity) and cost effectiveness.</i></li> <li>• <i>While it is not necessary to evaluate all actions designed to reduce health inequalities to the same extent, an adequate proportion of resources should be devoted to evaluation. The guiding principle is to focus evaluation on the areas of greatest uncertainty and where the need to build evidence is greatest.</i></li> </ul>	SG	Monitoring and evaluation
78.	The Government should review progress in implementing the Task Force's recommendations and publish a report, including any further action required, by summer 2010. The Task Force should be reconvened to sign off the review of progress.	SG	Monitoring and evaluation



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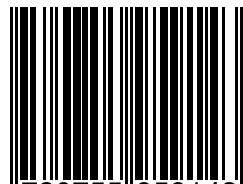
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