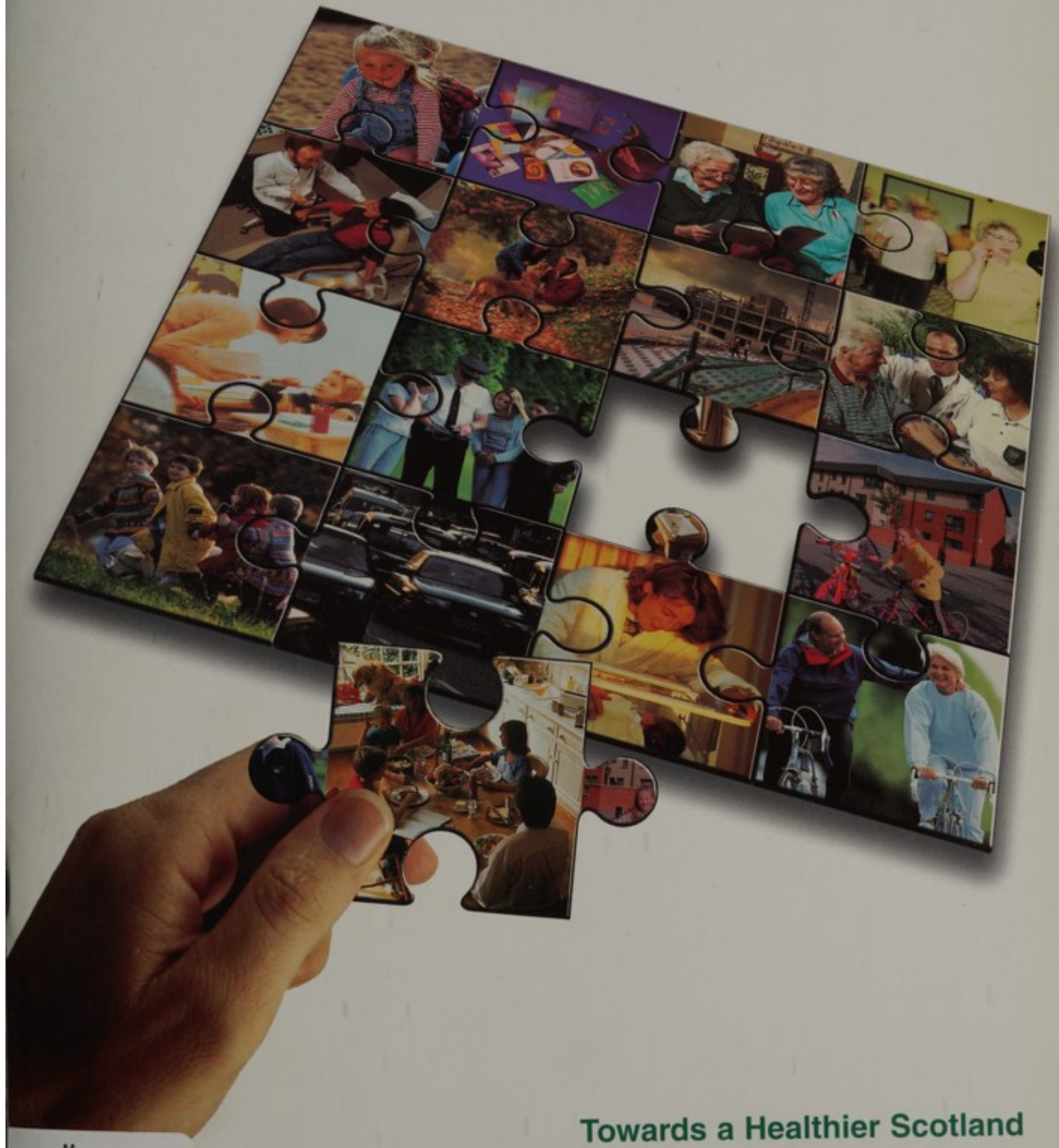
Towards a healthier Scotland : a white paper on health / the Scottish Office Department of Health.

THE SCOTTISH OFFICE



Towards a Healthier Scotland

THE SCOTTISH OFFICE DEPARTMENT OF HEALTH

Towards a Healthier Scotland

A White Paper on Health

Presented to Parliament by the Secretary of State for Scotland
by Command of Her Majesty
February 1999

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Foreword by the Secretary of State for Scotland

We prize health for its own sake, and for the other things it makes possible. Being well is part of the pattern of opportunity and achievement we want for Scotland, as we start a new century. Being ill makes inequalities between people and groups in Scotland worse, and harder to bear. As we look to help families, we see the importance of health in how children are nurtured, in how parents provide a supportive home, and in the engagement of grandparents in family life.

Last year, our Green Paper, *Working Together for a Healthier Scotland*, asked for views on a fresh approach to improving health in Scotland. We wanted to keep directly in our sights the big preventable diseases that kill and disable Scots. We needed to keep up the push for health on smoking, diet and exercise. Above all, we planned to tackle vigorously the many and linked causes of ill health - poverty, unemployment, bad housing, problems in our education and environment. By combining these 3 approaches, we could make real inroads for health.

It was clear from the 800 responses to the Green Paper that people overwhelmingly endorsed this 3 level approach, and looked to support a programme of action to make it happen.

This White Paper builds on the analysis and the approaches in the Green Paper. It reflects constructive and innovative comments received in the consultation process. It is about health for all, but children and groups disadvantaged by poor health have a special place.

We report on action already begun, and new steps. Innovative policies, supported by new resources, are now at work, promoting social inclusion, creating jobs, tackling poverty, improving education and making our environment safe and pleasant. They will help improve health, and progressively reduce inequality. Projects and people at work in local communities are already helping to make that difference. Four new health demonstration projects are among new health measures we will put in place.

This is not a matter for Government alone. We will willingly lead, and this White Paper gives Scotland's Health Minister a strong role in ensuring results. Our health services are committed to health improvement. But good health depends on the ready commitment of public, private, voluntary and community bodies; and on individual, healthy choices in life which are not driven or constrained by

poverty of means or expectation.

My Ministerial colleagues, who join me in signing this White Paper, share my determination, and are making a healthier Scotland a key objective in the programmes and policies they tend. The new Scottish Parliament and Executive - with their wide-ranging powers to take decisions which will help improve health - will add to the momentum and capacity for healthy change. If all of us work, together, better health can be the experience of this generation - and our legacy for the next.

Sam Galbraith MP

Minister for Health and the Arts

Calum MacDonald MP

Minister for Housing, Transport & European Affairs

Rt Hon Helen Liddell MP

Minister for Education and Women's Issues

Henry McLeish MP

Minister for Home Affairs, Devolution and Local Government

Lord Sewel

Minister for Agriculture, the Environment and Fisheries

Lord Macdonald of Tradeston

Minister for Business & Industry

Summary

Chapter 1 sets the scene for a healthier Scotland. It describes how the White Paper grew from the Government's 1998 Green Paper, *Working Together for a Healthier Scotland;* and from the supportive comments, discussions and ideas which that Paper set in train. It calls for a coherent attack on health inequalities, a special focus on improving children and young people's health, and major initiatives to drive down cancer and heart disease rates.

Chapter 2 commissions linked action at 3 levels, with national priorities to improve Scotland's health. The first level means improving life circumstances - social inclusion, jobs, income, housing, education and environment - that impact on health. The second level means tackling lifestyles like poor diet and lack of exercise, tobacco, alcohol and drug misuse that lead to illness and early death. The third level means direct work to tackle what can be prevented - such as heart disease, cancer and accidents - and to improve child, mental, oral and sexual health. At all 3 levels, tackling inequalities will be the overarching aim. Central to this approach will be cross-Departmental work in The Scottish Office to focus social and economic policy on positive health impact. There will be 4 big demonstration projects, to help local successes lead the way to better health Scotland-wide.

Chapter 3 sets out measures taken since the Green Paper was published to tackle people's life circumstances. These steps span social inclusion, help for families with young children, education, housing, community care, employment and training, transport, environment and crime. They add up to a sustained programme of social and economic change, supported by new funding, and are expected to lead to better health, especially in Scotland's least healthy neighbourhoods. Further work to support health by The Scottish Office, local authorities and the Health Education Board for Scotland, and others, is in hand.

Chapter 4 sets out action to improve diet and physical activity, and reduce smoking, alcohol and drug misuse. It includes new laws to ban tobacco advertising; enhanced health promotion campaigns targeting young, pregnant and low income smokers; new services to help smokers quit; extra funding for diet action; a new National Physical Activity Task Force; a funded programme of work on alcohol misuse, including a new national committee; and an enhanced strategic framework to co-ordinate and focus drug misuse measures in Scotland.

Chapter 5 deals with action on health topics. New measures include a Scottish resource pack to promote effective health support for children and parents in early

years; measures to gauge local support for water fluoridation schemes; pilot schemes for fluoridated milk; a dental disease 'prevention from birth' programme; funding for outside help for schools to provide high quality and well balanced sex education programmes; strong initiatives on heart disease, cancer and mental health; and steps to reduce accidents.

Chapter 6 describes how the many agencies that can help improve Scotland's health can work better together. A Public Health Strategy Group, chaired by Scotland's Minister for Health, will ensure health-friendly policies and initiatives throughout The Scottish Office, and the use of Health Impact Assessment. Health boards will lead and encourage health promotion and health improvement throughout their services, demonstrating clear reductions in health inequalities, and offering support to other bodies, including local authorities who are in a strong position to influence health. There will be reviews of how nurses help to improve public health, focusing on health visitors, school and practice nurses; and how we can maximise the contribution of public health medicine and dentistry. Other steps include strengthened collaboration between health boards and local authorities; a public health post in the Convention of Scottish Local Authorities; improved health and lifestyle information for the public; application of Health Impact Assessment; a separate advisory panel for Scotland, to help the New Opportunities Fund assess bids for the £34.5m of Lottery funding available to set up Scottish healthy living centres; a specialist unit to develop further health education and health promotion in schools; stronger workplace health promotion; updating Scotland's public health legislation and HIV promotion strategy; and new guidance on handling outbreaks of food and water-borne diseases.

Chapter 7 announces 4 major health demonstration projects. **"Starting Well"** will concentrate on young children. **"Healthy Respect"** will focus on responsible sexual behaviour, and fewer unwanted teenage pregnancies. **"The Heart of Scotland"** will target heart disease, with important benefits too for cancer and stroke. **"The Cancer Challenge"** will bring Scotland's first screening programme for colorectal cancer and new measures to combat the cancerous effects of smoking. Each will reflect the 3 level approach, with a focus on inequalities, matching the particular health theme with linked work on lifestyle and life circumstances. Each will be a local project, but also a teaching resource for Scotland.

Chapter 8 covers research, evaluation, targets and monitoring. Measures include extended work on public health research and new health targets. Scotland's Health Minister will head a group which will oversee the implementation of the White Paper, drawing its membership from public, private, voluntary and community sectors, with a special responsibility for ensuring that people within communities are involved in decisions about their health.

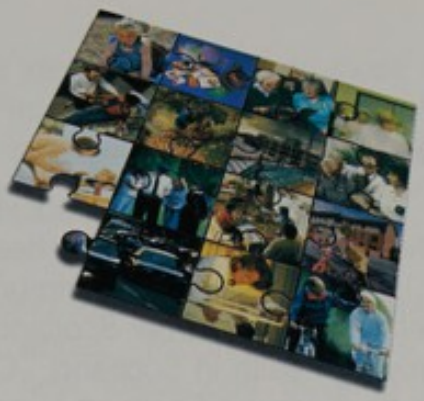
Annex A to Chapter 8 sets out Scotland's health targets, taking 1995 as the baseline and 2010 as the target date. Headline targets are set for coronary heart disease, cancer, smoking, alcohol, unwanted teenage pregnancies and dental health. The inequalities gap which exists for each of these targets will be regularly measured to assess progress in reducing the disparity in health status between different socio-economic groups. Further work is also being taken forward to develop measures which reflect health and well-being within population groups; and the 4 demonstration projects will each have an inequalities component, includng targets and indicators of progress.

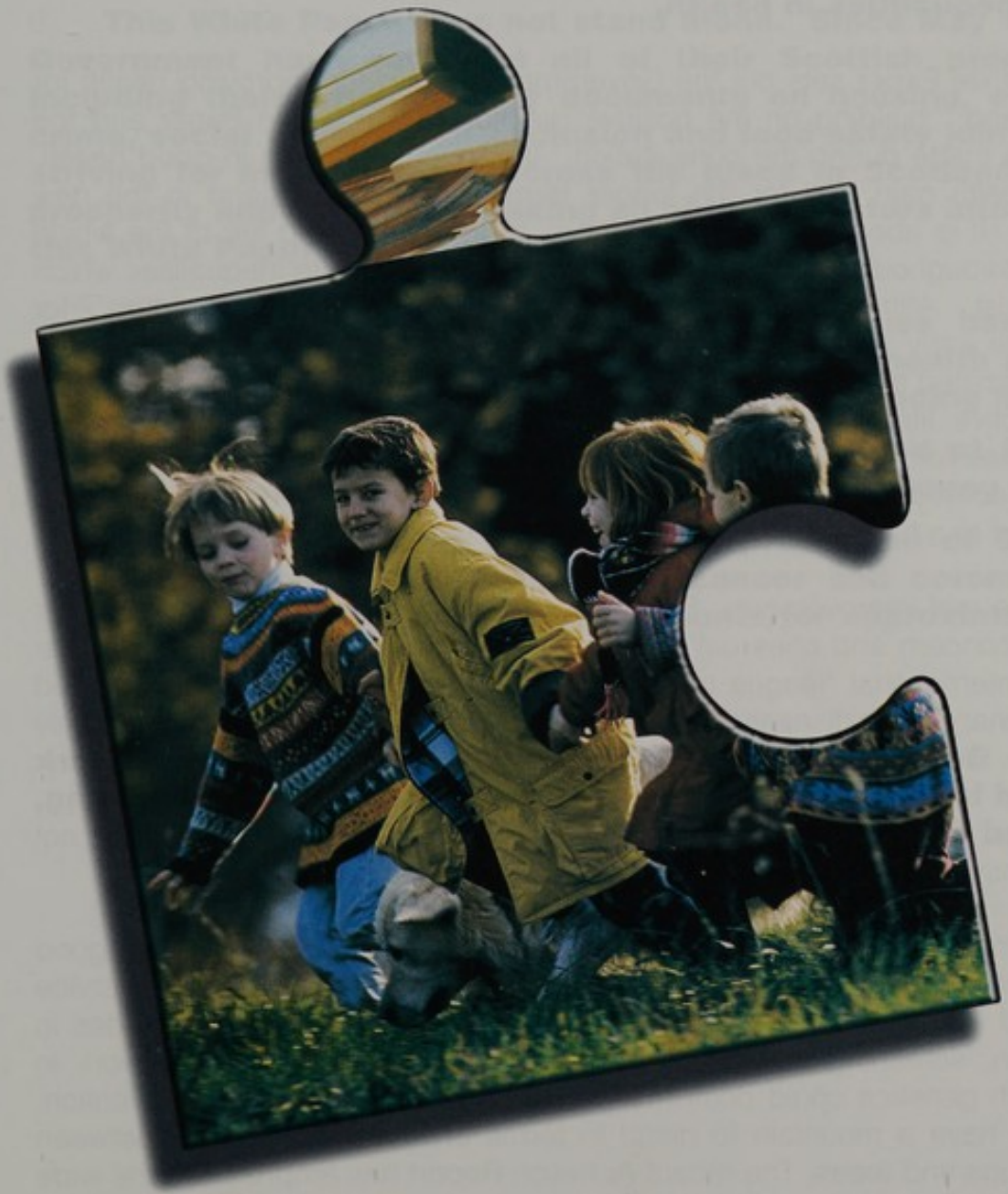
Many of these measure will start quickly. For the longer term, the new Scottish Parliament and Executive will have the powers to take the decisions and actions which will help lead to a healthier Scotland.

"A prosperous and fair society depends on people who are well, with energy, confidence and optimism."

"Our position at or near the top of the international "league tables" of the major diseases of the developed world - coronary heart disease, cancer and stroke - is unacceptable and largely preventable."

Chapter 1 Setting the Scene





Chapter 1 Setting the Scene

Scotland's Health

1. A prosperous and fair society depends on people who are well, with energy, confidence and optimism. A healthier Scotland will benefit us all - as individuals, and in the families and communities where we live. The Green Paper, *Working Together for a Healthier Scotland*, sought views on the Government's strategy for improving health in Scotland. Over 800 responses* were received. Roadshows were held around Scotland to seek local views. **The consultation process revealed how deeply people care about improving health in Scotland. There was a great desire to reverse the forces that have kept our health poor, and agreement that we should no longer tolerate inequalities in health.**

2. This White Paper sets out the Government's vision for improving health for all in Scotland, building on the positive reaction to the Green Paper and the suggestions made during the consultation. It is about investing in good health, for early health gain and for the longer term welfare of Scotland in the new millennium. It is about making a difference to the health and life of the whole population throughout their lives and about tackling the health inequalities which currently exist. Although this strategy has a particular focus on children - for action in the early years can have an enduring influence on health - we are equally committed to enabling those who are growing older to enjoy a full, healthy and productive life. The new Scottish Parliament and Executive - with their responsibilities for health - will have it within their power to help turn vision into reality and, according to their own priorities, to take decisions and actions which will help lead to a healthier Scotland.

3. Despite real improvements, Scotland's record of ill-health remains a matter for serious concern and cries out for concerted action. Our position at or near the top of international "league tables" of the major diseases of the developed world - coronary heart disease, cancer and stroke - is unacceptable and largely preventable. **Good health is more than not being ill: we need to work on a broad front to improve physical, mental and social well-being, fitness and quality of life.** The benefits which accrue will be measured not just in deaths postponed, but in relief from pain, fear and disablement.

4. Investment in good health means fostering those things that generate good health in addition to tackling those that cause ill health. Scotland's health service is renowned for its excellence in treating disease. It has also made strides in immunisation, screening and other early detection, and exciting new work in public health genetics could point the way to a new era of disease prevention. But we still have a mountain to climb in terms of health inequalities between various groups and areas. The recent Acheson Report has emphasised the wide

* These comments can be viewed by request in The Scottish Office Library, St Andrew's House, Edinburgh EH1 3DG

gap between rich and poor in England and has identified actions to close that gap. The Report has helped inform this White Paper. Key indicators of positive progress will include fewer early deaths from heart disease, cancer and stroke, better recognition of depressive illness, fewer unwanted teenage pregnancies and improved dental and oral health.

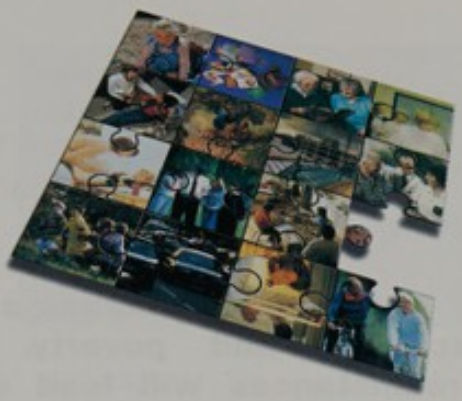
5. There are well-charted routes to better health for individual Scots but no quick and easy solutions for the country as a whole. Progress requires co-ordination and a lasting commitment so that new ideas can develop and initiatives have time to come to fruition. We need to marry theory with good practice, building on successes, learning from past failures and utilising the wealth of experience up and down the country.

6. **This White Paper does not stand alone. Since May 1997, this Government have reviewed all of their Scottish programmes, including their funding. Key documents on housing, education, crime, social work, social exclusion and food safety join health in striving for improvements across the piece in Scotland's safety, prosperity and well-being. Taking all of these factors into account, this White Paper will develop:**

- **a coherent attack on health inequalities based on a comprehensive and co-ordinated use of health and other resources and agencies capable of influencing health**
- **a focused programme of initiatives aimed at improving and sustaining the health of children and young people**
- **major initiatives aimed at the prevention of Scotland's two major killing diseases, cancer and coronary heart disease - each of which accounts for approximately one-quarter of all deaths.**

"Scotland's new Parliament will help turn vision into reality. The time is right, the commitment there. Now we need action."

Chapter 2 A Shared Vision for Action



Chapter 2 A Shared Vision for Action

7. It is clear from the reaction to the Green Paper that there is a shared vision of a healthier Scotland that can stand proudly alongside Europe's healthiest nations.

8. **Getting there means a sustained attack on inequality, social exclusion and poverty. Living and working in better circumstances will lead directly – and through influences on lifestyle behaviour - to better health. Reducing, wherever we can, differences in opportunity and experience as measured by income, gender and environment, will be at the heart of work to improve Scotland's health.**

9. This Government are pledged to invest in improved health and so deliver a fitter and healthier Scotland in the new millennium. **While decisions on areas of public expenditure in this and later Chapters will be for the new Scottish Parliament and Executive to take, the Government's Comprehensive Spending Review has focused £1.8bn new investment over the next 3 years in direct health programmes. And a further £2.3bn has been allocated to other public services in Scotland; this too will promote better health.** Improvements in the welfare system will reduce poverty, and its harm to health. Lottery funding, to support the introduction of healthy living centres targeting those who are deprived, will add another £34.5m. Scotland's new Parliament will help turn vision into reality. The time is right, the commitment is there. Now we need action.

Action Levels

10. The Green Paper recognised that many factors can influence health. Life circumstances, as reflected in a worthwhile job, decent housing, good education and a clean and pleasant environment, make for physical and mental well-being: the converse is also true. Lifestyles - as reflected in smoking and drinking patterns, diet and exercise - have a powerful effect on health but these factors are linked strongly to social class and underlying life circumstances. Similarly, conditions such as coronary heart disease, stroke, cancer, mental illness and unwanted teenage pregnancies, which make such significant contributions to Scotland's health deficit, also reflect our socio-economic inequalities - inequalities which the Government are determined to tackle head-on. The adverse outcomes which so often follow disadvantage and deprivation affect far more than people's health, just as poor health locks people into dependency and exclusion. Hope is stronger when social and economic prospects are bright. Inequality breeds despondency and pessimism, and health suffers. Action on life circumstances is the rock on which work to improve lifestyles and tackle disease will stand or fall.

11. The consultation process gave wide-ranging support for the Green Paper proposals that our drive towards better health should focus on 3 linked action

levels - life circumstances, lifestyles and health topics, as set out in Table 1. Emphasis was placed on developing a coherent, co-ordinated and inter-sectoral strategy to attack the roots of ill-health, rather than just focusing on specific diseases or individual behaviours; but there was a clear perception, too, that we should confront, with renewed determination, the principal killing diseases – coronary heart disease and cancer.

The 3 Action Levels for Better Health

- **Life circumstances**
- **Lifestyles**
- **Health topics**

12. In the consultation process, people thought that tackling health inequalities by reducing the gaps in health between socio-economic, geographical, ethnic, gender and other groups in Scotland was of overwhelming importance. The Government agree that **tackling inequalities** has such importance that it should be regarded as an overarching aim.

Overarching Aim

- **Tackling inequalities**

13. The consultation also supported the proposed list of priority health topics. But, in addition, many people stressed the lifelong impact of ill-health and health-damaging lifestyles in childhood, citing evidence of improvements in pre-school child health and well-being through targeted interventions - particularly for low-income groups. There is also evidence that improved child health can reduce future delinquency. The Government accept this challenge with enthusiasm and now add **child health** to our list of priority health topics.

14. **Work to improve Scotland's health needs common understanding and goals. Central and local government, the NHS, business, trades unions, voluntary and other organisations can all influence health at each action level, particularly when they work together and recognise the value of working across traditional boundaries. Demonstration projects – described in Chapter 7 – will point the way to integrated working.**

15. As a focus for action, the Government propose a range of targets for several of the national priorities to help guide both national and local activity. Full details of these are given in Annex A to Chapter 8. ***For maximum impact, headline targets have been identified in relation to coronary heart disease, cancer, smoking, alcohol, unwanted teenage pregnancy and dental health.***

Health Headline Targets for the period 1995 to 2010

Coronary Heart Disease

- Reduce premature mortality by 50%

Cancer

- Reduce premature mortality by 20%

Smoking

- Reduce smoking among 12-15 year olds from 14% to 11%
- Reduce the proportion of women smoking during pregnancy from 29% to 20%

Alcohol Misuse

- Reduce incidence of men and women exceeding weekly limits from 33% to 29% and 13% to 11% respectively

Teenage Pregnancy

- Reduce rate among 13-15 year olds by 20%

Dental Health

- 60% of 5 year old children with no experience of dental disease

16. For each of these targets, there is an inequalities gap which will be regularly measured to assess progress in reducing the disparity in health status between different socio-economic groups. Further work is also being done to develop a range of measures which reflect health and well-being within population groups; and the demonstration projects, described in Chapter 7, will each have an inequalites component, including targets and indicators of progress.

Action

- **A co-ordinated 3 level approach to better health with an overarching focus on tackling health inequalities. Improving life circumstances and attacking poverty will focus NHS and other resources where the need is greatest.**
- **A specific concerted drive to improve child health.**
- **A new sustained attack on the killing diseases – coronary heart disease and cancer.**
- **A cross-Departmental approach to health in The Scottish Office to help focus social and economic policy on positive health impact.**
- **Demonstration projects to help local successes lead to national change.**

Table 1

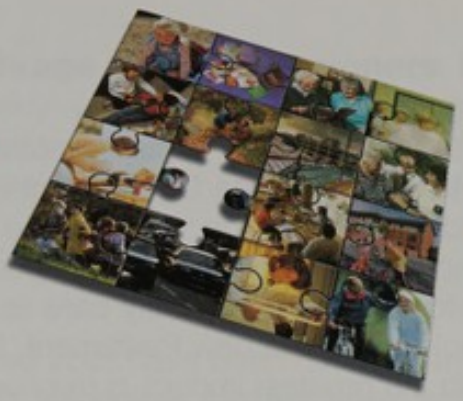
Scotland's Health: National Priorities

Tackling Inequalities		
Improved Life Circumstances*	**Lifestyles** • Less smoking, drug and alcohol misuse • A healthier diet • More physical activity	**Health Topics** • Child health • Dental and oral health • Sexual health, including teenage pregnancies and sexually transmitted diseases • Coronary heart disease (and stroke) • Cancer • Mental health • Accidents and safety

*Life circumstances include, for example, unemployment, poverty, poor housing, limited educational achievement, the general environment and all other forms of social exclusion.

"Work is the best route out of poverty and into a healthier life."

Chapter 3 Action: Life Circumstances



Chapter 3 Action: Life Circumstances

17. Improving life circumstances is the first action level of our strategy. A range of initiatives across Government is making a difference in the quality of our lives and so influencing health. The Government have targeted large additional resources on key areas like housing, employment, education, welfare benefits, childcare and community care as well as health. Taken together, and subject to decisions of the new Parliament, these investments will have real health benefits, with the greatest impact in deprived areas.

Social Inclusion

18. Crucial to our aim of good health for all is our drive to address the inequalities which can be borne by communities as a whole. Under the banner of social inclusion, the Government are introducing a range of measures which will increase choice and participation in Scottish life for people who are currently marginalised. This White Paper delivers a further part of the Government's commitment to reduce social exclusion by focusing on the need to overcome health inequalities.

19. Our aim is for everyone to be socially included. In addition to the New Deals, our Childcare Strategy, the introduction of the Working Families Tax Credit, Early Intervention Programmes, New Community Schools and New Housing Partnerships, all described elsewhere in this Chapter and each with an important part to play in tackling social exclusion, we:

- are introducing new **Social Inclusion Partnerships**, supported by funding of £48m over the next 3 years to promote inclusion and prevent exclusion in both urban and rural areas
- have established the **New Deal for Communities** programme, with £12.9m over the next 3 years, to help deprived communities articulate their needs better, and to make their public services more integrated and responsive
- will shortly be publishing our **Social Inclusion Strategy**, which will provide the framework for further co-ordinated action to promote social inclusion.

20. Older people have a huge contribution to make to our national life. But their experience and attributes are not always fully appreciated. They can feel left out and excluded. This is unacceptable. So we launched *The Better Government for Older People* initiative in June, 1998. This initiative is being piloted throughout the UK in 28 local authorities; three pilots are in Scotland. Their general aim is to provide older people with clearer and more accessible information on their rights, give them a greater say in the type of services they can get, and simplify their access to them. We are currently considering how to network more widely the lessons from the pilots.

21. We have also introduced **a £2.5bn package for all pensioners in the UK**. This includes a guaranteed weekly pension of £75 for single pensioners and £116 for couples; help with winter fuel bills; and free eyesight tests and flu vaccinations. All this will contribute to better health among older people.

Families with Children

22. Many of our new policies and additional resources have been concentrated on children because we believe that supporting vulnerable families at an early stage and providing better education for children who are under-achieving will pay many dividends, including better health.

23. New help for families with young children over the next 3 years includes:

- **Expansion of Family Centres** providing support to families with children aged 3 and under, resourced by an extra £42m and targeted at areas of greatest need
- **Part-time Pre-school Education**, where desired, for all children from the term after their third birthday, supported by funding of £384m over the next 3 years.

24. Children aged 0-14 and their parents will benefit from:

- an increase of £2.50 per week in **Child Benefit**, and a further £2.80 for every child under 11 years in the poorest families
- a **Childcare Strategy**, to increase quality childcare that parents can access and afford.

In addition to £49m Scottish Office funding there will be:

- **National Lottery Funding** of £25m to develop out-of-school childcare
- a new **Childcare Tax Credit** - part of the Working Families Tax Credit - providing a further £25m to £30m per annum towards childcare for lower income families.

25. Further initiatives to improve the educational opportunities and life prospects for school-age children will include:

- the **Education White Paper**, *Targeting Excellence: Modernising Scotland's Schools*, which sets out a radical plan for improvement across the board, including expansion of pre-school learning, curriculum supporting children's learning, parental involvement and the contribution of schools, education authorities and central Government to a culture of continuous improvement
- **60 New Community Schools**, with resources of £26m throughout Scotland, which will offer children and their families integrated

education, social work, family support, and health education and promotion services

- an extra £52m, **to reduce class sizes** in Primary 1-3 to 30, or below, by August, 2001
- £60m for **Early Intervention Programmes** to help improve the reading, writing and numeracy skills of young children
- £27m, plus £23m **Lottery funding**, for out-of-school hours learning projects aimed at raising educational achievement
- an extra £23m, to fund specific **alternatives to exclusion** of children from school
- £36.7m, to help improve **services for children looked after by local authorities**, targeting in particular good health, positive social and emotional development and educational attainment
- **Children's Services Plans**, involving local authorities, the NHS and the voluntary sector in the planning and delivery of a range of services specifically for children in need.

Housing

26. Good housing is a basic human need. Seen from a health perspective, improved housing offers the prospect of better mental health, less sickness linked to damp and cold and fewer accidents. A Green Paper, which will be published shortly, will review the state of housing and housing policy in Scotland and seek views on a wide range of proposals for tackling current issues and problems. But the action we have already taken includes:

- the **New Housing Partnerships** initiative which has been introduced, with over £300m, to promote community ownership of public sector housing and achieve major improvements in housing conditions
- the **Warm Deal Initiative** which provides a £6m package each year to improve the insulation of the homes of low income families. Up to 50,000 homes will be insulated by April, 1999. Job and training opportunities – under the New Deal – will be created for 300 long-term unemployed people who will be undertaking this work
- the **Care and Repair Scheme**, a shared priority with the Convention of Scottish Local Authorities (COSLA) to enable more older and disabled owner-occupiers to get help with repair and improvement works, and thereby stay in their own homes
- legislation to enable more effective action to be taken to deal with **neighbour nuisance and anti-social behaviour** which can cause health-threatening stress to other people
- £14m made available for projects to tackle **rough sleeping** in 2000/2001 and 2001/2002 in addition to the £16m provided in the 3 years from 1997/1998

- resources to enable **Scottish Homes** to support the development of 17,000 new and improved houses for social rent over the next 3 years. In 1999/2000, Scottish Homes will be investing £207m in new and improved housing which, in turn, should be matched by a further £120m of private finance.

Community Care

27. The **Community Care Action Plan**, *Modernising Community Care Services*, published in October, 1998, set out the way forward for improved delivery of services for older people, and people with physical and learning disabilities and mental ill-health living in the community. The emphasis is on:

- providing the kind of services people need, and timeously
- better and faster decision-making with delegation of budgets and responsibility within a clear strategic framework
- flexible and imaginative packages of care for people in their own homes
- genuine and effective partnership working at locality level between health, social work and housing.

Employment and Training

28. Work is the best route out of poverty and into a healthier life. The Government's **Welfare to Work Initiatives** (including the **New Deal**) are designed to give more effective help to more people than ever before to get and keep a job. They are aimed at people who face particular difficulties in doing this – long-term unemployed people and their partners, lone parents and disabled people. Well over £300m is being invested by the Government to take these programmes forward.

29. In addition, we have set up our own Scottish **New Futures Fund**. This reaches out to our most disadvantaged young people and aims to give them the help they need to begin benefiting from the main Welfare to Work programmes.

30. To help those who are in work but are still caught in the poverty trap, we are introducing a **National Minimum Wage** of £3.60 per hour from April, 1999.

Environment

31. A clean environment is a prerequisite for health. The **National Air Quality Strategy**, launched in 1997, sets out health-based standards and objectives for reductions in the levels of 8 key pollutants. The Strategy recognises that poor air quality can have significant adverse effects on health, for example its aggravation of asthmatic or respiratory conditions. For this reason, the *Report on the Review of the Strategy*, published on 13 January, 1999, proposes tightening 5 of the 8 objectives. **Clean water and efficient**

sewerage services are essential for the health of everyone, yet they are usually taken for granted. The Government are urging the water authorities to accelerate their investment in these services to ensure they meet the highest standards of safety for the public. Over the next 3 years, £1.5bn is being invested in the modernisation of Scotland's public water and sewerage systems. The Government are also looking closely at ways of improving the standards and safety of small private water and sewerage systems used by many people in rural areas. A review of **Scottish bathing waters** was concluded in 1998 and 37 additional waters were announced on 4 February, 1999. An existing programme of investment of £105m should ensure that most of these waters comply with the required standards. Additional investment of around £10m will ensure compliance of the others.

32. Sustainable development is a key contributor to the drive to better health, providing a context for a range of initiatives with benefits for health. Good environmentally friendly **transport services** can contribute significantly to good health, for example through reduced pollution and facilitating access to health and other services. *Travel Choices for Scotland*, the Scottish Integrated Transport White Paper, was published in July, 1998. Its aim is to deliver an integrated and effective transport policy that will produce a transport system for Scotland that is efficient, safe, clean and accessible to all. It will provide better transport choices for Scotland's people, including those in isolated rural communities and deprived communities to whom access issues are of particular concern. The Government's **Rural Transport Funding Package** is providing £4.5m annually for 3 years to improve transport links in rural areas.

33. These environmental measures will contribute to good health by reducing illness – especially infections and allergic disorders – by helping people to access, more readily, health and other key services, both in rural and urban areas, and by boosting physical fitness.

Crime

34. Crime can cause injury and, in extreme cases, death. The fear of crime generates anxiety which leads to distress and ill-health. The Government are committed to tackling crime and its causes energetically. Our policy is based on a number of key principles which include:

- tackling the social causes of crime: low income, poor housing, limited school attainment, community disorganisation and neglect

- taking action to protect the public. The Government's new community safety strategy, *Safer Communities Through Partnership – A Strategy for Action*, will help people's confidence so that they can live without fear for their safety. Tackling crime effectively will benefit health by reducing, for example, the injuries from assaults and the trauma arising from burglary, easing levels of stress and cutting the supply of illegal drugs. Reducing violence against women and their children is especially relevant to health. In November, 1998, we published a consultation document, *Preventing Violence Against Women: a*

Scottish Office Action Plan, seeking views on a wide range of action to tackle unacceptable behaviour towards women. A Scottish Partnership on Domestic Violence, including representatives from key organisations involved in dealing with the specific problem of domestic violence, has also been established. The Partnership remit will involve developing a national strategy on domestic violence, recommending minimum service standards and a framework for monitoring progress. The Partnership has been asked to report by 31 March, 1999, with a detailed work plan and timescale for discharging its remit in full

- ensuring that all those involved in the criminal justice system are treated fairly and humanely. Victims of crime must be helped to overcome the trauma of their experience, which might otherwise affect their long-term well-being.

Impacting on Health

35. Together, pursued strongly, all these initiatives will reduce inequalities and help to change lives in ways that are conducive to good health. **Fatalistic and defensive attitudes became embedded through the years. Many of Scotland's communities felt that their future and values were being eroded. We are determined to break down such negative attitudes and encourage the belief that good health is something well within the reach of everyone.** Health promoting influences need to permeate our schools, universities and colleges, workplaces, health services and communities at large - wherever we live, work, learn, spend leisure time or seek help.

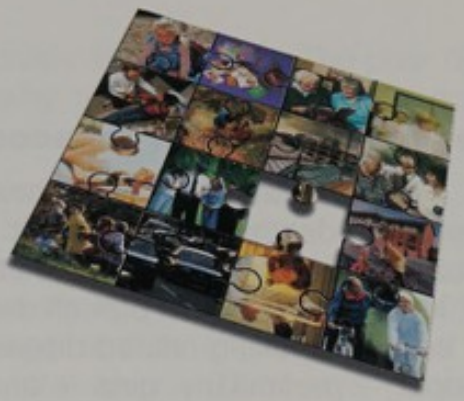
Action

- **A sustained programme of social and economic change, supported by new funding, is already underway to provide the conditions conducive to better health.**
- **The Scottish Office will ensure that its economic and social policies have positive health impact in the drive to tackle inequality, improve educational participation and attainment, boost housing and employment and promote social inclusion.**
- **All Scotland's local councils will be asked to follow the lead that some have already taken by making health improvement a corporate goal and using community planning, as discussed in Chapter 6, to improve the circumstances in which people live.**
- **The Scottish Office and the Health Education Board for Scotland (HEBS) will work, in partnership, with health boards, COSLA, local councils, the voluntary sector, mass media and other interests to stimulate a "pro health" culture.**

"Tobacco smoking is the most important preventable cause of ill-health and premature death in Scotland"

"The poor diet of deprived communities is a major reason why they experience such poor health"

Chapter 4 Action: Lifestyles



Chapter 4 Action: Lifestyles

Reduction in use of Tobacco

36. Tobacco smoking is the most important preventable cause of ill-health and premature death in Scotland. It accounts for at least two-thirds of the excess deaths due to inequalities in health. Each year, smoking accounts for more than 13,000 deaths – one in 5 of all deaths - and the NHS in Scotland spends £140m on treating smoking-related diseases. Smoking rates among children and young people – particularly girls – and pregnant women are a special cause for concern. Non-smokers exposed to environmental tobacco smoke are also at significant risk in that they have a 23% greater risk of developing heart disease and a 26% greater risk of lung cancer.

37. The devastating impact of tobacco use on health and the steps needed to address the issue are set out in the UK White Paper, *Smoking Kills*, which was issued in December, 1998.

38. A sum of £5m will be invested over the next 3 years in health education/promotion campaigns in Scotland. Health boards have also been given a further £1m in each of the next 3 years to help towards the introduction of specialist smoking cessation clinics with an initial supply of free Nicotine Replacement Therapy.

The Government's headline targets for cutting smoking in Scotland are:

- *reduction in smoking by 12-15 year olds from 14% to 12% between 1995 and 2005 and to 11% by 2010*
- *reduction in the proportion of women who smoke during pregnancy from 29% to 23% between 1995 and 2005 and to 20% by 2010.*

Action

- **The Government will secure:**

  - new laws to ban tobacco advertising

  - enhanced health promotion campaigns, targeting young people, pregnant women and low income smokers

  - new NHS services to help smokers quit

  - improved facilities in pubs and restaurants for non-smokers

  - consultation on a better way to reduce passive smoking at work

  - tougher enforcement of the law against sales of tobacco to children.

Eating Better

39. The Scottish diet is notoriously high in fat, salt and sugar and low in fruit and vegetables. Next to smoking, our diet is the single most significant cause of our poor health, contributing to a range of serious illnesses, which includes coronary

heart disease, certain cancers, strokes, osteoporosis and diabetes. The poor diet of deprived communities is a major reason why they experience such poor health.

40. *Eating for Health: A Diet Action Plan for Scotland* was published in 1996. It provides the framework for the action needed over a 10-year period to improve Scotland's diet. The Green Paper consultation brought widespread support for continuing full implementation of the Plan. It also strongly endorsed the need for action to influence diet from a very young age and to improve access to affordable, healthy foodstuffs in deprived and rural areas. There was general agreement – which the Government accept – that *the dietary targets for 2005, set out in the Plan, should continue.*

41. Steady progress continues at both local and national level. Particularly encouraging is the contribution of the Scottish Community Diet Project to help improve the diet of communities suffering deprivation. Also welcome is the recognition by major retailers that supermarkets have a crucial role in influencing diet by making products more accessible to low income consumers, increasing the range of healthier own-brand products, reducing salt, fat and sugar content, and promoting fruit and vegetables. But a further sustained push across all elements of the Plan is needed – from primary producers through to consumers – if our dietary targets are to be met. This process will also be assisted, through time, by the new Food Standards Agency which, amongst other things, will improve access to information and advice on a whole range of food-related issues, including the nutritional content of food.

Action

- **The Government will increase the funding of Diet Action Plan initiatives to over £2m over the next 3 years, starting with an extra £0.3m for the Scottish Community Diet Project.**
- **The Government will appoint a national dietary co-ordinator to give impetus to implementation of the Plan, with a special focus on developing the contribution of primary producers and major retailers, and encouraging mothers to breastfeed.**
- **The proposed new Food Standards Agency will improve access by people to information about nutrition and food safety.**

Physical Activity

42. The contribution of physical exercise through sport to preventing conditions such as cardiovascular disease and osteoporosis was clearly recognised in the Green Paper. The Government are determined to encourage wider participation in physical activity, particularly by younger people, and reverse the decline in school sport. Therefore, we have announced an £8.1m package of initiatives over the next 3 years to develop youth/school sport. These include the appointment of a school sports co-ordinator in every secondary school and action to encourage sport in the primary school sector.

43. Moderate physical activity, in the form of everyday activities such as walking and cycling, also makes a vital contribution to positive health and active ageing. The White Paper, *Travel Choices for Scotland*, sets out proposals to encourage such activity. Although a range of interests and agencies are currently working to encourage active living and physical exercise, their impact could be greatly enhanced through a more integrated approach.

Action

- **The Government will set up a Task Force to develop a National Physical Activity Strategy for Scotland. It will bring together key agencies in sport and leisure, education, health, fitness, exercise and play, in joint action to help people of all ages and walks of life to enjoy the benefits of physical activity. The Government will make available additional resources to take forward the work of the Task Force and implement its recommendations.**

Alcohol Misuse

44. In moderation and at the right time and place, alcohol can be included within a healthy lifestyle. Regular moderate drinking can have health benefits for men over 40 and women after the menopause. On the other hand, excessive drinking carries a heavy toll in illness, accidents, anti-social behaviour and criminal acts of violence, including domestic violence. Its costs in personal, social and economic terms are great, and too often hidden or unheeded. Alcohol misuse is linked with crime, lower achievement, poor mental and physical health, family break-up and poor employment prospects. Of great concern, therefore, is the current upward trend in excessive drinking, not only amongst adults but also in the frequency and level of drinking amongst 12-15 year olds.

45. The Working Group established after the national alcohol conference in October, 1997 has published a new alcohol strategy for Scotland. The response to the Green Paper revealed particularly strong support for primary prevention (linked to work on drug misuse) and the prevention of secondary damage.

The Government's headline targets for reducing alcohol misuse are:

- *to reduce the incidence of adults exceeding weekly limits from:*

  - 33% to 31% for men between 1995 and 2005 and to 29% by 2010.

  - from 13% to 12% for women between 1995 and 2005 and to 11% by 2010.

Action

- **New steps to cut alcohol misuse and improve services will be taken in the next 3 years, supported by £2.5m. Work in implementing the new strategy will be guided by a new national committee, bringing together experts from the health service, police, local authorities, licensing authorities and the voluntary and private sectors.**

Drug Misuse

46. Drug misuse is widespread in Scotland. It damages the health of individuals and communities. Steps to prevent drug misuse – including effective treatment approaches – will benefit health directly and improve community safety and other factors that underlie good health.

47. Scotland needs a national structure which sets the overall strategic direction; provides co-ordination; gives clear guidance with good practice; monitors progress; and facilitates the key work of Drug Action Teams (DATs) and other drug misuse agencies. In particular, we want to see the activities of DATs closely associated with work on the wider problems associated with drug misuse. The Government's current review of the Scottish strategy, set against the UK Drugs White Paper, *Tackling Drugs to Build a Better Britain*, published in April, 1998, will report shortly.

48. The Government have already announced a package of drugs-specific funding to tackle the problem. In October, 1998, they announced a £5m package for better prevention and treatment of drug misuse. This included a £2m (20%) increase for Scotland's drug treatment services; a new drug prevention resource; measures to cut drug-related crime; and funding to combat the threat to young people from cheap heroin. Drug safety issues in Scotland's schools are being examined by a new group. A drugs education training programme for primary school teachers is underway through Scotland Against Drugs and drawing on a substantial financial contribution from the private sector.

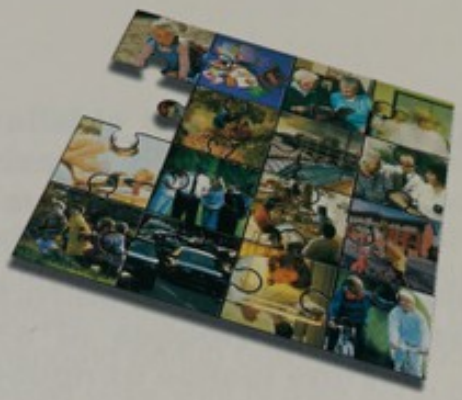
Action

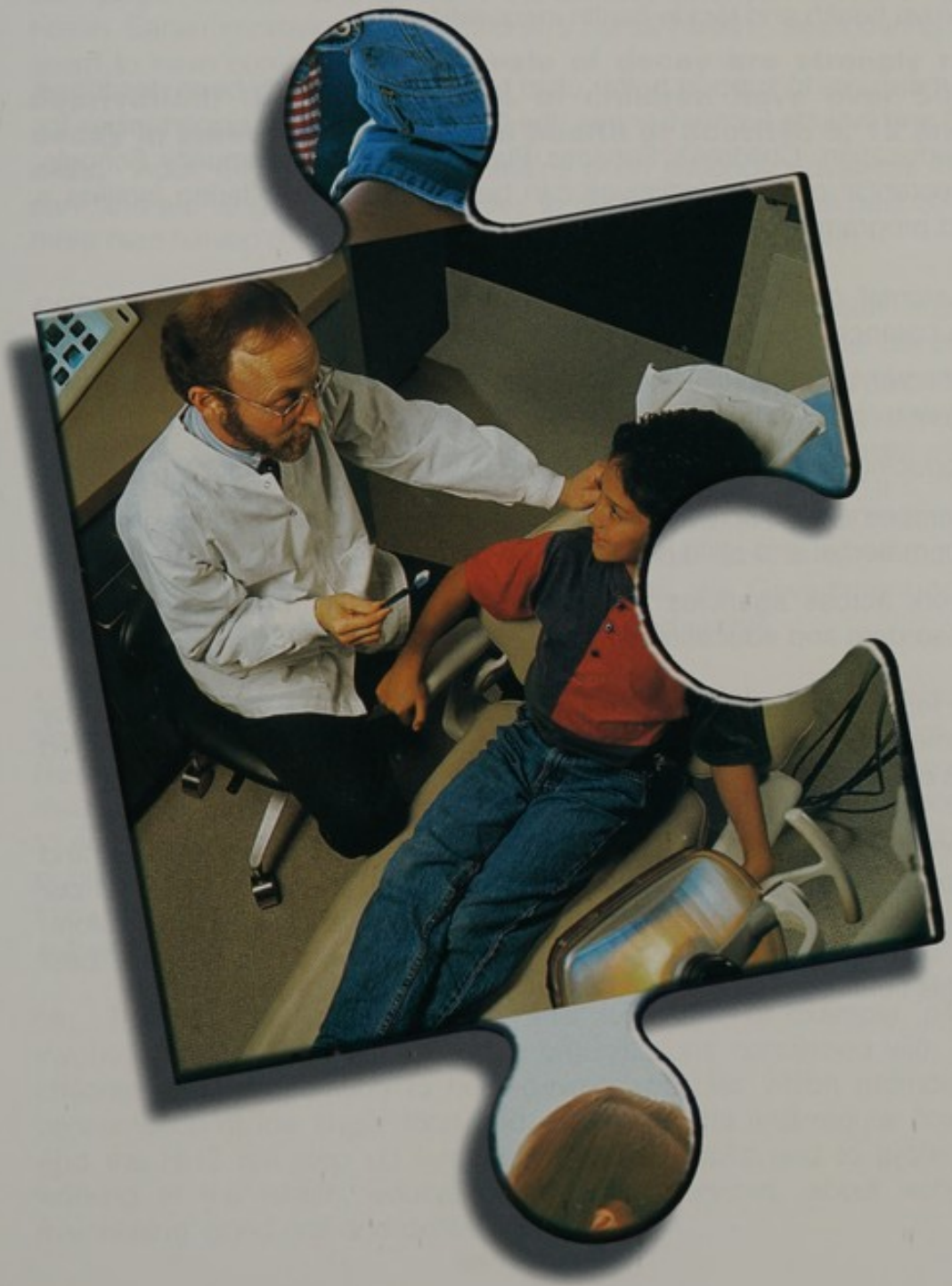
- **The Government will publish shortly an enhanced strategic framework to co-ordinate and focus drug misuse measures in Scotland.**
- **New prevention and treatment services will be funded from 1 April, 1999, helping to discourage drug misuse, offer effective treatment and cut drug-linked crime.**

"Reducing the number of premature deaths and illness from coronary heart disease, and the associated problems of stroke, remains a huge challenge for Scotland."

"Mental health is profoundly influenced by life circumstances and by lifestyles."

Chapter 5 Action: Health Topics





Chapter 5 Action: Health Topics

The Health of Children

49. The profound effects of early influences on lifelong health have been emphasised repeatedly in this White Paper and the recent Acheson Report. The future health of children is greatly influenced by their early years. The lifestyle and health of their parents - especially the mother's diet and smoking status prior to conception and during pregnancy - have particular importance. Breastfeeding and good care in their early years significantly improve a child's chances in life. The identification of child health as a priority area in this White Paper has been reflected in the Priorities and Planning Guidance for the NHS for 1999/2002, which urges health boards and NHS Trusts to put children at the heart of their work to improve health and tackle health inequalities.

50. Broad measures to support better child health have already been described in Chapter 3 and include Family Centres, the Childcare Strategy, opportunities for pre-school education, Children's Services Plans and New Community Schools. The health potential of these initiatives can be enhanced by offering families a co-ordinated programme of action in the following areas:

- parental health, with emphasis on lifestyle, nutrition and avoiding substance misuse in the period prior to, during and after pregnancy
- children's nutrition, with a focus on breastfeeding, healthy diet and dental health
- reducing accidents, the principal cause of death and injury to children
- comprehensive screening, surveillance and immunisation programmes for maternal and child health, in line with national guidance and targets
- work across agencies to help children at risk through behavioural disorders and educational failure.

51. To pull together these strands, a Scottish resource pack will be issued by the Government to help the planning and implementation of co-ordinated programmes of this kind.

52. But there is a need also to explore and develop ways in which existing and emerging approaches can best be organised and delivered to ensure that our children are given the best possible start in life. The Government will, therefore, establish a demonstration project which will develop and disseminate best practice in this field.

Action

- **The Government will make available a Scottish resource pack which will assist agencies to plan and implement co-ordinated programmes to support children and their families in fulfilling their potential.**
- **A demonstration project – "Starting Well" - will develop and disseminate best practice in supporting children's health from pre-conception through to school entry.**

Dental and Oral Health

53. Sugar in foods and drinks is the leading cause of Scotland's poor dental health. Earlier improvements in children's dental health – seen during the 1980s - seem to have come to a halt. **Levels of decay are strongly related to deprivation: the poorest 10% of children have over 50% of the decay in surveys of the dental health of Scottish 5, 12 and 14 year olds.** Adult dental health also remains poor, although advances in restorative care and a change in public attitudes to dental care over the past 30 years have more than halved the number of adults with no remaining teeth.

54. The Government believe that fluoridation of the water supply, where possible, offers the most effective means of improving the dental health of Scotland's children, particularly those living in disadvantaged circumstances. A recent study has shown that in the only naturally fluoridated area in Scotland (Moray), 87% of 5 year old children were free of caries, compared with 36% in a socially matched group elsewhere. We recognise that there are strongly held views on both sides of the argument, and that decisions about the introduction of schemes must continue to be taken at the local level in ways that reflect the weight of local opinion. To help this process, the Government consider that consultation should be more comprehensive and visible.

55. Health boards are already required to publish their proposals in local newspapers and to consult local authorities. There is scope for them to do more. New guidance will further require boards to undertake, or commission, a range of measures to gauge public opinion regarding proposals for water fluoridation and to engage the community in the consultative process. Measures could include public opinion polls, commissioned through independent agencies. The results from such consultation should form part of the board's submission to the water authority.

56. There will be progress along other routes. For example, pilot projects, involving local authorities and other organisations concerned with the care of children, are in operation to help develop policies which promote children's consumption of low sugar food and drink products and regular toothbrushing. And the NHS will step up information to the public and to professional staff working in the health, education and care services, about achieving, and maintaining, good oral and dental health.

Recognising the particular focus on children, the Government's headline target is that 60% of 5 year olds should have no experience of dental disease by 2010.

Action

- **Health boards should commission measures, including public opinion polls, to ensure full dissemination of their proposals and gauge the support for water fluoridation.**
- **Water authorities will be advised that, where local views firmly favour fluoridation, they should focus, thereafter, on issues of technical feasibility, not on the arguments for or against fluoridation.**
- **The Government will fund pilot schemes to provide fluoridated milk in rural areas where fluoridation of the public water supply is not feasible.**
- **The Government will commission, and fund, the development of a prevention from birth programme, involving registration with a dentist, dental education for all new parents, toothbrushing with a fluoride toothpaste for infants and advice on how to reduce sugar in the diet of infants.**
- **The demonstration project - "Starting Well" - described in paragraph 52, will include dental and oral health and hygiene within its remit and will link closely with the initiatives described above.**

Sexual Health

57. Health services have found it hard to tackle the issue of sexual health which sets deeply private relationships within a legal and ethical framework. Physical and emotional needs, self-respect and respect for others are involved as well as the risk of infection and disease. Developing a set of sexual values within this framework is particularly important for young people.

58. Scotland's high rate of unwanted teenage pregnancies remains a matter of immense concern. A high proportion of these pregnancies occur in the most deprived areas. Many teenage mothers keep their babies; already socially and educationally disadvantaged, they may find themselves excluded from further education and employment opportunities and locked into a cycle of events with limited prospects of escape.

59. Teenage pregnancy rates continue to be much higher than in most other Western European countries.

The Government's headline target is to reduce the pregnancy rate among 13-15 year olds by 20% between 1995 and 2010.

60. Good sexual health is a positive dimension of a healthy lifestyle and is also important for the wider community. Sexually transmitted diseases, such as HIV infection, chlamydia, gonorrhoea and hepatitis, are damaging but preventable. Public attitudes to sex education need to be addressed and service provision reviewed. Vigilance is still needed in the fight against HIV infection in Scotland and the risk of acquiring the disease in high incidence areas of the world requires repeated emphasis.

61. A demonstration project will bring all these dimensions together.

Action

- **A demonstration project – "Healthy Respect", as discussed in Chapter 7 - will develop best practice in the promotion of sexual health and the prevention of unwanted teenage pregnancies. It will build on the principles of the Scottish Needs Assessment Programme's overview of Teenage Pregnancy in Scotland.**
- **Funding will be provided to enable the voluntary sector's expertise to be made available to many more schools in Scotland and so promote a more informed and responsible approach to sexual matters on the part of young people.**

Coronary Heart Disease

62. Reducing the rate of premature deaths and illness from coronary heart disease (and the associated problem of stroke) remains a huge challenge for Scotland. Common contributory causes are smoking, poor diet and lack of physical activity. Changes in life circumstances and lifestyles can help to avoid these illnesses, while advances in screening for risk factors, better diagnosis and improved disease management will help to prevent early death. Despite marked and welcome progress, morbidity and mortality are still far too high, and much remains to be done.

63. The White Paper, *Tobacco Kills,* sets out a range of measures to reduce smoking, measures which, if successful, will have profound effects on the incidence and severity of disorders such as coronary heart disease. Much more is needed to drive home the message that we can all reduce our risk of coronary heart disease by paying attention to our diet and taking more exercise. In addition, Scotland could profit from experience in other countries where monitoring of blood pressure and targeted serum cholesterol level measurement have been used to identify those at risk and trigger lifestyle changes and pharmacological intervention, where appropriate.

The Government's headline target is to reduce the age standardised mortality rate from coronary heart disease in people under age 75 by 50% between 1995 and 2010, ie from 143 to 72 deaths per 100,000 population.

Action

- **Heart disease will be a leading priority for the NHS in Scotland.**
- **A demonstration project - "The Heart of Scotland", profiled in Chapter 7 - will develop an inter-sectoral community-based approach to the prevention of heart disease, recognising that many of the measures will also help to avoid cancer and stroke.**
- **HEBS will step up its national media campaign to address the factors which contribute to coronary heart disease as one of Scotland's main killing diseases. Health promotion teams will stimulate, support and deliver local action.**
- **Accelerated action on smoking and diet will help drive down rates of heart disease.**

Cancer Prevention and Screening

64. Cancer has recently overtaken coronary heart disease as the commonest cause of death in Scotland. Approximately 30,000 new cases of cancer are recorded each year; and at present one in three Scots will develop the disease and one in four will die from it. Lung cancer is now the commonest cause of cancer death in both sexes, followed by breast cancer in women and colorectal cancer in men. Skin cancer is also on the increase.

65. The measures described in the White Paper, *Tobacco Kills*, will be fully implemented in Scotland as part of a major assault on cancer prevention with particular reference to lung cancer. As described elsewhere in this White Paper, every effort will be made to improve Scotland's diet and so diminish another major cancer risk factor.

66. Scotland already has successful national screening programmes aimed at the early detection of breast and cervical cancer. As part of their attack on cancer, the Government will now establish a demonstration screening project for the early detection of colorectal cancer, a disease which some 3000 Scots develop each year. There is compelling evidence (from randomised controlled trials) that the detection of minute traces of blood in the stool, followed by internal examination (colonoscopy) to detect the cause of bleeding, allow the earlier diagnosis of large bowel cancer and that this improves survival prospects for

those with the disease. What is needed is the demonstration that such screening programmes offer a feasible, safe and effective proposition when used outwith the confines of a controlled trial to safeguard the health of populations.

The Government's headline target is to reduce the age standardised mortality rate from all cancers in people under age 75 by 20% between 1995 and 2010, ie from 188 to 150 deaths per 100,000 population.

Action

- **Cancer will be a leading priority for the NHS in Scotland.**
- **A demonstration screening project – "The Cancer Challenge" - will be established in Scotland to test the feasibility of a national programme to detect colorectal cancer.**
- **Linking with its work on coronary heart disease and stroke, HEBS will increase its national media activity to promote awareness of the factors which help to make cancer one of Scotland's main killing diseases.**
- **Accelerated action on smoking and diet will help drive down cancer rates.**

Mental Health

67. Mental health is profoundly influenced by life circumstances and by lifestyle, so many of the actions set out in this White Paper will yield mental health benefits. Social disadvantage, emotional strain and family disruption can lead to mental health problems in childhood, adolescence and early adulthood. Children at particularly high risk of mental health problems are those living in poverty, showing behavioural difficulties or living in families undergoing divorce or bereavement. Parental mental health has such significance that intervention to safeguard the mental health of children may need to start for the mother and/or the father during the mother's pregnancy or in the early post-natal period. The demonstration project – profiled in Chapter 7 - aimed at young children will also target post-natal depression in mothers. Steps to tackle domestic violence should address another source of mental ill health.

68. Much can be gained from enhancing protective factors in childhood with reference to the role of primary health care, pre-school day care and schools. Ready access to appropriate services and support is essential, particularly for those living in deprived circumstances. A combination of statutory services and voluntary agencies may be required to provide the necessary level of sustained and focused response.

69. Research which is currently underway and which will enhance our ability to address/prevent mental health problems includes:

- a major project to examine mental health in the context of recent dramatic social change, and assess the impact of economic restructuring on the everyday lives, well-being and future aspirations of children aged 8-12 years
- a survey to identify what best promotes health, development and well-being among 5-15 year olds
- participation in a national (UK) survey of untimely deaths of mentally disordered people and any involvement in serious incidents of harm to others to identify risk factors
- a study to redefine, and thus reduce, risk factors in the community for acts of deliberate self-harm.

70. Mental health promotion is an important and evolving aspect of overall health promotion. It involves work to improve lifeskills, identify and reduce risks (including work-related stress), and strengthen and support communities.

71. *The Framework for Mental Health Services in Scotland*, launched in 1997, has been widely welcomed as a means of enhancing services for those with mental health problems. By the end of December, 1998, health boards and their partner organisations were well on their way to completing their Joint Mental Health Strategies, with strong commitment on all sides. Emphasis will remain on improving working relations between agencies, and on promoting common understanding and co-ordinated responses to the mental health needs of vulnerable individuals and groups.

72. The Government have set up a review of the services for learning disabled people to develop a strategic framework of social and health care for children and adults with learning difficulties. The review will also take account of the importance of access to a range of other relevant services and opportunities. It will report at the end of 1999.

Action

- **Mental health will be a leading priority for the NHS in Scotland.**
- **The demonstration project on child health will be used to promote mental health in both parents and children.**
- **HEBS and health boards will work in conjunction with the Health and Safety Executive and others to safeguard and promote mental health.**
- **Social inclusion initiatives will help improve well-being and so enhance mental health.**

Accidents and Safety

73. Accidents can occur at home, at work, in sport and recreation, on the roads, and at school. For example, in 1997/98, 74 people were killed by fires in the home and 13 people died in other fires. Very young and older people are particularly vulnerable. A range of central and local agencies, including the Health and Safety Executive, are advancing the cause of accident prevention. Several respondents to the Green Paper stressed the need to improve local inter-agency co-operation in promoting accident prevention. Common data sets are needed to inform the development of prevention initiatives, while local agencies need easier access to up-to-date information about best practice in home safety initiatives.

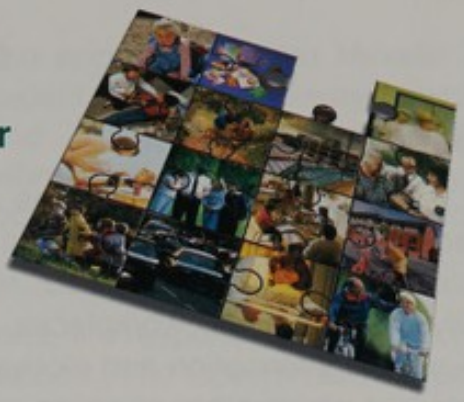
74. Safe communities are also important to well-being and mental health. *Safer Communities Through Partnerships - A Strategy for Action*, as described in paragraph 34, aims to improve community safety in Scotland through partnerships between public, private and voluntary bodies. It encourages local authorities to take the lead in these local partnerships, involving the police and other bodies who can influence community safety. Detailed Guidance Notes will be published to help develop local strategies for community safety, targeting the commonest causes of injuries and death.

ACTION

- **The Information and Statistics Division of the NHS Common Services Agency will work with health boards and other interests to develop national criteria for data collection.**
- **Health boards will be encouraged to foster, and participate in, local inter-agency accident prevention work.**
- **The Government will commission and fund an initiative to deliver a web-site database of best practice in home safety for use by local authorities and others; and to help establish information networks to inform the development of co-ordinated local strategies.**
- **A new target for reducing road accident casualties will be set up for the period to 2010 and published, together with a strategy for its achievement.**

"Local councils are powerful allies of the NHS in collaborative action to improve health and tackle inequalities."

Chapter 6 Putting the Jigsaw Together



Chapter 6 Putting the Jigsaw Together

Role of Government

75. Individual health decisions are influenced by what people feel, hear and read and are usually taken well away from official channels or agencies. An inclusive approach is needed, recognising that the media and the settings of daily life - schools, workplaces, GP surgeries, leisure places - are important sources of information and motivation. In communities where health is generally poor and where other anxieties exist, health agencies must work alongside local community organisations. Health education and promotion may have little effect unless housing, employment, drug or community safety issues are also addressed, and levels of confidence and hope are lifted. **Strong, healthy and safe communities - a key objective for this Government - are most likely to flourish where goals are shared, views are respected and people are part of new initiatives.** Every part of the community has a contribution to make to better health. The challenge is to foster a healthy climate and ensure that local programmes are effectively co-ordinated.

76. The Government will provide clear leadership in the drive for improved health, working in close collaboration with the NHS, COSLA, the CBI, the STUC, the Health and Safety Commission, the proposed new Food Standards Agency and the voluntary sector. Steps are already in train locally and nationally to secure broad cross-cutting approaches which address local needs and reflect community views, transcend traditional service boundaries and focus on tackling inequality.

77. Worthwhile individual initiatives will have value added if they are part of a coherent programme with defined aims and outcomes, a theme echoed in many responses to the Green Paper. The Government fully recognise the need for national co-ordination of all initiatives with potential health benefits.

Action

- **A Public Health Strategy Group, led by the Minister for Health and drawn from all Scottish Office Departments, will ensure the integration of policies and initiatives with health implications within The Scottish Office, and encourage the use of Health Impact Assessment.**

Role of the NHS

78. For the NHS in Scotland, the *Priorities and Planning Guidance for 1999/2002*, issued in September, 1998, has given fresh focus to its work. The Guidance re-emphasises that the prime aim of the NHS is to improve health, underlines the strategic imperative of tackling inequalities, and stresses the vital importance of securing the health of our children and young people.

79. To ensure that NHS resources are focused appropriately, the Minister for Health has established a wide-ranging independent review of the way in which health resources are shared out across Scotland. The review, due to report in June, 1999 and led by Professor Sir John Arbuthnott of Strathclyde University, is examining, among other factors, the effect of social deprivation on health need in the geographical allocation of resources.

80. Health boards, as public health organisations, are responsible for protecting and improving the health of their resident populations. The Government expect a lead from boards in achieving, throughout Scotland, the objectives for better health set out in this White Paper. As better health will come partly from social, environmental and economic improvement, this is not a job for boards alone. We look to them to work in concert with other parts of the NHS, local authorities and other public agencies, employers and trades unions, voluntary organisations and other local groups. Their role will be to champion, give a strategic lead, lead on some measures, support on others, and monitor health improvement across the piece.

81. We expect early local agreements between boards and local authorities which recognise the strong input both have to health improvement and which set out how local progress towards White Paper objectives will be made and monitored. We look to boards and local authorities to engage with other local partners and foresee that existing planning mechanisms, notably Health Improvement Programmes linked to Community Plans, will form the basis of this work. The new Ministerial Group on health, discussed in paragraphs 124 and 125, will ask to see regular evidence of effective local structures and progress.

82. In enabling boards to fulfil their role as public health organisations, Directors of Public Health and their colleagues in public health medicine have a critical role:

- acting as a focal point when identifying needs, and planning and monitoring health improvement
- influencing the development of healthy public policy with partner agencies and the strategic shaping of services utilising, amongst other things, Director of Public Health Annual Reports
- using their role as designated medical officers in local authorities to strengthen links and to help ensure that health improvement is a key element of their plans
- informing and influencing the management of healthcare to ensure that care is of the highest standard
- strengthening initiatives within communities which help those with special needs to improve their health.

83. Health promotion specialists based in boards, NHS Trusts or locality teams have the expertise to guide the development of health promotion strategies,

promote programmes in which communities take action to improve their own health, and evaluate the impact of such initiatives. There is also increasing recognition of the scope to enhance the role of nurses in the drive for improved public health and community development. In particular, health visitors, school nurses and practice nurses can draw upon the experience of local people in contributing to community responses to Government initiatives, such as healthy living centres and New Community Schools.

84. The key mechanism for identifying and addressing health needs in each health board area, urban and rural, is the annual Health Improvement Programme (HIP). In addition, boards continue to work with local authorities to co-ordinate the planning and implementation of health-related services and Government initiatives to tackle inequalities, such as Social Inclusion Partnerships.

85. Boards lead the HIP process in collaboration with NHS Trusts, clinicians, local authorities and others. HIPs cover all aspects of NHS activity which involve service development, disease prevention and health promotion. They ensure that the twin aims of health gain and reduced inequality permeate all parts of the NHS and provide a mechanism to harness and target resources to achieve the objectives of this White Paper. The NHS Management Executive is preparing guidance to help the Service respond to these challenges and will use its performance management processes to ensure that targets and agreed outcomes are achieved.

86. *The Priorities and Planning Guidance for the NHS in Scotland for 1999/2002* states that each HIP should set out:

- proposals to protect the public health, including emergency planning, and, in collaboration with local authorities, measures to safeguard the public health from communicable disease, including food-borne disease
- proposals to promote health
- proposals to analyse and tackle health inequalities
- proposed service changes and development
- plans to deliver waiting list targets
- a programme to improve clinical effectiveness
- plans to measure lifestyle changes in the short-term, and health gain in the medium-to-long term.

87. All parts of the NHS are expected to contribute to this agenda. It applies just as much to the acute sector where, for example, replacing the hip of an older person makes a substantial contribution to health gain, as to those services specifically related to health promotion and the prevention of ill-health. **Primary care services have a key role in health improvement, the potential of which will be enhanced by the advent of Primary Care Trusts**

(PCTs) on 1 April, 1999. This change, coupled with the new working arrangements that are flowing from the White Paper, *Designed to Care*, will foster an environment in which staff from different disciplines can work together in the community to improve health and reduce health inequalities. With their combined local knowledge, skills and resources, PCTs with their local healthcare co-operatives and individual practices will be powerful agents for change in areas such as service delivery, screening, immunisation and health promotion.

88. Given its lead role in health improvement, the NHS must itself set an example by adopting policies to promote positive health and well-being in all settings and activities. HEBS has been piloting a framework with NHS partners to ensure that health promotion is an integral and sustainable part of healthcare, service delivery and organisational development. This framework will be implemented widely from 1999 onwards.

Review of Public Health Function

89. An expanded vision for improvement in public health requires that key professional resources are "fit for purpose". The Review of the Public Health Function, established by the Chief Medical Officer, aims to ensure that public health professionals are in the best position not only to safeguard health but also to champion, inform and measure health improvements and involve key stakeholders. An important facet of the Review is the need to optimise collaboration between academics, research scientists and NHS public health specialists in the assimilation of Government policies and research initiatives to improve health.

ACTION

- **Health boards will lead and promote health promotion and improvement throughout their services and are charged with demonstrating clear reductions in health inequalities.**
- **Scotland's Chief Nursing Officer will initiate a review of the contribution made by nurses to improving the public's health, focusing especially on the role of the health visitor, the school nurse and the practice nurse.**
- **Boards will support other agencies, such as Councils, which are working to improve health and quality of life, through focused initiatives that address life circumstances.**
- **A review of the public health function is being led by the Chief Medical Officer to establish a framework in which the contribution of public health medicine can be maximised. The review will report in 1999.**

Role of Local Government

90. The Green Paper highlighted the special influence that local authorities exert on health by virtue of their role in housing, social work, education, police services, transport, planning, health and safety enforcement, environmental health, leisure and recreation and economic and community development. They take the lead in Social Inclusion Partnerships, which are taking forward the regeneration and social inclusion agenda at local level. Crucially, they also have the leading role in community planning. Local councils are, therefore, powerful allies of the NHS in collaborative action to improve health and tackle inequalities and the combination of HIPs and Community Plans will be a potent instrument for ensuring a cohesive approach to health improvement, especially in disadvantaged areas. **It will be imperative that there is close liaison between health boards and councils in the preparation of HIPs and Community Plans to ensure full synchronisation.**

91. The Green Paper consultation revealed widespread support for proposals which would assist local authorities in maximising their contribution to improving health. Principal among these proposals was Government funding for a public health post in COSLA. The key role of the post holder will be to consult local authorities in drawing up good practice guidance and advice on health improvement.

92. The response to the Green Paper provided little support for the proposal that Directors of Public Health should sit on key local government committees. However, there was a welcome for closer working between boards and councils at senior level so as to provide a health perspective in policy development and decision-making. For example, COSLA recommended that Directors of Public Health should meet with Chief Executives of councils on a regular basis or be part of the Chief Executive's management team. The Convention also suggested that Directors of Public Health be sent papers of all relevant council committees, with the facility to comment, if desired. We strongly endorse these suggestions which will make for strengthened co-operation at local level. The Government have no wish to be prescriptive in setting a framework for such collaboration. It will be for health boards and councils to agree, in consultation, as appropriate, with voluntary and other organisations, local arrangements which ensure optimum partnership working.

93. We also fully support the establishment of posts funded jointly by health boards and local authorities to develop partnership activity, joint initiatives and a more strategic approach to health improvement. The practical value of such jointly funded posts has already been demonstrated in areas such as Grampian and Inverclyde.

94. Partnership working will be an area in which the Ministerial Group on health, discussed in paragraphs 124 and 125, will take a particular interest.

ACTION

- **The Government are proceeding to establish the public health post in COSLA.**

Health Information for the Public

95. Informed choice favours healthy choice. Being informed means having access to the right amount of information at the right time, information which may be supplemented by discussion with a health care professional. It is important to emphasise that all health care professionals can contribute to this process: for example, pharmacists are in constant contact with the public and are well placed to provide health education and advice on health problems. And the NHS freephone helpline provides health information, counselling and general support to the public.

96. The Government appreciate that the Internet now offers easy access to comprehensive health information (and other health-related data such as that on occupational health matters) in addition to that provided by traditional vehicles such as newspapers, magazines, radio and television. HEBSWeb (www.hebs.scot.nhs.uk) and the NHS Scottish Health On the Web (SHOW) (www.show.scot.nhs.uk) contain vast amounts of information and are already used extensively by health professionals and increasing numbers of the general public. In addition, HEBS has introduced, under the HEBSWeb umbrella, a virtual health centre and a cyberschool and is currently working to add a research centre and a learning centre. These developments illustrate the vast potential of information technology which the Government wish to see further utilised in promoting public health in Scotland. The Government are committed, therefore, to increasing public access to health information on the Internet and to exploiting the potential of emerging technologies such as digital television.

97. Many local services, drawn from the NHS, voluntary sector and other agencies, also offer help and advice for healthy living. While some of the 3,500 support groups concerned with specific aspects of health in Scotland already make user-friendly information available on web sites, there is a need to improve access to such information.

Action

- **The Government will continue to support ways of making health and lifestyle information readily available, including the extension of the NHS helpline, at both national and local levels, and through the use of digital television to provide Internet facilities.**
- **The Government will offer a facility on Scottish Health on the Web to help local interests to make their material widely available.**

Health Impact Assessment

98. Health Impact Assessment (HIA) is a method of evaluating the likely effects of policies, initiatives and activities on health at a population level and helping to develop recommendations to maximise health gain and minimise health risks. It offers a framework within which to consider, and influence, the broad determinants of health. Given the Government's determination to place health at the centre of planning and decision-making at national and local level, HIA is seen as an essential step when formulating policy at both levels. As emphasised in the Acheson Report, it is important that policies likely to have an impact on health should also be assessed in terms of their likely impact on health inequalities. Guidance is needed to maximise the utility of the HIA approach without making it unduly complex.

Action

- **The Government will fund the Scottish Needs Assessment Programme to develop standard guidance on Health Impact Assessment using current work in pilot areas such as the urban regeneration partnerships and aspects of urban transport policy.**
- **The Public Health Strategy Group led by the Minister for Health will promote the widespread use of Health Impact Assessment when formulating Government policies.**
- **Policy development and analysis will be strengthened further by the creation of a Professorship in Health Promotion Policy, to be launched with funding from HEBS in 1999.**

Healthy Living Centres

99. The Green Paper described the Government's plans for a Lottery-financed network of **healthy living centres** which will improve health and well-being, with particular reference to those with the worst health who are living in deprived communities.

100. Partnership between the public and private sectors, voluntary agencies and the community concerned will be a cornerstone of the initiative. The projects will not have to follow traditional lifestyle behaviour models and can address wider social, economic and environmental influences on health. The initiative offers real potential for innovation and imagination and - for those who suffer disadvantage - an opportunity to improve health in their own area. As indicated earlier, Scotland will receive £34.5m of Lottery funding through the New Opportunities Fund for healthy living centre projects. Applications were invited in January, 1999.

Action

- **A separate advisory panel for Scotland will help the New Opportunities Fund assess bids to establish Scottish healthy living centres.**

Health Promoting Schools

101. The Government recognise the concept of the health promoting school as important in ensuring not only that health education is integral to the curriculum but also that school ethos, policies, services and extra-curricular activities foster mental, physical and social well-being and healthy development. The concept is central to the New Community Schools initiative.

Action

- **Working with COSLA and the Scottish Consultative Council on the Curriculum, HEBS will establish a specialist unit to develop further health education and health promotion in schools.**

Protecting and Promoting Health at Work

102. A Health and Safety Executive (HSE) survey published in 1995 on *Self Reported Work Related Illness* showed that, proportionately, more people in Scotland than elsewhere in the UK reported illnesses caused or worsened by work. It is important for Scotland's economy and for its workforce that employers protect and promote the health of their employees over and above their statutory obligations. The Green Paper consultation revealed widespread agreement regarding the potential of the workplace to protect, promote and maintain good health. Employers, trades unions and staff associations should be supported in developing a commitment to formulate good policies and implement good practice for health and safety at work. HEBS has a significant role to play in this activity.

103. An occupational health strategy is being prepared by the HSE, after wide consultation, to help shape the contribution of work to health in the UK, including Scotland, for the next 10 years. In the shorter term, the Health and Safety Commission, through its Occupational Health Advisory Committee, is considering ways of improving access to occupational health support and advice in Britain, particularly for people who work in small businesses. Recommendations will be made later this year.

104. Industry can also work for health by supporting community development and regeneration through job creation, helping to tackle social exclusion and by reducing pollution.

105. Scotland's Health at Work (SHAW) was established as a national accreditation initiative in 1996 to encourage all businesses in Scotland to

participate in a voluntary award scheme which would stimulate employers to provide healthy workplaces. The Scottish Office, the CBI, the STUC, the NHS, HEBS and COSLA are among the Award's promoters. The response to this initiative has been good - to date over 350 organisations have joined with higher coverage in prospect.

Action

- **Workplace health promotion and occupational health support, with particular emphasis on small and medium-sized businesses, will be stepped up by appropriate agencies, notably HEBS and the Health and Safety Executive.**
- **A long-term occupational health strategy is being prepared by the Health and Safety Executive, after consultation.**
- **A publicity drive will be launched to secure wider coverage for SHAW, with a particular focus on small and medium-sized enterprises.**
- **The Scottish Office will join other employers in applying for SHAW accreditation, and will encourage others to do so.**

Communicable Diseases

106. Immunisation remains the single most effective measure that can be taken against communicable disease. New vaccines will be added to immunisation programmes once they have a safe and proven track record but much still needs to be done to ensure the full uptake of existing vaccines and to guard against any complacency which could allow the re-emergence of diseases such as tuberculosis and measles. New guidance has been issued on the threat now being posed by tuberculosis, while initiatives are being developed to counter the inappropriate use of antibiotics. Public health legislation is now being reviewed to ensure a strong framework within which to tackle communicable diseases and other public health emergencies. Following this review, public health legislation in the new Parliament will help strengthen Scotland's hand in dealing with outbreaks of communicable disease.

107. Scotland has not experienced the pandemic of HIV infection and AIDS that might once have been predicted and significant improvements in treatment have postponed the onset of symptomatic disease and progression to AIDS in HIV-infected patients. However, any complacency is dispelled by the fact that 1997 saw more new cases of HIV infection than any other year since 1987. The Government have established, therefore, an expert group to review HIV health promotion strategy, taking account of recent developments, notably the emergence of new drug therapies that can counter progression to AIDS.

108. Environmental health and public health are inextricably linked. Along with other public health professionals, Environmental Health Officers play a key role in protecting the public health not only in areas mentioned in Chapter 3, but also in matters such as food safety, as demonstrated in recent high profile incidents.

Action

- **The current review of public health legislation will clarify the role of Directors of Public Health and colleagues when dealing with outbreaks of communicable disease and other public health emergencies.**
- **The expert group to review HIV health promotion strategy will report in summer, 1999.**

Food Safety

109. Food safety is a key factor in public health. **The Government are determined to re-establish consumer confidence in the safety of our food.** In all of this, the new Food Standards Agency will have a pivotal role. Its main aim will be the protection of public health in relation to food, and it will be involved in all aspects of food safety from "the farm to the fork". On nutritional issues, it will work closely with HEBS which will retain its present responsibility for the promotion of a healthy diet. The draft Food Standards Bill was published for consultation on 27 January, 1999 and will be introduced to Parliament as soon as the necessary legislative time can be secured.

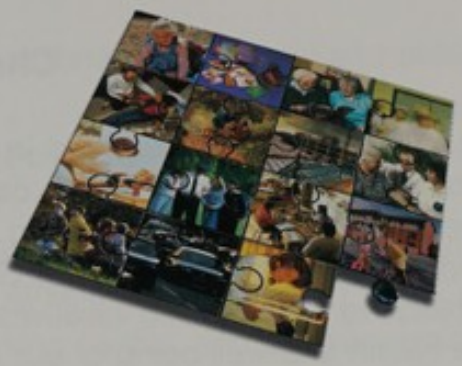
110. Considerable strides to improve food safety have also been made in advance of the Food Standards Agency. The Government have accepted all the recommendations of the Pennington Group which examined the events surrounding the 1996 Central Scotland outbreak of E coli 0157 food poisoning and identified the lessons to be learned. The recommendations have either been implemented or are currently being actively progressed. Increased funding amounting to £2.6m per annum has been made available to local authorities for increased hygiene enforcement activity and to allow them to assist food businesses to set in place improved hygiene systems.

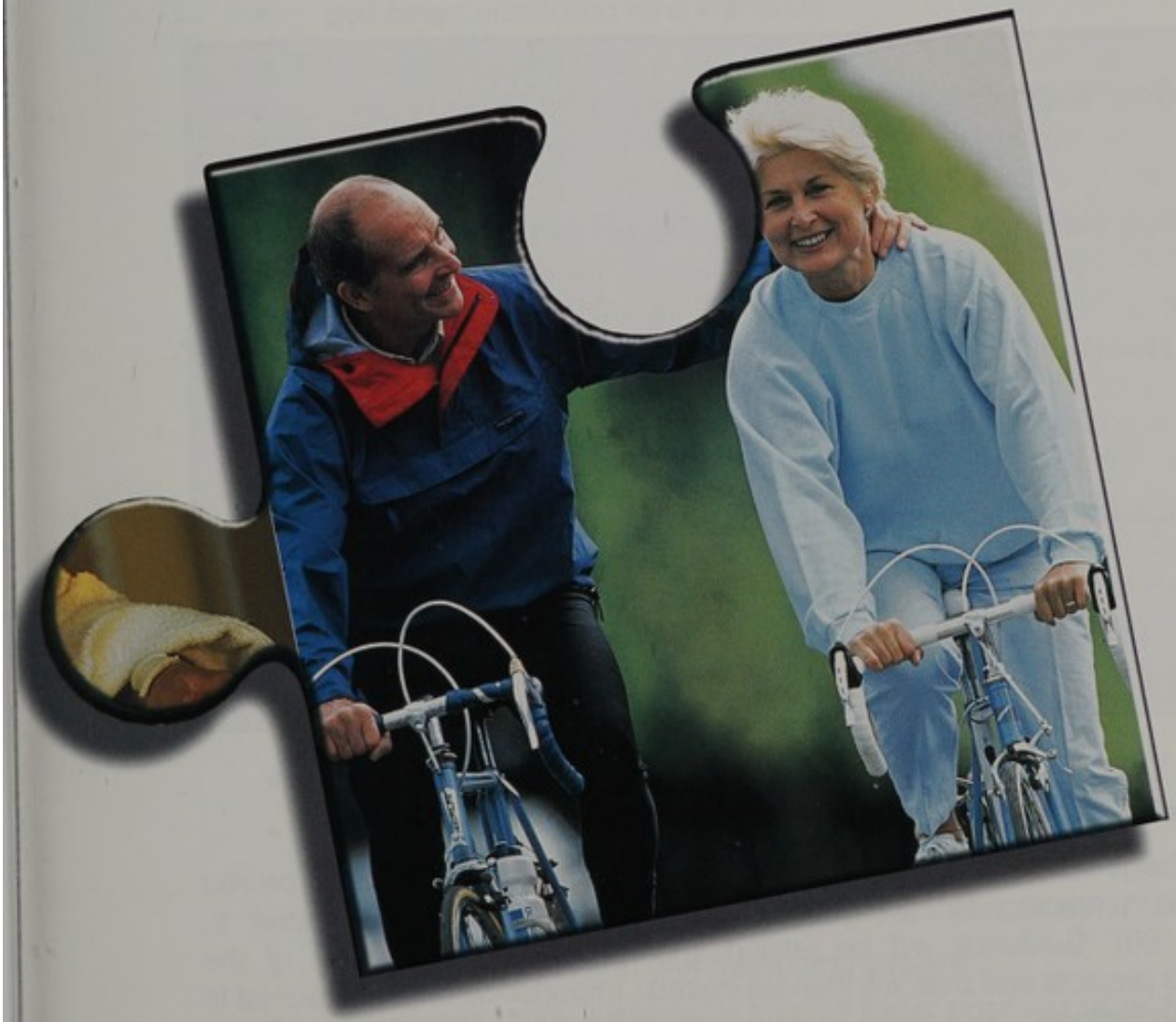
Action

- **Guidance on the control of outbreaks of food-borne and water-borne diseases has just been revised by an expert group, taking account of the response to consultation and the Determination following the Fatal Accident Inquiry into the Central Scotland outbreak of E coli 0157 food poisoning. This guidance will be published shortly.**

"The Government will set up four health demonstration projects - 'Starting Well'; 'Healthy Respect'; 'The Heart of Scotland'; and 'The Cancer Challenge."

Chapter 7 Health Demonstration Projects





Chapter 7 Health Demonstration Projects

111. The challenges involved in working together for a healthier Scotland and reducing inequalities in health can be daunting. We need test beds for action. Therefore, in addition to working on a broad front to improve life circumstances and foster healthy lifestyles, the Government will establish 4 health demonstration projects to give focus to initiatives directed at securing sustained improvement in the health and well-being of our children, safeguarding the sexual health of our young people, and addressing the ravages caused by Scotland's two principal killing diseases, coronary heart disease and cancer.

112. The Government will make available £15m to fund 4 health demonstration projects to be selected on the basis of bids from local interests.

- **"Starting Well"** will focus on the promotion of health and protection from harm in the period leading up to birth and throughout the first 5 years of childhood.
- **"Healthy Respect"** will foster responsible sexual behaviour on the part of Scotland's young people with emphasis on the avoidance of unwanted teenage pregnancies and sexually transmitted disease.
- **"The Heart of Scotland"** will focus on the prevention of heart disease, recognising that many of the measures likely to be used (eg healthy diet, exercise and avoidance of tobacco) will help to reduce the incidence of cancers and strokes.
- **"The Cancer Challenge"** will add a screening programme for the early detection of colorectal cancer to existing screening programmes (for breast and cervical cancer) and take forward the new measures to combat the cancer-promoting effects of tobacco smoking.

Key Principles

113. Bids have already been invited to establish a Scottish demonstration project to evaluate screening for colorectal cancer (as discussed in Chapter 5, paragraph 66). Guidance will be issued shortly detailing the scope of the remaining 3 projects and bids will then be invited. Importance will be attached to the following factors:

- emphasis on reducing inequalities in health and tackling adverse life circumstances

- getting health high on political, organisational, professional and public agendas
- a broad view of health to include well-being, fitness and self-perceived health
- appropriate health promotion packages involving health education, policies and supporting services and amenities
- communication and partnership working, within and across sectors and between levels
- community participation
- blending evidence-based practice with steps that break new ground
- process and outcome evaluation with rapid dissemination of lessons learned
- combined urban and rural elements
- strong field collaboration with other local programmes that share goals such as Social Inclusion Partnerships and New Community Schools.

114. A multi-sectoral group will provide an overview, identify implications for national policy, and develop the "learning and teaching" role of the projects. It will report to the Ministerial Group described in paragraphs 124 and 125.

Starting Well

115. The potential aims of this project include:

- the promotion of family health by encouraging and supporting parents
- encouraging good nutrition before and during pregnancy, and through breastfeeding
- establishing early tastes and preferences that lead towards a balanced diet for life
- protecting the unborn, babies and children from the effects of adult smoking
- encouraging safe physical activity
- reducing injuries and violence to children
- addressing the health requirements of children with special needs, including those from minority ethnic groups and disabled children
- promoting dental and oral health and hygiene
- developing early social skills that will foster positive mental health
- effective and innovative use of health services and health professionals to promote the health and development of children
- linking health and other services such as Family Centres, childcare services, social work, employment and education.

Healthy Respect

116. The special focus of this project will be to promote sexual health, prevent sexually transmitted diseases, and reduce the numbers of unwanted pregnancies, especially among teenagers. It will draw on experience in other parts of the world and build on the SNAP report on teenage pregnancy in Scotland. Health promoting schools will offer a focus, with a wider stress on strengthening parenting skills and social inclusion. The project might develop transferable measures, for example, to:

- nurture good inter-personal relationships and respect for self
- develop a climate in which sex and sexuality can be discussed openly and without embarrassment
- encourage responsible attitudes to sex on the part of young people
- reduce the number of pregnancies in teenage girls
- help adolescents and adults avoid unwanted/unplanned pregnancies
- reduce the spread of sexually transmitted infections, especially HIV infection and chlamydia (with its attendant risks of gynaecological disease and infertility)
- discourage coercive or manipulative sexual behaviour.

The Heart of Scotland

117. In this project the special aim will be to drive down Scotland's rate of heart disease. Linked objectives could include:

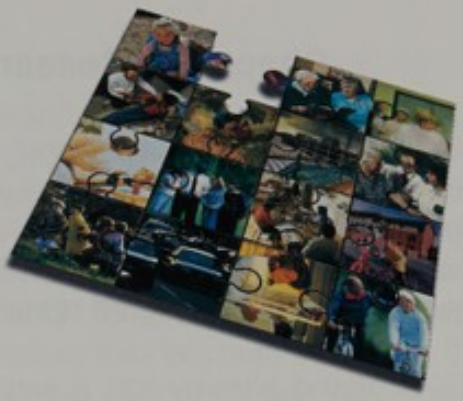
- reducing deaths and illness from heart disease in every age range
- promoting non-smoking, eating for health, active living and a sensible approach to drinking alcohol
- recognising and treating high blood pressure
- promoting a culture of well-being
- enhancing motivation, knowledge and skills for protective steps and behaviours
- helping people with existing disease to reduce the risk of progression or recurrence
- ensuring accessible preventive health services and amenities
- improving rehabilitation services for those who have suffered heart disease.

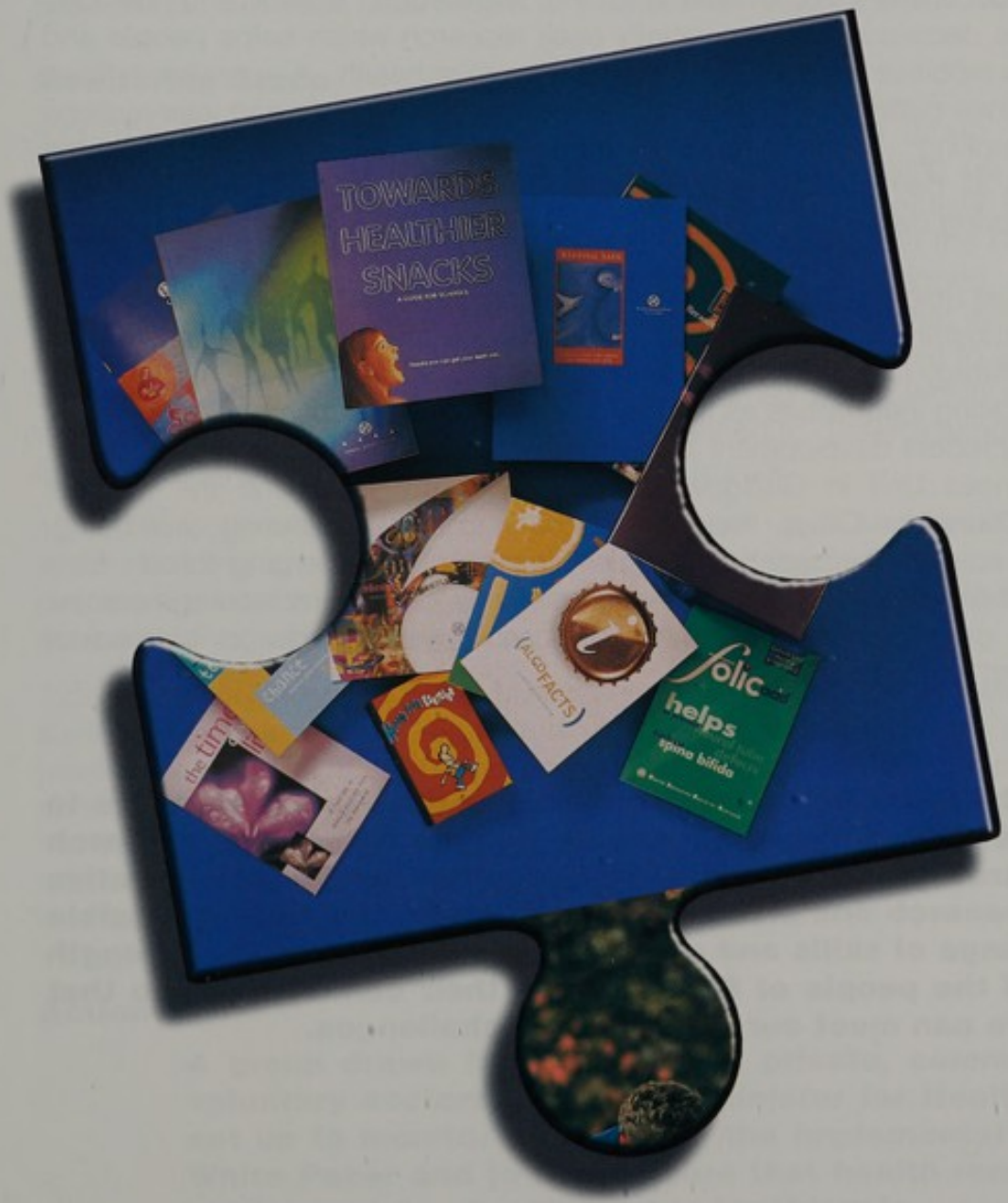
Action

- **The Government will set up 4 health demonstration projects - "Starting Well"; "Healthy Respect"; "The Heart of Scotland"; and "The Cancer Challenge".**
- **A national group will oversee and co-ordinate the projects, drawing together lessons learned and optimising the national benefits of the initiative as a whole.**

"A group drawn from the public, private, community and voluntary sectors, led by the Minister for Health, will be set up to monitor progress on the implementation of the White Paper and to help ensure that health remains high on the agenda at national and local levels."

Chapter 8 Research, Evaluation, Targets and Monitoring





Chapter 8 Research, Evaluation, Targets and Monitoring

118. Research, evaluation and monitoring are essential to evidence-based integrated public health policy. Green Paper feedback strongly supported our view that our research effort must focus on the causes of health inequalities and practical means to tackle them. Respondents also called strongly for more active dissemination of completed research.

119. Scotland already has a wealth of academic and research units, advanced health information systems and large studies designed to answer key questions. Next, we must engage all organisations that impact on public health, both inside and outside the health sector, as partners in research.

120. Effective action requires research at all levels, from policy-making to the day-to-day decisions people take and the knowledge, beliefs and attitudes behind those decisions. We especially seek research which helps people and communities mobilise their own resources to improve health. Key research flows from the actions outlined in this Paper. Demonstration projects and interventions on diet, smoking, physical activity, dental and oral health and teenage pregnancies all demand proper evaluation using both research evidence and health monitoring data.

121. The Chief Scientist Office (CSO) of The Scottish Office Department of Health supports a substantial research programme through grant and core funding. Its *Research Strategy for the National Health Service in Scotland*, published in 1998, identified tackling inequalities as the key strategic aim for public health research. One exciting recent development is the new multi-disciplinary Social and Public Health Sciences Unit in Glasgow, co-funded by the CSO and the Medical Research Council. Other important work includes measuring well-being, evaluating and communicating health risk, investigating emerging threats from infection or the environment and applying new knowledge of molecular medicine and human genetics. Scotland's position as a world leader in biomedical research must continue to develop.

ACTION

- **The Chief Scientist Office will work with key partners to develop the public health component of its research strategy. This will set clear priorities for collaborative research and dissemination involving the widest possible range of skills and expertise and drawing on the strength of the people of Scotland and their communities so that we can meet our public health challenges.**

Targets

122. Targets help focus integrated action and, sparingly used, provide a stimulus to, and yardsticks of, progress towards health improvement. The Green Paper, in inviting views on the indicators and targets which should be set, said that comments received in the consultation process would be referred to an expert group for consideration. That group, which contained representatives from a spectrum of interests, including the NHS and local government, made recommendations which the Government have taken into account in setting the headline targets described earlier in this White Paper. Other targets have been adopted to inform progress in key areas, and these and the headline targets are set out in Annex A to this Chapter. As indicated in paragraph 16, action will also be taken to determine progress in reducing the inequalities gap between different socio-economic groups. In addition, a range of measures is being developed to gauge health and well-being within population groups. The demonstration projects, too, will each have regard to inequalities measurement.

Monitoring Group

123. The Green Paper suggested a new expert working group, chaired by The Scottish Office Minister for Health, charged with drawing up a strategic framework for concerted action to promote health at community level with a particular focus on deprived communities. The responses to the Green Paper were generally supportive but some commentators challenged the use of "experts" in the sense that this meant professionals, arguing that the experience of local activists needed to be utilised. Others were concerned to avoid further analysis of the problem, when the need was for solutions, which were locally sensitive or relevant. Importance was also attached to disseminating information about existing projects, and strategies known to work.

124. The Government, therefore, propose to set up a Ministerially-led group which, building on the responses to the Green Paper, will have a monitoring, overseeing role, in ensuring that the implementation of this White Paper is achieved. Progress reports will be published annually.

125. An important role for the Ministerial group will be to help stimulate and sustain the "grass roots" approach, which has already proven its worth in health-related areas such as diet and community health. The group will have a special responsibility to ensure involvement of people in decisions about their health, and particularly minority groups and people with disabilities. It will not interfere with good work already proceeding at local level but will seek to spread and foster good practice. Membership will be drawn from key interest groups, including those active within communities.

Action

- **A group drawn from the public, private, community and voluntary sectors, led by the Minister for Health, will be set up to monitor progress on the implementation of the White Paper and to help ensure that health remains high on the agenda at national and local levels.**

Targets

Annex A

Headline Targets for Scotland

	Indicator	Trend/Level	Target
Coronary Heart Disease	Age standardised mortality rate from CHD in people under 75 years	The year 2000 target – to reduce mortality among people under 65 by 40% between 1990 and 2000 – is likely to be met.	Reduce by 50% between 1995 and 2010: ie from 143 to 72 deaths per 100,000 population.
Cancer	Age standardised mortality rate from all cancers in people under 75 years	The year 2000 target – to reduce mortality in people under 65 by 15% between 1986 and 2000 is likely to be met.	Reduce by 20% between 1995 and 2010: ie from 188 to 150 deaths per 100,000 population.
Smoking	Smoking among young people (12-15 year olds)	No current target. At highest level since 1984.	Reduce smoking among young people from 14% to 12% between 1995 and 2005 and to 11% by 2010.
	Proportion of women who smoke during pregnancy	No current target.	Reduce the proportion of women who smoke during pregnancy from 29% to 23% between 1995 and 2005 and to 20% by 2010.
Alcohol Misuse	Prevalence of men and women aged 16-64 exceeding weekly limits of 21 and 14 units of alcohol	The year 2000 target – a 20% reduction in adults exceeding weekly limits – will not be met as excess drinking is on steady increase for both men and women.	Reduce incidence of adults exceeding weekly limits: - from 33% to 31% for men between 1995 and 2005 and to 29% by 2010. - from 13% to 12% for women between 1995 and 2005 and to 11% by 2010.
Teenage Pregnancy	Pregnancy rate among 13-15 year olds	Higher than in most other Western European countries.	Reduce by 20% between 1995 and 2010.
Dental Health	Proportion of 5 year olds with no experience of dental disease	62% of 5 year olds caries free in DepCat1; 20% in DepCat 7 (in 1995/1996).	60% of 5 year olds to have no experience of dental disease by 2010.

Second Rank Targets

	Indicator	Trend/Level	Target
Diet	See Scottish Diet Action Plan	Increasing trend in consumption of fruit and vegetables and low fat products.	Retain targets for 2005 in Scottish Diet Action Plan.
Smoking	Rate of smoking among adults (aged 16-64) in all social classes	Current target has different age span. Downward trend (since 1972) was reversed in 1996.	Reduce rate of smoking from an average of 35% to 33% between 1995 and 2005 and to an average of 31% by 2010.
Alcohol Misuse	Frequency and level of young people (12-15) drinking	No current target but on increase.	Reduce frequency and level of drinking from 20% of 12-15 year olds to 18% between 1995 and 2005 and to 16% by 2010.
Physical Activity	Proportion of 11-15 year olds taking vigorous exercise 4 times or more weekly Proportion of men and women aged 16-64 taking 30 minutes of moderate activity on 5 or more occasions each week	32% in 1994. 32% of men and 22% of women in 1995.	Increase proportion from 32% in 1994 to 40% in 2005 and to 50% in 2010. 50% of men and 40% of women to be taking 30 minutes of moderate activity on 5 or more occasions each week by 2005 and 60% and 50%, respectively, by 2010.
Cerebrovascular Disease	Age standardised mortality rate from this disease in people under 75 years	No current target but general trend downwards.	Reduce by 50% from 1995 level by 2010.
Dental Health	Proportion of 45-54 year olds with no natural teeth	17% in 1995 with no natural teeth.	Less than 5% of 45-54 year olds to have no natural teeth by 2010.

Notes

(a) Drug Misuse

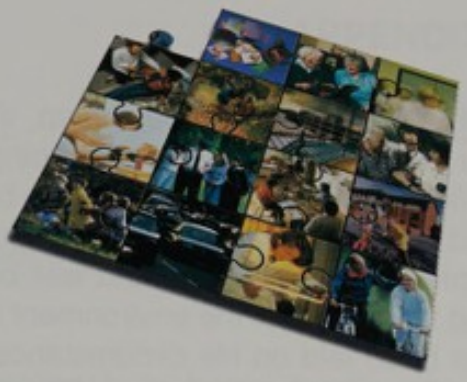
Drug misuse national strategic objectives and priorities have been published and provide a performance framework for the effective planning and delivery of drug misuse services measured against a range of performance and activity indicators. Those delivering the drug misuse information strategy will publish regular updates of progress so that the Government begin to measure, nationally, for the first time, how Scotland is progressing against the wide range of fronts covered by drug misuse. Performance measures will be set, however, in due course, in the context of current work on an enhanced Drugs Strategy Framework for Scotland and the response to the UK Drugs White Paper published in April, 1998.

(b) Life Circumstances

The expert group – see paragraph 122 - emphasised the importance of setting targets or indicators in this vitally important element of our approach to health improvement. Work is ongoing within The Scottish Office to determine, in consultation with relevant interests, appropriate measures of progress in key areas including, for example, social inclusion.

"We have, within our grasp, the chance to make significant improvements to the health and sense of well-being of the people of Scotland."

Chapter 9 Conclusion



Chapter 9 Conclusion

126. We have, within our grasp, the chance to make significant improvements to the health and sense of well-being of the people of Scotland. This White Paper defines priorities and targets for better health. It sets out plans, identifies funds, and describes mechanisms for implementation. It is realistic, recognising that improvements in health and well-being depend heavily on socio-economic factors and the quality of the environment in which people live. This is why such emphasis has been laid on life circumstances in addition to more specific action on priority lifestyles and health topics. The Scottish Parliament and the Executive, with their wide-ranging powers in relation to factors which impact on health, will be well placed to take decisions which will move us along the way to a healthier Scotland.

127. Poverty, deprivation and disadvantage exact an enormous toll on the health of the people of Scotland. This White Paper refers repeatedly to the overriding importance of tackling health inequality and describes a comprehensive and co-ordinated use of health resources, relevant agencies and a raft of social and economic measures which will sustain the drive for better health for all of our people. The Government make no apology for attempting to use every possible resource in our drive to seize every gain for health as we approach the new millennium.

128. This White Paper lays great emphasis on the need to secure and sustain good health for all of our children and young people, appreciating that investment in the early years can transform their expectations and quality of life. The Government are determined to combine the excellence of our National Health Service with major initiatives to prevent the diseases which make such a huge contribution to Scotland's health deficit and cause so much suffering. This is why we have focused yet more resource in the prevention of our two main killing diseases, coronary heart disease and cancer. But, at the same time, this White Paper is not just about preventing death and disease: it is also deeply concerned with improving and sustaining the health and well-being of all Scots from all walks of life.

129. **Making good the policies in the White Paper is not just a challenge for Government. It is also a major challenge for the National Health Service through its Health Improvement Programmes, support for local initiatives, work with other agencies and above all, its contact with people. It is a challenge for local authorities, as powerful drivers of change for health; and for voluntary, private and community organisations. But it is also a challenge for individuals in the community who can do so much to improve and safeguard their own health.**

130. When we wrote the Green Paper and took it on the road, there was a generous response. People were willing to look ahead to identify new opportunities for health gain and develop new projects and partnerships to achieve desired objectives. The White Paper reflects that sense of opportunity and the Government ask that every organisation, agency and individual that can help does so, working together in a concerted drive towards a healthier Scotland.

APPENDIX 1

Action List

This Appendix lists, by Chapter, all the action set out in the White Paper.

Chapter 2 A Shared Vision for Action

- There will be a co-ordinated 3 level approach to better health with an overarching focus on tackling health inequalities. Improving life circumstances and attacking poverty will focus NHS and other resources where the need is greatest.

- A specific concerted drive to improve child health will be undertaken.

- A new sustained attack on the killing diseases - coronary heart disease and cancer - will be pursued.

- A cross-Departmental approach to health in The Scottish Office will be taken to help focus social and economic policy on positive health impact.

- Demonstration projects will be established to help local successes lead to national change.

Chapter 3 Action: Life Circumstances

- A sustained programme of social and economic change, supported by new funding, is already underway to provide the conditions conducive to better health.

- The Scottish Office will ensure that its economic and social policies have positive health impact in the drive to tackle inequality, improve educational participation and attainment, boost housing and employment and promote social inclusion.

- All Scotland's local councils will be asked to follow the lead that some have already taken by making health improvement a corporate goal and, using community planning, to improve the circumstances in which people live.

- The Scottish Office and the Health Education Board for Scotland (HEBS) will work, in partnership, with health boards, the Convention of Scottish Local Authorities (COSLA), local councils, the voluntary sector, mass media and other interests to stimulate a "pro health" culture.

Chapter 4 Action: Lifestyles

- The Government will secure:

  - new laws to ban tobacco advertising
  - enhanced health promotion campaigns, targeting young people, pregnant women and low income smokers
  - new NHS services to help smokers quit
  - improved facilities in pubs and restaurants for non-smokers
  - consultation on a better way to reduce passive smoking at work
  - tougher enforcement of the law against sales of tobacco to children

- The Government will increase the funding of the Scottish Diet Action Plan initiatives to over £2m over the next 3 years, starting with an extra £0.3m for the Scottish Community Diet Project.

- The Government will appoint a national dietary co-ordinator to give impetus to implementation of the Scottish Diet Action Plan, with a special focus on developing the contribution of primary producers and major retailers, and encouraging mothers to breastfeed.

- The proposed new Food Standards Agency will improve access by people to information about nutrition and food safety.

- The Government will set up a Task Force to develop a National Physical Activity Strategy for Scotland. It will bring together key agencies in sport and leisure, education, health, fitness, exercise and play, in joint action to help people of all ages and walks of life to enjoy the benefits of physical activity. The Government will make available additional resources to take forward the work of the Task Force and implement its recommendations.

- New steps to cut alcohol misuse and improve services will be taken in the next 3 years, supported by £2.5m. Work in implementing the new strategy will be guided by a new national committee, bringing together experts from the health service, police, local authorities, licensing authorities and the voluntary and private sectors.

- The Government will publish shortly an enhanced strategic framework to co-ordinate and focus drug misuse measures in Scotland.

- New prevention and treatment services will be funded from 1 April, 1999, helping to discourage drug misuse, offer effective treatment and cut drug-linked crime.

Chapter 5 Action: Health Topics

- The Government will make available a Scottish resource pack which will assist agencies to plan and implement co-ordinated programmes to support children and their families in fulfilling their potential.

- A demonstration project - "Starting Well" - will develop and disseminate best practice in supporting children's health from pre-conception through to school entry.

- Health boards should commission measures, including public opinion polls, to ensure full dissemination of their proposals and gauge the support for water fluoridation.

- Water authorities will be advised that, where local views firmly favour fluoridation, they should focus, thereafter, on issues of technical feasibility, not on the arguments for or against fluoridation.

- The Government will fund pilot schemes to provide fluoridated milk in rural areas where fluoridation of the public water supply is not feasible.

- The Government will commission, and fund, the development of a dental disease 'prevention from birth' programme, involving registration with a dentist, dental education for all new parents, toothbrushing with a fluoride toothpaste for infants and advice on how to reduce sugar in the diet of infants.

- The demonstration project - "Starting Well" - will include dental and oral health and hygiene within its remit and will link closely with the other initiatives to address dental and oral health.

- A demonstration project - "Healthy Respect"- will develop best practice in the promotion of sexual health and the prevention of unwanted teenage pregnancies. It will build on the principles of the Scottish Needs Assessment Programme's overview of teenage pregnancy in Scotland.

- Funding will be provided to enable the voluntary sector's expertise to be made available to many more schools in Scotland and so promote a more informed and responsible approach to sexual matters on the part of young people.

- Heart disease will be a leading priority for the NHS in Scotland.

- A demonstration project - "The Heart of Scotland" - will develop an inter-sectoral community-based approach to the prevention of heart disease, recognising that many of the measures will also help to avoid cancer and stroke.

- HEBS will step up its national media campaign to address the factors which

contribute to coronary heart disease as one of Scotland's main killing diseases. Health promotion teams will stimulate, support and deliver local action.

- Accelerated action on smoking and diet will help drive down rates of heart disease.

- Cancer will be a leading priority for the NHS in Scotland.

- A demonstration screening project - "The Cancer Challenge" - will be established in Scotland to test the feasibility of a national programme to detect colorectal cancer.

- Linking with its work on coronary heart disease and stroke, HEBS will increase its national media activity to promote awareness of the factors which help to make cancer one of Scotland's main killing diseases.

- Accelerated action on smoking and diet will help drive down cancer rates.

- Mental health will be a leading priority for the NHS in Scotland.

- The demonstration project on child health will be used to promote mental health in both parents and children.

- HEBS and health boards will work in conjunction with the Health and Safety Executive and others to safeguard and promote mental health.

- Social inclusion initiatives will help improve well-being and so enhance mental health.

- The Information and Statistics Division of the NHS Common Services Agency will work with health boards and other interests to develop national criteria for data collection.

- Health boards will be encouraged to foster, and participate in, local inter-agency accident prevention work.

- The Government will commission and fund an initiative to deliver a web-site database of best practice in home safety for use by local authorities and others; and to help establish information networks to inform the development of co-ordinated local strategies.

- A new target for reducing road accident casualties will be set up for the period to 2010 and published, together with a strategy for its achievement.

Chapter 6 Putting the Jigsaw Together

- A Public Health Strategy Group, led by the Minister for Health and drawn from all Scottish Office Departments, will ensure the integration of policies and initiatives with health implications within The Scottish Office, and encourage the use of Health Impact Assessment.

- Health boards will lead and promote health promotion and improvement throughout their services and are charged with demonstrating clear reductions in health inequalities.

- Scotland's Chief Nursing Officer will initiate a review of the contribution made by nurses to improving the public's health, focusing especially on the role of the health visitor, the school nurse and the practice nurse.

- Boards will support other agencies, such as councils, which are working to improve health and quality of life through focused initiatives that address life circumstances.

- A review of the public health function is being led by the Chief Medical Officer to establish a framework in which the contribution of public health medicine can be maximised. The review will report in 1999.

- The Government are proceeding to establish a public health post in COSLA.

- The Government will continue to support ways of making health and lifestyle information readily available, including the extension of the NHS helpline, at both national and local levels, and through the use of digital television to provide Internet facilities.

- The Government will offer a facility on Scottish Health on the Web to help local interests to make their material widely available.

- The Government will fund the Scottish Needs Assessment Programme to develop standard guidance on Health Impact Assessment using current work in pilot areas such as the urban regeneration partnerships and aspects of urban transport policy.

- The Public Health Strategy Group, led by the Minister for Health, will promote the widespread use of Health Impact Assessment when formulating Government policies.

- Policy development and analysis will be strengthened further by the creation of a Professorship in Health Promotion Policy, to be launched with funding from HEBS in 1999.

- A separate advisory panel for Scotland will help the Lottery New Opportunities Fund assess bids to establish Scottish healthy living centres.

- Working with COSLA and the Scottish Consultative Council on the

Curriculum, HEBS will establish a specialist unit to develop further health education and health promotion in schools.

- Workplace health promotion and occupational health support, with particular emphasis on small and medium-sized businesses, will be stepped up by appropriate agencies, notably HEBS and the Health and Safety Executive.

- A long-term occupational health strategy is being prepared by the Health and Safety Executive, after consultation.

- A publicity drive will be launched to secure wider coverage for the Scotland's Health at Work Award initiative (SHAW), with a particular focus on small and medium-sized enterprises.

- The Scottish Office will join other employers in applying for SHAW accreditation, and will encourage others to do so.

- Public health legislation is now being reviewed to ensure a strong framework within which to tackle communicable disease. The review will clarify the role of Directors of Public Health and colleagues when dealing with outbreaks of communicable disease and other public health emergencies.

- The expert group set up by the Government to review HIV health promotion strategy will report in summer, 1999.

- Guidance on the control of outbreaks of food-borne and water-borne diseases has just been revised by an expert group, taking account of the response to consultation and the Determination following the Fatal Accident Inquiry into the Central Scotland outbreak of E coli 0157 food poisoning. This guidance will be published shortly.

Chapter 7 Health Demonstration Projects

- The Government will set up 4 health demonstration projects "Starting Well"; "Healthy Respect"; "The Heart of Scotland"; and "The Cancer Challenge".

- A national group will oversee and co-ordinate the 4 health demonstration projects, drawing together lessons learned and optimising the national benefits of the initiative as a whole.

Chapter 8 Research, Evaluation, Targets & Monitoring

- The Chief Scientist Office will work with key partners to develop the public health component of its research strategy. This will set clear priorities for collaborative research and dissemination involving the widest possible range of skills and expertise and drawing on the strength of the people of Scotland and their communities so that we can meet our public health challenges.

- Headline targets have been set for coronary heart disease, cancer, smoking, alcohol, unwanted teenage pregnancies and dental health.

- The inequalities gap which exists for each of the headline targets will be regularly measured to assess progress in reducing the disparity in health status between different socio-economic groups. Further work is being undertaken to develop measures which reflect health and well-being within population groups. The 4 health demonstration projects will each have our inequalities component, including targets and indicators of progress.

- A group drawn from the public, private, community and voluntary sectors, led by the Minister for Health, will be set up to monitor progress on the implementation of the White Paper and to help ensure that health remains high on the agenda at national and local levels.

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