

**REPORT TO: POLICY AND RESOURCES COMMITTEE - 13 JUNE 2005**  
**REPORT ON: DUNDEE JOINT HEALTH IMPROVEMENT PLAN 2005-2008**  
**REPORT BY: ASSISTANT CHIEF EXECUTIVE (COMMUNITY PLANNING)**  
**REPORT NO: 397-2005**

## **1 PURPOSE OF REPORT**

To advise the Council of the Dundee Joint Health Improvement Plan 2005-2008. This document has been developed under the auspices of the Dundee Community Planning Partnership and highlights areas of targeted joint health improvement with partner organisations.

## **2 RECOMMENDATIONS**

It is recommended that the Council:

- approves the Dundee Joint Health Improvement Plan 2005-2008
- notes the areas of targeted joint health improvement

## **3 FINANCIAL IMPLICATIONS**

There are no immediate revenue implications.

## **4 SUSTAINABILITY IMPLICATIONS**

Addressing health inequalities and improving public health is consistent with the theme of protecting health and preventing illness.

The report is consistent with the Council's Anti-Poverty Strategy in particular through development of services that help reduce health inequalities.

## **5 EQUAL OPPORTUNITIES IMPLICATIONS**

Through joint working, opportunities are sought to form new partnership approaches that will promote equality within the city.

## **6 BACKGROUND**

6.1 Healthy Dundee, the Community Planning Health Action Team is tasked with driving forward joint health improvement in the city. Within this context, the partners have agreed that Joint Health Improvement should be targeted towards closing the health inequalities gap. This is recognised as the difference in health between those people who are best off and those are worst off. In light of this, the Dundee Joint Health Improvement Plan 2004-2008 specifically targets health inequalities.

6.2 The Dundee Joint Health Improvement Plan 2005-2008 highlights a number of key priority areas for health inequalities.

These areas are:

- reducing smoking and tobacco-related harm
- tackling substance misuse

- improving diet and nutrition and tackling obesity
- increasing physical activity
- encouraging and enabling early help to improve mental well-being
- sexual health
- improving oral and dental health
- improving men's health
- addressing health and homelessness
- tackling domestic abuse

There are also close working links between joint health improvement and the Community Regeneration process within the city.

Healthy Dundee, the Community Planning Health Action Team will monitor and evaluate joint health improvement actions. Within this context, it has been agreed that links should be made with existing partnership reporting mechanisms where possible.

## 7 **CONSULTATION**

Chief Officers in Social Work, Education, Leisure and Arts and Communities have been consulted on the contents of the Dundee Joint Health Improvement Plan 2005-2008. There is also considerable ongoing consultation through Healthy Dundee, the Community Planning Health Action Team.

## 8 **BACKGROUND PAPERS**

Dundee Joint Health Improvement Plan 2004-2005

NHS Tayside Health Inequalities Strategy, 2nd Stage Population Profile 2004

Chris Ward  
Assistant Chief Executive (Community Planning)..... 09/06/05

**Dundee Joint Health Improvement Plan**  
**2005 - 2008**

**This Joint Health Improvement Plan has been prepared and written by the Dundee Health Improvement Network. The Network expresses its gratitude to all those who have made a contribution to the document.**

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## INTRODUCTION

Healthy Dundee, the Community Planning Health Action Team, is delighted to introduce the 2005-2008 Joint Health Improvement Plan (JHIP) for Dundee.

The past year has seen important progress in our joint partnership working towards reducing the health inequalities that exist in Dundee. This JHIP provides a framework for action that responds to the information and challenges in Phase II of the Tayside Inequalities Strategy. We now have much better information on where the biggest health inequalities lie, not only from our local work but also from the Scottish Index of Multiple Deprivation and NHS Health Scotland's work on Community Health Profiles. We can now target with much more confidence where our resources should be directed whether at geographical communities or towards particular groups of people. This approach is also supported by the work we are developing through the Pilot Studies in Unmet Need, helping people to access health services, and the Men's Health initiative.

The development of Tayside Sexual Health and Healthy Weight strategies has also been invaluable in agreeing joint health improvement priorities. In this JHIP we have actively considered the Diversity agenda and the needs of people from minority groups and those at risk of social exclusion

Currently there are significant changes in the way national funds will be used to tackle Community Regeneration. . Funding will be allocated on the basis of a regeneration outcome agreement containing measurable outcomes across all the themes of Community Planning, including health. It is expected that at least eighty per cent of the Community Regeneration Fund should be targeted at those communities in Dundee which fall within the 15% most deprived communities in Scotland.

The past year has also seen the development of Local Community Plans, one for each of the decentralisation areas in Dundee. These local plans reflect real discussions with people living in Dundee about their needs and the needs of their communities. To support this work Community Nurses have been identified as zone leaders for each of the decentralisation areas and are providing a lead for the local joint health improvement work.

As with our first Joint Health Improvement Plan, we hope it is clear where and how we will be targeting our combined efforts and resources towards our joint aim of closing the health inequalities gap. This plan is not a restatement of actions that appear in other plans and strategies, but rather a genuine and focused effort to illustrate how the community planning approach can tackle health improvement in an integrated and highly collaborative way.

Clearly, there is much on-going health improvement work taking place within agencies and organisations and the purpose of this plan is not to catalogue all that work. It is our intention however to highlight where the multi-partner approach can be used to best effect to tackle health inequalities.

We look forward to welcoming more partners along the way to help us achieve our vision:

A Dundee where people experience the best possible health and well-being.

Alex Stephen	Chief Executive, Dundee City Council
Tony Wells	Chief Executive, NHS Tayside
Morna Wilson	Manager, Dundee Voluntary Action

## **The National Challenge**

### **National Strategic Framework for Joint Health Improvement**

In January 2004 a Joint Ministerial Steering Group for Health Improvement and Health Inequalities was established between Scottish Ministers and COSLA's political leaders. The group provides political engagement and strategic leadership with key Scottish Ministers working together with local government, voluntary sector and NHS Scotland in promoting health improvement and tackling health inequalities. Supporting the Joint Ministerial Group is a Stakeholder Group for Health Improvement. A national Communities Task Group has also been set up this year to specifically drive forward work on the community objectives outlined in the paper 'Improving Scotland's Health: The Challenge'. Within this context, the national strategic framework will oversee the implementation of the 'Challenge' document and provide a focus and pace to the evolving joint health improvement and health inequalities agenda in Scotland.

### **Tackling Health Inequalities - Closing the Gap**

Health inequalities are recognised as the differences in health between diverse groups of people, in particular, the health gap between those people who are best off and those who are worst off. Within this context, the Scottish Executive has made a commitment to increase the rate of health improvement for people living in deprived communities. This places tackling health inequalities in the wider anti-poverty and community regeneration context. In line with this, reducing health inequalities is one of the national priorities for the NHS and local authorities across health and community care. Towards this end a range of health inequalities indicators are being developed nationally. For the health service and local authorities across Scotland this will allow progress in reducing health inequalities to be monitored and resources to be better targeted.

### **Best Value Reviews and Health Improvement in Tayside**

Local authorities across Scotland are required by statute to undertake regular service reviews within the conditions of a prescribed 'Best Value' framework. Broadly, the focus of 'Best Value' is to work towards the continuous improvement of services while still ensuring the efficient and proper use of public funds.

Central to the process are the following key themes:

- **Challenge** the status quo by asking – are we doing the right thing? Can we do better? Should we stop what we are doing and do something else?
- **Compare** what we currently do with established best practice



- **Competitiveness** – identify how stakeholder needs can best be served by reviewing and appraising options
- **Consultation** – placing stakeholder interests at the heart of a process that is seen to be fair, open and inclusive

Within this context Dundee City Council will work in partnership with NHS Tayside and with neighbouring Local Authorities in Angus and Perth and Kinross, to undertake 'Best Value' Reviews on: -

- Drug and Alcohol Services
- Smoking Prevention and Cessation Interventions
- Physical Activity Services
- Diet and Nutrition Services

The service recommendations arising from these multi-agency reviews will go forward to the respective decision-making processes for action within Angus, Dundee City, Perth and Kinross Council and NHS Tayside.

## THE LOCAL CHALLENGES

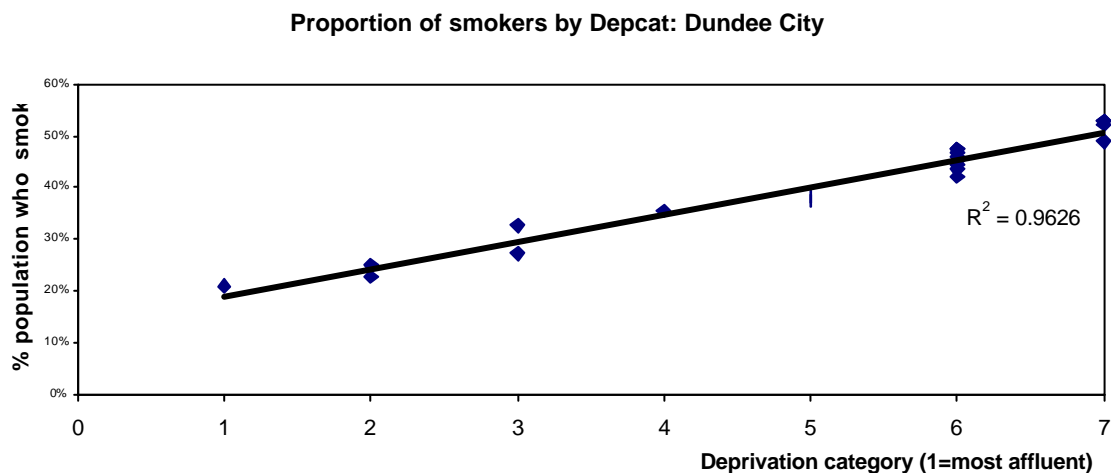
The Tayside Health Inequalities Strategy highlighted health inequalities as the differences between diverse groups of people, especially between those people who are best off and those who are worst off. Since the publication of Phase I of the strategy a clearer picture of the health of people in Dundee has emerged, through a variety of information sources. The publication of "Community Profiles" has allowed us to see how Dundee compares to Scotland as a whole in relation to a number of key health and economic indicators. This information, along with information available via other routes, has reinforced the areas already identified by the community planning partners as areas of priority for the city. For example:

- It is estimated that 2 out of 5 adult Dundonians are smokers, leading to 383 smoking related deaths per 100,000 population every year.

### ESTIMATES OF ADULT SMOKERS IN DUNDEE CITY

In Dundee City, there is an estimated total of 44646 smokers, representing 40.2% of the population aged 16-74.

The chart below shows that in Dundee City, there is a very strong association between smoking and deprivation.



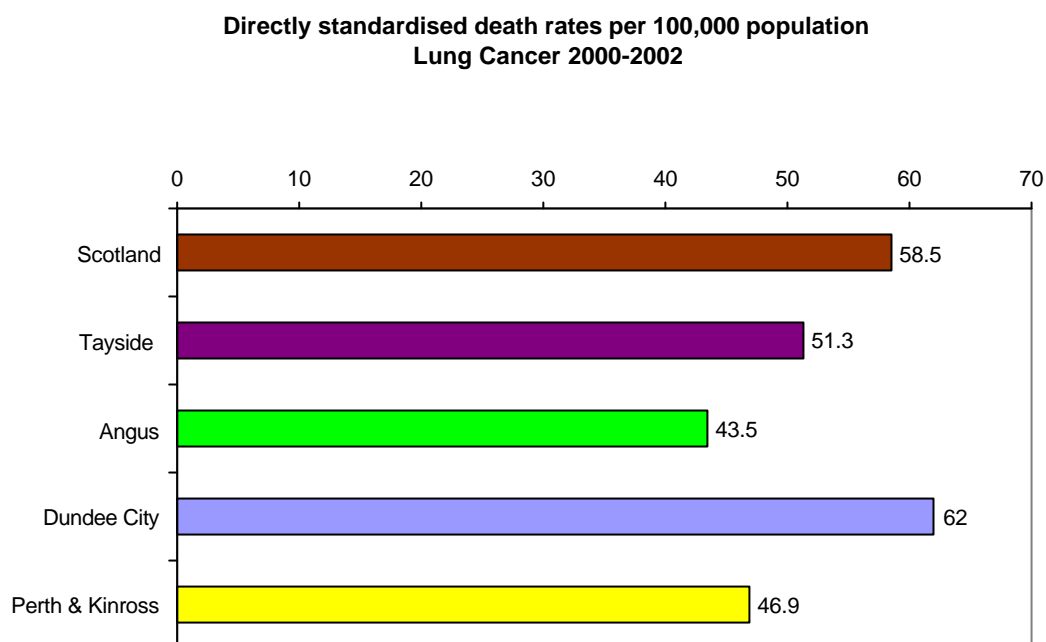
Source Health Scotland Community Profiles: Estimated number and percentage of current smokers age 16-74; 2001; Portsmouth University

- Dundee City has one of the highest teenage pregnancy rate as well as one of the highest pregnancy termination rates in Europe
- The infant mortality rate of Dundee is over a third higher than Scotland
- Tayside has the highest reported rate of domestic abuse in Scotland
- More than one in five Dundonians report having a long-term limiting illness

As well as giving a picture of Dundee as a whole, the Dundee profile has highlighted differences and health inequalities in different postcode sectors in the city, although it should be noted that some of these percentages may be based on small numbers and therefore should be read with caution. For Example:

- Within DD1 5 (city centre- west) 47% of children live in workless households, compared to 4.5% in Baldovie/Monikie.
- In Lochee (DD2 5) there were only 60% of 15 year old boys surviving to 65 (1998-2002) compared to over 90% of those within West Ferry (DD5 1) surviving to this age
- Sixty percent of babies are breastfed at 6 weeks in DD2 1 (Ninewells, Perth Road), compared to only 14% of babies in Douglas and Angus (DD4 8)
- Twice as many people in poor areas of Dundee smoke, leading to more illnesses like cancer and heart disease – death rates from Lung cancer and coronary heart disease are considerably higher in Dundee than elsewhere in Tayside

### **Deaths from lung cancer**



*Source: GRO deaths, Skipper*

*Notes: Standardised to the European population*

*Lung cancer covers malignant neoplasm of the trachea, bronchus and lung ICD10 C33-34*

- Rates of unemployment in Dundee city are higher than Scotland, particularly among males and there is a higher proportion of income support beneficiaries than elsewhere in Tayside or Scotland as a whole.

## **Life Expectancy**

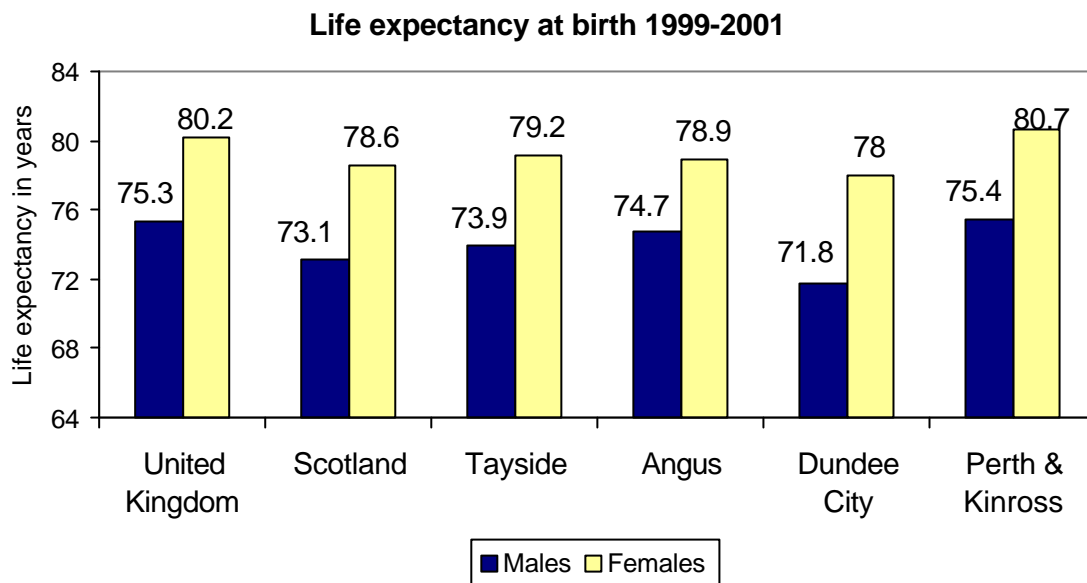
Life expectancy is the average number of years an individual at a particular age can expect to live if current mortality rates continue to apply. The information here is based on life expectancy at birth, which is the average number of years a newborn infant can expect to live if current mortality rates continue to apply.

Life expectancy at birth for males and females is higher in Tayside than in Scotland but lower than in the UK.

From 1999-2001 figures, within Tayside, males in Dundee City can expect to live almost 3 years less than males in Angus and over three and a half years less than males in Perth and Kinross.

Females in Dundee City are expected to live almost a year less than females in Angus and 2.7 years less than those in Perth and Kinross.

Within each area, there is a relative inequality of life expectancy between men and women. This is common across the developed world and the causes are not fully understood.



Source: Office for National Statistics, Crown Copyright 2003  
Note: Scale of life expectancy in years does not start at 0.

### Priority Areas

The priority areas identified within the Joint Health Improvement Plan 2004-05 continue to be priority areas. These are:

- Smoking
- Alcohol and Drug misuse
- Diet and Nutrition
- Physical Activity
- Sexual Health and
- Mental Well-being

In addition the following priority areas have been identified and included within this Plan

- Domestic Abuse
- Obesity
- Health and Homelessness

It was acknowledged that the JHIP 2004-05 focussed on the needs of Children and Young People. While it is still recognised that in order to improve the health of the future population of Dundee it is appropriate to focus on this group, and that this group has particular health needs, it is also recognised that the needs of Older People should not be overlooked. This Plan seeks to begin to redress this balance, and the needs of Older People in relation to each of the priority areas are being considered.

## **Future Work**

It is also acknowledged that further work is required in order to fully understand and address the specific health improvement needs of minority groups within Dundee City. In order to take this forward the Health Improvement Network will agree priority areas identified through existing work and health needs assessments.

Dundee Health Improvement Network will continue to help shape and deliver the Health Improvement Agenda within Dundee. One of its priorities for the near future will be to continue to explore how to extend the network and involve all of those who have an impact on the health of the population of Dundee.

## **ORGANISING OURSELVES TO MEET THE CHALLENGES**

### **Health Improvement and Community Planning in Dundee**

In Dundee Joint Health Improvement Planning sits under the umbrella of Community Planning, specifically under the Health and Care theme. The theme is led by Healthy Dundee, a multi-agency strategic group whose remit includes:

- Maximising collaboration around the planning and delivery of services that can improve people's health and well being
- Developing a strategic view of health improvement in Dundee
- Developing agreed strategies to tackle health inequalities
- Identifying and agreeing joint priorities for action
- Producing and implementing the theme plan (JHIP)
- Producing progress and monitoring reports as necessary
- Identifying cross cutting issues requiring engagement within and between themes
- Managing a network of support groups
- Facilitating community, voluntary and private sector input to theme (not only health private sector)
- Planning the resourcing of future health improvement projects

In 2004 Healthy Dundee established the Dundee Health Improvement Network, whose remit includes: to take forward the development and implementation of the Joint Health Improvement Plan, to establish a monitoring and evaluation framework, to administer the small grants fund and to address operational Health Improvement Issues. The Network replaces the previous Healthy Communities Group. The Network consists of a core network who have health improvement central to their day-to-day roles and a wider network of people whose roles have an implicit or indirect effect on the health of the population of Dundee.

Membership of both Healthy Dundee and the Core Health Improvement Network can be found in Appendix 2

During 2004 we have made significant improvements in organising ourselves to address Health Inequalities and Health Improvement. This progress is due to a number of factors as detailed below.

### **Health Intelligence**

The development of Phase II of the Tayside Inequalities Strategy has provided the best information to date regarding local deprivation and Health Inequalities. NHS Health Scotland has developed a Community Health Profile for Dundee and the Scottish Index of Multiple Deprivation (SIMD) not only provides an overall picture of deprivation in Dundee, but is also able to show deprivation as it relates to different domains including health, employment and income.

The availability of this information means that we can direct resources with confidence at the areas of greatest need in order to close the inequalities gap. High levels of deprivation in Dundee have enabled us to bid successfully during 2004 for Pilot Studies in Unmet Need funds to explore how people from some of the most deprived areas can improve their access to health services. Funding for targeting some work towards improving men's health has also been awarded.

### **Building Capacity for Health Improvement**

The Health Improvement Network provides impetus to the implementation of the action plans in the JHIP. The Planning and Development Manager Dundee LHCC, provides leadership for the Network. Core members of the Network are staff whose everyday work involves them in partnership health improvement; the wider Network includes a broad range of staff from the statutory, voluntary and private sectors.

Local Community Planning areas continue to be the focus for Health Improvement work and partners have established mechanisms for linking resources to these areas. For example, Community Nursing Zone leaders have been identified for each of these areas and have protected time to develop this work.

Linkages between community planning partners continue to be developed. For example, Public Health Practitioners are currently providing a channel for communication with the Community Intelligence Unit run by Tayside Police that is focused on tackling anti-social behaviour. Network members are also active in the wider areas of health improvement such as the Fuel Poverty Strategy and the Spotters and Referrers Network that helps people with literacy and numeracy difficulties.

### **Community Regeneration Fund**

A transition is currently taking place about how we tackle regeneration in Dundee. Social Inclusion Partnerships, Better Neighbourhood Services, Drugs Misuse and Empowering Communities funding are being replaced with a Community Regeneration Fund. This fund will be managed through the Building Stronger Communities Group of the Dundee Partnership.

It is expected that eighty per cent of this fund should be directed towards the fifteen per cent of the most deprived areas in Dundee. Regeneration Outcomes have been developed for Improving Health, and these are;

- Improve the sexual health of young people
- Reduce levels of smoking, alcohol and substance misuse
- Increase levels of physical activity
- Improve diet and nutrition
- Improve access to health services



- Improve mental health and well being

SMART performance indicators are currently being developed for each of the outcomes.

### **Strategic Relationships**

The development of a Community Health Partnership in Dundee gives us an opportunity to further integrate Joint Health Improvement work within the wider context of the Community Planning Partnership framework. As the Community Health Partnership develops we will integrate work currently being taken forward through the Joint Future route. We will also align more closely joint health improvement work with the Dundee Drug and Alcohol Action Team, children's services planning and community safety.

### **Carers as Partners in Care**

The Dundee Partnership recognises and values carers as partners in the planning and delivery of care and services to those being cared for. Through the Joint Health Improvement Network, innovative ways to involve carers fully in the Health Improvement Agenda are being explored. The Carers' Voice Project is a mechanism in Dundee to assist carers to input their views into Community Planning and planning for Health Improvement. However, this project exists via time limited funding and efforts should be made to ensure that input from carers is sustained and developed further.

The needs of Young Carers are of particular importance and the partnership will continue to work with groups such as the Young Carer's Partnership to ensure that these needs are addressed in the most appropriate way.

### **Partners as Employers**

The partners recognise their role as major employers in the area. They are committed to ensuring the health of their employees and to ensuring that health improvement principles are embedded in employment practice.

One mechanism for taking forward this goal is the continued development of Scotland's Health at Work (SHAW) programme. SHAW is a national award programme that rewards the efforts and achievements of workplaces in building a healthy workforce, a healthy workplace and a healthy organisation. A local SHAW Team is committed to supporting and encouraging workplaces to look after the health and well being of their employees. Further links will be made between the Health Improvement Network and the SHAW team.

The partners will continue to encourage and support workplaces to address health topics through programmes such as SHAW in order to contribute towards improving the Health of the Dundee population.

## **Targeted work in Communities**

As well as work being taken forward across the identified priority themes, the last JHIP highlighted the work being taken forward by the planning partners to regenerate the Stobswell Area. This work is continuing and improvements are already being seen in terms of the environment of the local area. A number of regeneration initiatives have been put in place to enhance residents' life circumstances and further initiatives are planned including:

- The purchase and demolition of buildings and clearing of sites that have blighted their immediate surroundings and caused stigma to communities signalling poor economic progress
- The Development of quality buildings providing new services and residential accommodation in the areas
- All new build to be town houses - except where site circumstances dictate a flatted solution (and then only flats with large internal floor spaces)
- Instigation of tenement cleaning initiative
- The improvement of back courts and tenement security via back court improvement grants and tenement security grants
- An analytical study to be carried out of traffic patterns/ movement / street widths to break harsh urbanity of tenement streets by introduction of street trees, private gardens, formal parking etc.

The Dundee Partnership continues to support the work being taken forward and will endeavour to explore new ways of working in partnership in this targeted way.

## **Health Promoting Schools.**

The Partners are also fully committed to the development of Health Promoting Schools, recognising 'Being Well, Doing Well' (Health Promoting School Unit 2004) as the framework for promoting health in our schools. This identifies the key characteristics of a Health Promoting Schools as being:

- Leadership and management
- Ethos
- Partnership working
- Curriculum, learning and teaching
- Personal, Social and Health Education programme
- Environment, resources and facilities

Good health in both staff and pupils is seen as a key component in raising achievement and links closely with the Learning Together in Dundee strategy to promote more effective learning and teaching. The promotion of good health applies to the whole school community and therefore impacts on the ethos of the school, the approaches to learning and teaching across the curriculum and the school's partnership working with parents, the community and relevant outside agencies.

In seeking to achieve this key developments are in:

- daily physical activity, in or out of school, through Class Moves, Brain Gym, the Active Schools Coordinators, Sports Development section Officers, and N2 Sport Officers.
- the promotion of Safer Routes to School including walking and cycling to school
- the continued development of both primary and secondary personal social and health education covering drug education, nutrition, personal safety, sexual health and relationships education and mental and emotional health
- the integration of health issues with issues such as citizenship, Eco schools and enterprise with a focus on the common key skills of communication, decision making and working with others along with the development of personal skills such as self confidence, self awareness and consideration for others, e.g. Healthy Eating Tuckshop as an enterprise activity involving peer working with two or more year groups involved
- the integration of health issues within the curriculum e.g. relationships in Religious and Moral Education
- self-evaluation using the HMIE Quality Indicators relating to the six key characteristics of a Health Promoting School identified in 'Being Well, Doing Well.' The aim is that all schools will have achieved recognition as Health Promoting through the validation of their self-evaluation by 2007.
- the promotion of Scotland's Health at Work (SHAW) for all staff in schools
- the development of new approaches and sharing of good practice in health promotion through the Tayside Health Board funded Health Promoting Schools Grants and Awards scheme that aims to support projects relating to smoking cessation, physical activity and nutrition.

## **Performance Monitoring and Evaluation**

It is crucial that partners are fully aware of the impact of the JHIP and of its performance in relation to its agreed aims and objectives. In addition it is important that we have a system in place, which allows us to:

- Identify gaps and areas of future priority for Health Improvement
- Identify areas of best practice
- Identify how the planning process can be improved
- Identify the value added by the partnership approach being taken

A resource has been identified to develop a performance monitoring and evaluation for joint health improvement work. A framework will be developed that will complement the monitoring and evaluation that is already required for the Regeneration Outcome Agreement, the Pilot Studies in Unmet Needs, Men's Health Initiative, the Healthy Living Initiative as well as a number of other related pieces of work.

A number of principles have already been agreed with respect to monitoring and evaluation:

- Projects should not be required to report separately for the JHIP where they are already reporting to their individual funding bodies. Rather we should link with existing reporting mechanisms
- The focus should be on evaluating whether the JHIP is meeting its aims and objectives, rather than on evaluating individual projects per se.
- Evaluation of the JHIP will be two fold – first whether or not it is reaching its health improvement aims, and second whether or not the process is adding value to the health improvement agenda.

## **Action Plans**

*It should be noted that, although presented separately, there are many overlaps and connections between the following action plans. These connections can clearly be seen in the sections relating to physical activity and diet, nutrition and obesity. In addition there is clear evidence that many of the actions to be taken relating to lifestyle issues will also have a positive effect on the mental health and well-being of the target populations.*

## **Reducing Smoking and Tobacco Related Harm**

Smoking is deeply rooted within Scottish society and particularly so in some of the country's most deprived communities. Currently there is a national drive towards reducing smoking and tobacco related harm in Scotland. In 2003, the Scottish Executive produced a national Tobacco Action Plan, 'A Breath of Fresh Air for Scotland'. The national plan outlines a range of actions targeting smoking and tobacco control over the next three years. In light of incontrovertible evidence linking passive smoking and ill health, Scottish Executive measures specifically targeting smoking in public places are expected early in 2005.

## **Preventing Smoking in Young People**

On a national basis it has been identified that 25% of girls and 16% of boys are regular smokers by the time they are 16 years old. We believe that focusing on children and young people as a major target group for smoking prevention and cessation action is more likely to bring about lasting good health into adulthood.

Within this context, smoking prevention and cessation interventions will be targeted towards children and young people in age groups 5 - 18 years across the city. A range of measures will be delivered via the young people's health initiative, The Corner, through primary and secondary schools by way of the New Opportunities Fund Project, the Peer Education Project and through the Grants and Awards Scheme for Health Promoting Schools in Dundee. It has also been noted that when considering services to young people it is particularly important that services are viewed in the context of lifestyles rather than in isolation.

## **Smoking and Health Inequalities**

It is now recognised there is a clear association between smoking and deprivation. In Dundee there is an estimated total of 44,646 smokers, representing 40% of the adult population. Locally the Tayside Health Inequalities Strategy has identified a strong association between smoking and deprivation within Dundee.

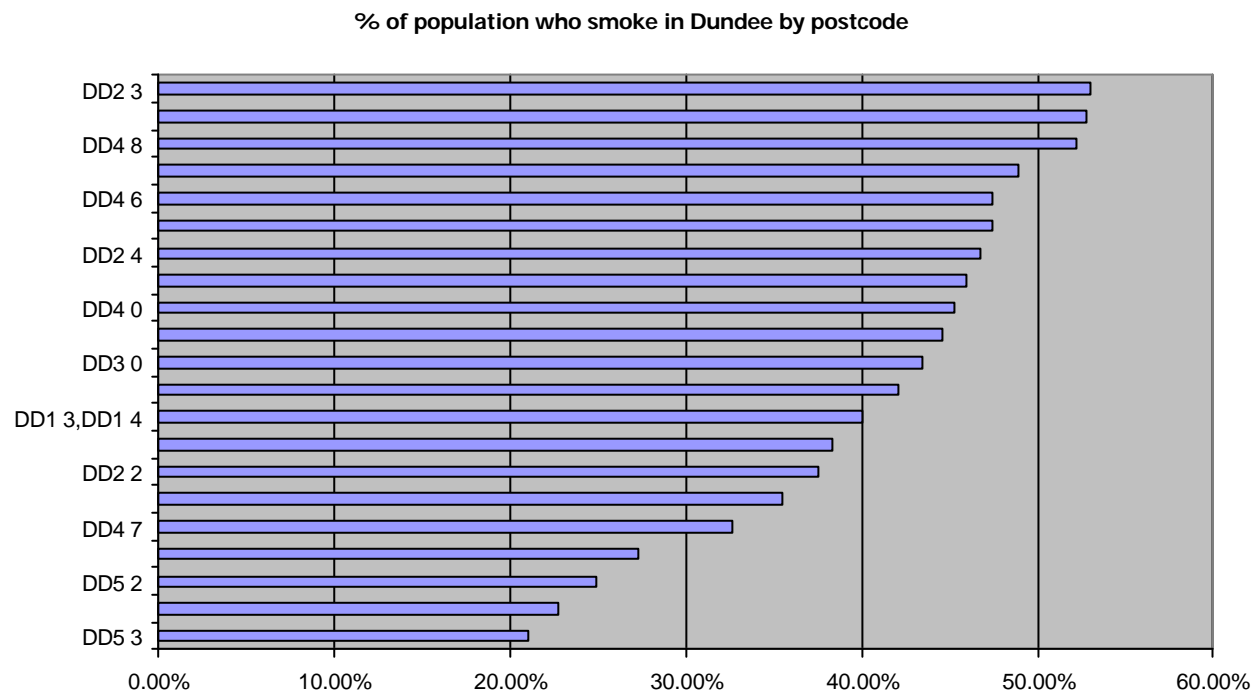
Through the developing population profile of the Tayside Health Inequalities Strategy, we now have a clearer picture of where smoking levels are highest in Dundee. With this information we can now begin to more effectively allocate smoking cessation and prevention resources and we will work with NHS Tayside in reviewing current smoking prevention and cessation measures across the region. In this way, we will develop a targeted approach directing specific smoking prevention and cessation support towards smokers in areas of high need within Dundee.

## **Best Value Review**

On a partnership basis across Tayside, Dundee City Council will be leading a Best Value Review on Smoking. The aim of this process is to apply a 'Best Value' approach in reviewing and improving the effectiveness of measures aimed at reducing smoking and tobacco related harm. Recommendations arising from this Review will inform and shape partnership actions across the three Local Authorities in Tayside and NHS Tayside.

### Smoking Levels in Dundee

The estimated adult smokers by individual postcode sectors in Dundee City are:



Source Health Scotland Community Profiles: Estimated number and percentage of current smokers age 16-74; 2001; Portsmouth University

## Smoking in Pregnancy

Over one third of women in Dundee City smoke during pregnancy.

### Proportion smoking during pregnancy 2002/03

Area of residence	% Smoking
Tayside Health Board	28%
Angus	28%
Dundee City	36%
Perth and Kinross	19%

Source: SMR02

### Action Plan

OUTCOME	ACTION	MILESTONE	TIMESCALE	PARTNERS	RESOURCES
<u>Reduce numbers of young people in Dundee who smoke through smoking prevention and cessation activities.</u>	<u>Implementation of co-ordinated smoking prevention and cessation initiatives targeting: -</u> 5-12 year olds Smoking prevention and education initiatives to be developed with children in schools and other settings.	<u>Development and evaluation of effective prevention and education interventions with children - 2005</u>	August 2004 - August 2006	NHS Tayside Communities Department Education Department School Nurses	NHS Tayside Big Lottery Fund 2004-2006  £104,000



<b><u>OUTCOME</u></b>	<b><u>ACTION</u></b>	<b><u>MILESTONE</u></b>	<b><u>TIMESCALE</u></b>	<b><u>PARTNERS</u></b>	<b><u>RESOURCES</u></b>
	<u>12-14 year olds – smoking prevention activities delivered through Peer Education project. Programme to be delivered with Primary and Secondary Schools, Child and Family Centres and informal youth settings.</u>	<u>Recruitment and training of peer education in S3 and S4 to deliver smoking and lifestyles interventions with children in P6 and after-school clubs in Child and Family Centres - 2005</u>	<u>November 2004 – March 2006</u>	<u>Communities Department Education Department Social Work Department NHS Tayside</u>	<u>Dundee City Council Quality of Life Fund 2004-2006</u>  £75,000
	<u>14-18 year olds – smoking cessation interventions combining lifestyle approaches and supported access to physical activities, relaxation and complementary therapies.</u>	<u>Delivery and evaluation of four pilots targeting different approaches with young people - 2005</u>	<u>November 2004 – March 2006</u>	<u>Communities Department Leisure and Arts NHS Tayside</u>	<u>Dundee City Council Quality of Life Fund 2004-2006</u>  £75,000
	Continue implementation of the Award Scheme for Schools, which will contribute to the prevention of recruitment of young people to smoking and encourage smoking cessation.	<u>Evaluation Report 2005</u>	<u>April 2004 - March 2005</u>	<u>NHS Tayside Angus, Dundee City and Perth and Kinross Council Education Departments</u>	<u>Funded by NHS Tayside non – recurring until 2005</u>

<b><u>OUTCOME</u></b>	<b><u>ACTION</u></b>	<b><u>MILESTONE</u></b>	<b><u>TIMESCALE</u></b>	<b><u>PARTNERS</u></b>	<b><u>RESOURCES</u></b>
<u>Develop a co-ordinated strategic approach towards reducing smoking and tobacco-related harm in Tayside.</u>	<u>Undertake a "Best Value" review aimed at improving the effectiveness of interventions targeted at reducing smoking and tobacco-related harm across Tayside.</u>	Best Value Audit Report 2005	<u>September 2004 – March 2005</u>	<u>Dundee City Council</u> Angus Council Perth and Kinross Council NHS Tayside	<u>To be identified.</u>
	<u>Carry out a Review of Smoking and Cessation Services in Tayside.</u>	Evaluation Report 2005	<u>August 2004 – November 2005</u>	<u>NHS Tayside</u> Angus Council Dundee City Council Perth and Kinross Council	<u>To be identified</u>

## TACKLING SUBSTANCE MISUSE

The factors which are involved in drug and alcohol misuse are varied and complex and the damage such misuse can cause has wide ranging effects on all levels and members of our communities. It follows that the services which develop to meet the needs of drug and alcohol users will require to offer a variety of responses and call on the expertise and resources of all key agencies in Dundee.

Dundee Drug and Alcohol Action Team (DAAT) is a multi agency senior officer team which leads in all service commissioning related to substance misuse in Dundee. The DAAT is accountable to the Scottish Executive through the annual Corporate Action Plan reporting mechanism which outlines local and national priorities for substance misuse. The last year has seen considerable change in Dundee DAAT and the support framework which underpins the DAAT's work.

This restructuring was necessary to produce measurable outcomes which better meets the needs of the people of Dundee. In addition, a best value review is currently underway which will contribute to the achievement of the agreed outcomes.

### **Outcomes - Process**

- Improved governance and accountability
- Clarity of roles for services
- Reduced duplication – increased efficiency
- More effective commissioning
- More dynamic planning of service delivery

### **Outcomes for those using services**

- More accessible services (decreased waiting times)
- Better quality services (reduction in drug/alcohol related deaths)
- More choice (detoxification; employability)
- Increased likelihood of real success for all groups

Priority areas such as reducing harm to children affected by substance misusing parents/carers, reducing waiting times for drug treatment and rehabilitation services and increasing the number of drug misusers in contact with treatment and care services are being addressed through an increase in service provision and by improved multi agency partnerships.

## ACTION PLAN

OUTCOMES	ACTION	MILESTONE	TIMESCALE	PARTNERS	RESOURCE
<p>Provide equitable, accessible and inclusive services to address the needs of those who experience problems with alcohol.</p> <p>Increase the number of drug misusers in contact with treatment and care services</p>	<p>A Best Value Review is currently underway in Tayside which will examine current provision of drug and alcohol services across Tayside; scrutinise current spend levels within the review area; assess the quality of existing services to identify possible options for change to existing arrangements; and propose opportunities for management, service and financial benefits or improvements.</p>	<p>Evaluation Report Produced in March 2005</p>	<p>The review is scheduled to take place from 1 July 2004, estimated finish date, March 2005.</p>	<p>The review will cover all drug and alcohol services delivered by Community Planning partner organisations across Tayside.</p>	<p>Within current resources</p>
<p>Reduce harm to children affected by substance misusing parents / carers through improved multi-agency support to parents and children.</p>	<p>To ensure effective links between the strategic planning processes led by the Dundee Drug and Alcohol Action Team (DAAT), Dundee Child and Young Person's Protection Committee (CYPPC), the Children's Services Executive Group and the Child Health Strategy Group, a joint DAAT DCPC Children and Young People's sub group was created. The sub group is responsible, within the DAAT and DCPC frameworks, to coordinate the planning, development and delivery of effective drugs/alcohol and related child protection services to children, young people and their families. The sub group has 2 task groups:</p> <ul style="list-style-type: none"> <li>• Children who are at risk</li> </ul>	<p>Task groups producing service maps and care [pathways</p>	<p>Service mapping and care pathways to be completed by April 2005</p>	<p>All key agencies involved in Drug and Alcohol and protection issues as related to children and families.</p>	<p>Within current resources supported by funds from the DAAT and CYPPC</p>

OUTCOMES	ACTION	MILESTONE	TIMESCALE	PARTNERS	RESOURCE
	through their own behaviour • Children who are at risk through the behaviour of others				
Reduce harm to children affected by substance misusing parents / carers through improved multi-agency support to parents and children	Substance Misuse Pre and Post Birth Assessment and Support Service (SMPPASS) A multidisciplinary model of service delivery for the assessment and support of pregnant substance-using women within Dundee. The approach is in response to identified best practice and is based on an integrated care pathway, which will facilitate a multi-agency approach to early identification, assessment, referral and support of substance-using women and their babies.	Staff in place by 2005	2 year pilot	NHS Tayside and Dundee Social Work Department	Funding available from Changing Children's Services Fund and NHS funds
Reduce waiting times for drug treatment and rehabilitation services  Reduce the number of drug related deaths.	Topaz Community Detoxification and Rehabilitation service will help provide a continuum of care to people who are detoxifying from drugs. Interventions include medical and psycho-social interventions through to enhancing their self-awareness, self-esteem, confidence and social integration. The service will enable drug users to remain in their own area and with support from local agencies.	Team in place by Dec 2005 – Residential component in place by March 2005	The Service is funded for a two year period	The service is a partnership between all key statutory and non-statutory agencies in Dundee. The Project will develop innovative partnerships to meet the range of needs, which clients require to make to maintain progress.	New Opportunities fund in combination with in-kind resources from partner agencies

OUTCOMES	ACTION	MILESTONE	TIMESCALE	PARTNERS	RESOURCE
<p>Increase the number of drug misusers in contact with treatment and care services.</p> <p>Reduce waiting times for drug treatment and rehabilitation services</p> <p>Reduce the number of drug related deaths</p>	<p>The new Tayside Addiction Medical Intervention Service replaces the Tayside Drug Problem Service and Tayside Shared Care Scheme with an entirely new assessment and treatment process incorporating medical treatment of substance misusers (and its associated keyworking arrangements), integrated with those services delivering social and psychological interventions. It will consist of two service elements:</p> <ul style="list-style-type: none"> <li>• Specialist Assessment, Induction and Stabilisation service (AIS) –.</li> <li>• Primary care based maintenance, reduction and Rehabilitation service (PCRS)</li> </ul>	<p>Voluntary Sector component commissioned by Feb 2005</p>	<p>Operational in April 2005</p>	<p>Statutory Health and Social Work Integrated Team delivered by NHS Tayside and Local Authority partners and also a voluntary sector provider, commissioned by NHS Tayside (through TMS) and the three Tayside DAATs to provide part of PCRS</p>	<p>Within existing resources obtained from the Primary Care Division</p>

## **IMPROVING DIET AND NUTRITION AND TACKLING OBESITY**

The Scottish diet is notoriously poor; high in salt, sugar and fat, as well as low in fruit, vegetables and complex carbohydrates. It is well known that people who have low incomes generally eat less fruit and vegetables, choosing cheaper high fat, high sugar foods. Dundee contains a number of areas with high levels of deprivation; therefore improving diet and access to healthy foods is a key priority area for our JHIP.

A poor diet can have a significant effect on health, leading to excess weight and obesity, diabetes, coronary heart disease, stroke, cancers and it can also have an effect on mental well-being. Scotland has the worst record of obesity in Europe and we are seeing rising numbers of overweight children. This is a major public health problem.

There have been a few initiatives established in Dundee which are addressing a variety of factors influencing healthy eating choices, but much more is required. We are presently awaiting the recommendations of the Tayside Best Value Review and Tayside Healthy Weight Strategy. These documents will be used to inform future developments for Dundee.

## **BREASTFEEDING**

The national target for breast-feeding is for 50% of infants to be breastfed at 6 weeks. The table shows that only five postcode sectors in Dundee City exceed this target and the average rate is less than one in three.

### **Infants breastfeeding at 6-8 weeks: Dundee City 2000-2002**

<b>Postcode sector</b>	<b>% of livebirths breastfeeding</b>
DD1 3, DD1 4	55.0%
DD1 5	42.5%
DD2 1	69.9%
DD2 2	37.3%
DD2 3	18.3%
DD2 4	21.4%
DD3 0	27.2%
DD3 6	34.1%
DD3 7	22.5%
DD3 8	42.0%

Postcode sector	% of livebirths breastfeeding
DD4 0	23.6%
DD4 6	26.8%
DD4 7	38.2%
DD4 8	14.2%
DD4 9	18.3%
DD5 1	60.0%
DD5 2	56.3%
DD5 3	56.6%
<b>Average</b>	<b>31.20%</b>

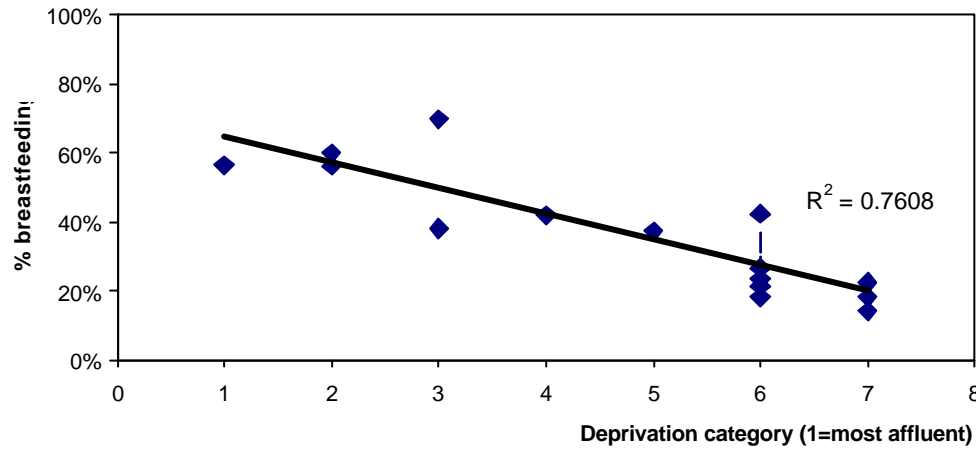
*Source: Health Scotland Community Profiles 2004; Data Source: ISD CHSP-PS*

**Note: Some postcode sectors are missing because number breastfeeding was less than 5**

There is an association between breastfeeding and deprivation, as shown in the chart below, with women in more deprived areas being less likely to breastfeed their infants.



**Breastfeeding at 6-8 weeks by deprivation category 2000-2002**



Source: Health Scotland Community Profiles 2004; Data Source: ISD CHSP-PS

20.8% of pre-school children in a Dundee City are overweight or obese. The estimated numbers of overweight and obese adults in Dundee City are

**Numbers of adults in Dundee City who are overweight and obese**

Age (years)	Overweight	Obese
16 to 25	3291	2011
26 to 60	26424	14253
61 to 74	18747	11201
<b>Total</b>	<b>48462</b>	<b>27465</b>

Source: Scottish Health Survey 1998

**ACTION PLAN**

<b>Outcome</b>	<b>ACTION</b>	<b>MILESTONE</b>	<b>TIMESCALE</b>	<b>PARTNERS</b>	<b>RESOURCE</b>
Increase the levels and continuance of breastfeeding in new mothers from deprived areas in Dundee	Bosom Buddy project: To evaluate the feasibility, satisfaction and acceptability by low income mothers of a telephone breastfeeding support service	Implementation of action plan within timescale	Complete June 2005	NHS Tayside St Andrews University	Queens Nursing Institute for Scotland £6,000 NHST £2,500
	Explore opportunities for further development of joint breastfeeding initiatives for agreed target groups	Development and implementation of action plan	From April 2005	NHS Tayside Dundee City Council Voluntary Organisation	To be identified
Develop a whole school approach to school meals	Continued implementation of the annual scheme for schools which will improve access and take up of healthier diet	Evaluation Report March 2005	From March 2005	Dundee Council Education Departments University of Dundee NHS Tayside	To be confirmed
Improve access to healthy food for people living in areas of greatest deprivation	Await outcome of consultation on draft Obesity Strategy	Implement Obesity Strategy Action Plan	From Autumn 2004	NHS Tayside  Dundee City Council University of Dundee	To be identified
Increase consumption of	Consider Food and Dudes approach, and explore	Recruitment of schools Obtaining support of teachers	12-month pilot is recommended	Education Dept Schools	To be confirmed

<b>Outcome</b>	<b>ACTION</b>	<b>MILESTONE</b>	<b>TIMESCALE</b>	<b>PARTNERS</b>	<b>RESOURCE</b>
fruit and vegetables	extension of the role of Eating for Health Assistants.	Training of Eating for Health Assistants Launch of intervention Completing of all schools in pilot Evaluation of results Publish/disseminate	before commencing a rolling annual programme. Can focus on Years 3 to 5 to build on fruit in schools and Hungry for Success.	NHS Tayside University of Dundee	
Create of an obesity service for children aged under 18	Design community-based service, run by trained counsellors using validated family therapy techniques to manage weight.	Implementation of clinics Audit results	18-month pilot with audit before deciding to roll out across Tayside. The pilot may focus on areas of deprivation, as obesity is higher in lower socio-economic groups.	Parents NHS Tayside School Nurses Teachers Dundee City Council	To be identified (estimated £59,000)
Develop a range of responses to promote healthy eating options targeted at young people aged 11 – 18 years.	Deliver training to young people focusing on cooking skills  Supply healthy options to Youth Cafés.  Create healthy eating toolkit.  Organise programme of healthy eating road shows targeting informal settings.	Full-time Youth Worker appointed September 2004.  Action Plan confirmed	September 2004 – March 2005	Communities Department, Leisure and Arts Department, NHS Tayside University of Dundee	Quality of Life Fund 2004/5 £50,000
Improve access to affordable weight	Roll out the “Winning Weigh” programme to areas where this type of	Completion of evaluation	2004/05	NHS Tayside HLI	Dundee LHCC Non-recurring £15,000

<b>Outcome</b>	<b>ACTION</b>	<b>MILESTONE</b>	<b>TIMESCALE</b>	<b>PARTNERS</b>	<b>RESOURCE</b>
management programme in areas of greatest deprivation	intervention has been identified as a need.				NHST £1,000 Funding for roll-out to be identified

## INCREASING PHYSICAL ACTIVITY

### Introduction

The strategic document "Let's Make Scotland More Active" a Strategy for Physical Activity (2002), produced by Scotland's Physical Activity Task Force confirmed the vital links between good health and a physically active lifestyle. Scotland's National Strategy for Sport "Sport 21" (2003-2007) set the following targets:

- 80% of primary school children to be physically active
- 85% of young people to be taking part in sport, in addition to the school curriculum, more than once a week
- 49% of young people over the age of 14 in Social Inclusion Partnership areas to be taking part in sport at least once a week.
- 55% of those aged 17-24 to be taking part in sport more than twice a week
- 43% of those aged 45-64 to be taking part in sport at least once per week

The social, environmental and lifestyle changes that have occurred over the past century can often make it hard for people to be active. This is having a serious effect on the health of the nation with a high incidence of obesity, heart disease, cancer and diabetes.

The recommended amount of moderate physical activity, to reduce risk of disease, that adults and children should do, is:

- 30 minutes on most days of the week for adults
- 60 minutes on most days of the week for children

Increased health benefits can be achieved if people do more and incorporate some vigorous activity two to three times per week. This type of activity will also help to improve individual physical fitness.

The draft of the Dundee Physical Activity Strategy (2004-2008) produced by a strategic working group involving representatives from local authority, primary and secondary healthcare providers endorses the national recommendations above and the recommendations form an integral element of the strategy.

Highlighted within the strategy are the key priority projects that will provide a focus for physical activity provision over the course of the next four years.

### Review

Dundee Joint Health Improvement Plan (2004-2005) prioritised a number of actions to increase physical activity:

- Ensure that every adult accumulates the benefits of moderate physical activity.
- Ensure that each person over 55 years of age has a programme of strength and balance training that continues for the rest of his or her life.
- Ensure that every child has access to quality physical education and the opportunity to be active.

Progress has been made towards all of the above JHIP priorities and is detailed below;

### **Physical Activity for Adults**

Actions have been identified, although progress has not been made, through a proposal for a pilot project incorporating the key elements of the National Jogging Network.

The development of a process to widen university clubs to community clubs and an increase in the integration of people from the non-student population into university clubs has commenced although limited progress has been made.

The Active for Life Scheme continues to provide physical activity sessions across the city.

The scheme is currently under review but has developed since its inception to incorporate an increased number of opportunities for participants within the scheme to participate in physical activity.

Scope still exists for additional GP practices to refer into the scheme and although a programme of training to meet the needs of primary care staff has not been developed, a number of training events have occurred to enable staff to carry out referrals into the Active for Life Scheme.

## **Physical Activity for Children**

Pre school activity has been developed through provision within community locations and will be extended across a greater geographical area during 2005 including public and private sector locations.

Support has been provided for children with additional support needs and from other socially excluded groups to be integrated into the programme of pre school physical activity.

Parents have been provided with the opportunity to become more actively involved in the session of pre school activity and have been provided with tips and ideas to enable them to extend the skills learned during the sessions into the home environment.

The N2:Sport project has piloted a successful programme of alternative physical activity has been developed for 8-14 year old children with an emphasis on dance type activity but also incorporating martial arts and aquatic activity.

## **The Future**

Increases in physical activity levels by adults and children in Dundee will be achieved by the development of effective partnership working facilitated through adoption of the Joint Health Improvement Plan proposals and be in accordance with the priorities identified within "Improving Scotland's Health: The Challenge" (2003).

Success or otherwise will only be determined by the ability of partners to access initial sources of funding to establish programmes of organised and incidental physical activity and ultimately to develop local ownership of the programmes to provide long term sustainability.

The provision of sustainable physical activity will be aided by successful partnership working and will assist towards the improvement of the health of the population of the citizens of Dundee.

## Physical Activity and Transport

The Scottish Executive has commissioned research on a Review of Joined Up Policy and Practice in Transport and Health. This research will consider the extent to which positive links have been made between local transport policy and health, in particular to activities that might increase physical activity. The review is due to finalise its report in June 2005 and there is therefore an opportunity for the partners to incorporate elements of its findings into the future actions of this plan.

### ACTION PLAN

Outcome	ACTION	MILESTONE	TIMESCALE	PARTNERS	RESOURCE
Ensure every child has quality physical education and the opportunity to be active	Development of Pre School Physical Activities Strategy	Completed strategy	January 2006	Leisure and Arts Education Social Work Early Years and Child Care Partnership NHS Tayside	£22,800 HAT funding
	Opportunities for pre-school children with disability, from minority ethnic groups and children living in social deprivation to be supported and integrated into a variety of local group settings	Implementation of programme city wide	Long Term 2005/2008		To be Identified
	Play in the home – project facilitating parental involvement and creative and productive play within	Process to be developed	2005/2008	Leisure and Arts Education Social Work Early Years and	To be identified



<b>Outcome</b>	<b>ACTION</b>	<b>MILESTONE</b>	<b>TIMESCALE</b>	<b>PARTNERS</b>	<b>RESOURCE</b>
	home environment			Child Care Partnership NHS Tayside	
	Increasing parental involvement – develop a variety of support mechanisms to encourage parents to become more involved in their child’s physical development	Process to be developed	2005/2008	Leisure and Arts Education Social Work Early Years and Child Care Partnership	To be identified to take forward multi-agency approach
	Further develop programme of alternative activities for 8-18 yr olds including the transition from primary to secondary and secondary to further education and/or employment to ensure physical activity levels in girls start to increase	N2:Sports Project Funky Feet classes have been successfully piloted for Primary School children.  Provision for Secondary School aged children to be developed	2005/2008	Communities Dept. Leisure and Arts Universities Education	To be identified  £40,000 requested from September 2006
	Healthy Lifestyles Project (Primary 6 to Primary 7) Encourage healthy lifestyle choices in the specific age group	Expansion of existing programme developed by the Youth Sport Development Project in SIP areas and expanded citywide to work with senior primary school children	2005/2008	Leisure and Arts Education NHS Tayside	To be identified
	Healthy Lifestyles Project (14-18 age group 7) Encourage healthy lifestyle choices in the specific age group	Expansion of existing programme developed by the Youth Sport Development Project working in secondary schools in former SIP 1 areas	2005/2008	Leisure and Arts Education NHS Tayside	To be identified
	Dundee out of school clubs physical activity programme	The continuation of the delivery of physical activity sessions to children within the	2006/2008	Leisure and Arts Education Dundee out of	(Funded confirmed up to 31 March 2006)

<b>Outcome</b>	<b>ACTION</b>	<b>MILESTONE</b>	<b>TIMESCALE</b>	<b>PARTNERS</b>	<b>RESOURCE</b>
		clubs and the training of club leaders to deliver the sessions		School Care Network Early Years and Childcare Partnership	To be identified
	Increasing levels of physical activity through the development and provision of a wide range of accessible activities out of school hours	The continuation of the N2:sports project to develop a range of sustainable opportunities for physical activity to those aged 5-18, with a particular focus on the Basic Moves Programme, the Alternative Activities Programme including dance and martial arts activities, Sports Specific Programme and the Youth Activities Programme for those in older age groups.	2006/2008	Leisure and Arts Education Communities	(Funded to September 2006) £50,000 per annum to be identified for Basic Moves.  £40,000 per annum to be identified for localised holiday programmes  £60,000 per annum for Sports Specific Programme.
	Community Gymnastics Programme	To develop a programme of physical activity provided through the introduction of a structured gymnastics programme	2005/2008	Leisure and Arts Education Communities	To be identified
Ensure every adult accumulates the benefit of moderate physical activity	National Jogging Network pilot in Lynch Sport centre to be explored.  Widening University Clubs to become Community Clubs (18-25 years) –	Pilot introduced  Implementation of University of Dundee Strategy for Sport	2005/2008  2005/2008	Leisure and Arts Sport Tayside  Universities Leisure and Arts Education	To be identified

<b>Outcome</b>	<b>ACTION</b>	<b>MILESTONE</b>	<b>TIMESCALE</b>	<b>PARTNERS</b>	<b>RESOURCE</b>
	explore and develop opportunities for non-students to access university sport clubs and programmes			Sport Tayside	
	Lowering Barriers to Participation in Community Physical Activity	Provide physical activity sessions in community locations. Provide corresponding crèche provision to enable parents with young children to participate	2007/2008	NHS Tayside Social Work Communities Dundee HLI	(Funded to 31 March 2007) To be identified
	Physical Activity Programmes for Adults in Later Life	Provide regular physical activity in community locations. Assist in reducing the risks of obesity, type 2 diabetes, C.H.D. stroke and hypertension. To reduce the risk of osteoporosis and certain cancers the prevention and management of stress, anxiety and depression. Promote prolonged independence among older adults.	2005/2008	NHS Tayside Leisure and Arts Communities Housing Social Work Dundee HLI	(Funded to 31 March 2005) To be identified
	Physical Activity Group St. Mary's Church Hall Lochee	Promote physical activity, as part of a healthy lifestyle, to a specific group of people who would otherwise be inactive. Improve mobility and flexibility, increase energy levels, improve sleep patterns,	2005/2008	NHS Tayside Diocese of Dunkeld Dundee HLI	To be identified

Outcome	ACTION	MILESTONE	TIMESCALE	PARTNERS	RESOURCE
		boost self-confidence and enhance mood. Provide physical activity in order to boost and sustain weight loss at no cost to the participants.			
	Implement appropriate recommendations from the Scottish Executive's Review of Joined Up Policy and Practice in Transport and Health	To be confirmed	2005-08	Dundee City Council Planning and transportation Department	To be identified
Patients with specific health problems will have the opportunity to participate in Physical Activity on Referral	<p>Examine the scope to expand the current Physical Activity on Referral Programme (Active for Life)</p> <p>Develop referral as a key area for the provision of physical activity</p> <p>Increase the number of referrers</p> <p>Review the current referral criteria</p> <p>Review the training for referrers</p> <p>Link with existing initiatives providing structured and unstructured physical</p>	<p>Establish the best use of resources (Best Value Review in progress)</p> <p>Identify correct procedures and protocols for healthcare and health and fitness professionals</p> <p>Identify specific knowledge and skills related to the referral process</p> <p>Develop links into regular physical activity programmes to maintain levels of physical activity following the supported referral period</p>	2004 on going	NHS Tayside Leisure and Arts Dundee LHCC	To be identified

Outcome	ACTION	MILESTONE	TIMESCALE	PARTNERS	RESOURCE
	activity  (Recurrent funding of £12,000 pa)				
	Cardiac Rehabilitation Phase 4 Training programme	People to continue to exercise after completion of the phase III exercise programme. Provide activity classes in community locations. Provide appropriate, enjoyable, safe and effective exercise. Provide a link with the Cardiac Rehab Team for advice and information. Promote regular independent exercise as part of a healthy lifestyle and provide education and support regarding exercise.	2005 Ongoing	NHS Tayside Dundee University Leisure and Arts Communities	To be identified
	Pulmonary Rehabilitation Maintenance training programme	People to continue to exercise after completion of a pulmonary rehabilitation physical activity programme. Provide activity classes in community locations. Provide appropriate, enjoyable, safe and effective exercise.	2005 Ongoing	NHS Tayside Leisure and Arts Dundee University Communities	(Funded to 31 March 2005) To be identified

## **ENCOURAGING AND ENABLING EARLY HELP TO IMPROVE MENTAL WELL BEING**

The Dundee JHIP (2003-04) stated the importance of improving mental well-being and began the process of developing a co-ordinated approach to this for Dundee.

A Mental Health and Well-being Group was established which carried out two scoping exercises. The first of these identified current work on mental health promotion, while the second exercise identified both training opportunities and training requirements for mental health promotion. The priorities of the National Programme for Improving Mental Health were used as a framework for these exercises.

The main finding of the first exercise showed that, while some organisations recognised that they carried out mental health promotion, much of this was described in general terms or deemed to be implicit within the work. This finding would suggest that there is a need for basic awareness raising about mental health and well-being across many organisations before we can begin to address specific mental well-being issues.

The second exercise confirmed the above. There seems to be a limited amount of training available on a multi-agency basis despite a large amount of mental well-being issues arising in the course of people's work. While there were training needs identified for some specific issues, most organisations stated a wide range of requirements for training.

It was possible to pick out different training themes: general themes related to the promotion of mental health and well-being, and addressing stigma; specific themes related to mental health problems or to a particular client group.

In summary then, there seems to be a picture emerging of a lot of work being undertaken related to mental health and well-being, but a workforce who would benefit from both a broader understanding of what comprises mental health promotion and a more in-depth knowledge of mental health issues relevant to the particular clients.

In order to address these issues, this JHIP focuses initially on increasing the mental health promotion capacity of partners through suitable training and education. This will be multi-agency to allow for a sharing of networks and resources. It includes a component which is about general awareness raising of mental health and well-being and how that can be promoted, as well as more specific components relating to the needs of particular client groups e.g. young people, depressed mothers, older people.

It is important to recognise that there is a substantial amount of existing work within both the statutory and the voluntary sectors supporting people with a variety of mental health and well-being issues. The JHIP is designed to ensure this work is supported and further developed. Finally, there are two other initiatives in place – firstly, Choose Life, the suicide and self-harm reduction strategy and secondly, the establishment of counselling services within Primary care.

## ACTION PLAN

OUTCOME	ACTION	MILESTONE	TIMESCALE	PARTNERS	RESOURCE
Consolidate the role of the Mental Health Promotion Network.	<p>Ensure links between the Network and the Community Planning process.</p> <p>Ensure relevant priorities of the National Programme for Mental Health Improvement are included as appropriate in joint planning.</p>	<p>The Network is recognised as a key link for identifying and addressing issues of mental health promotion within the Community Planning framework.</p> <p>National priorities are linked to the local situation in Dundee and reflected in the JHIP.</p>	Ongoing.	Dundee City Council, NHS Tayside, Voluntary Sector,	<p>Within existing resources.</p> <p>Within existing resources.</p>
Improve general awareness of the concept of positive mental health and well-being within the workforce and the community.	<p>Explore opportunities for developing training for trainers to improve partners' capacity for mental health promotion.</p> <p>Support a multi-agency training programme which raises participants' awareness and understanding of mental health promotion.</p>	Deliver training programmes.	2005-6.	Dundee City Council, NHS Tayside, Voluntary Sector,	To be identified.
Ensure workforce is	Carry out a detailed	Report to Health Action	2006-7.	Dundee City Council,	To be identified.

<b>OUTCOME</b>	<b>ACTION</b>	<b>MILESTONE</b>	<b>TIMESCALE</b>	<b>PARTNERS</b>	<b>RESOURCE</b>
equipped to deal with specific mental health and well-being needs of client groups	<p>training needs analysis for those working with a range of client groups.</p> <p>Develop materials, resources and training packages to address identified needs.</p>	<p>Team on findings and develop proposal for training programme.</p> <p>Deliver training programmes.</p>		NHS Tayside, Voluntary Sector,	
Improve support available to voluntary and statutory organisations to develop and sustain self-help/support groups.	Develop methods and tools that assist organisations in establishing sustainable groups, which improve mental well-being.	Network of self-help/support groups in place as part of the city's strategy for mental health promotion.	2006-7.	Voluntary, Community Sectors, DHLI, NHS Tayside.	To be identified.
	Explore the possibility of expanding the unmet needs pilot on mental health and well-being.		2006-8.	Voluntary, Community Sectors, DHLI, NHS Tayside.	To be identified.



## **SEXUAL HEALTH**

Sexual health and well-being is a major public health challenge. Sexual ill-health is common and increasing:

- Sexually active individuals are at risk of a range of sexually transmitted infections (STI); Chlamydia trachomatis is the most prevalent bacterial infection.
- Teenage conceptions in Scotland are amongst the highest in Western Europe and Dundee city continues to have one of the highest rates in Scotland.

Poor sexual health is commonly associated with poverty and social exclusion. In Tayside, the pregnancy rate among 13-15 year olds is a prime concern, particularly in areas of deprivation where rates are the highest in Europe. The poorest areas have six times as many teenage mums as the most affluent areas. Teenage mothers are more likely to have low birth weight babies, be dependent on state benefits, and have a poor knowledge of child development.

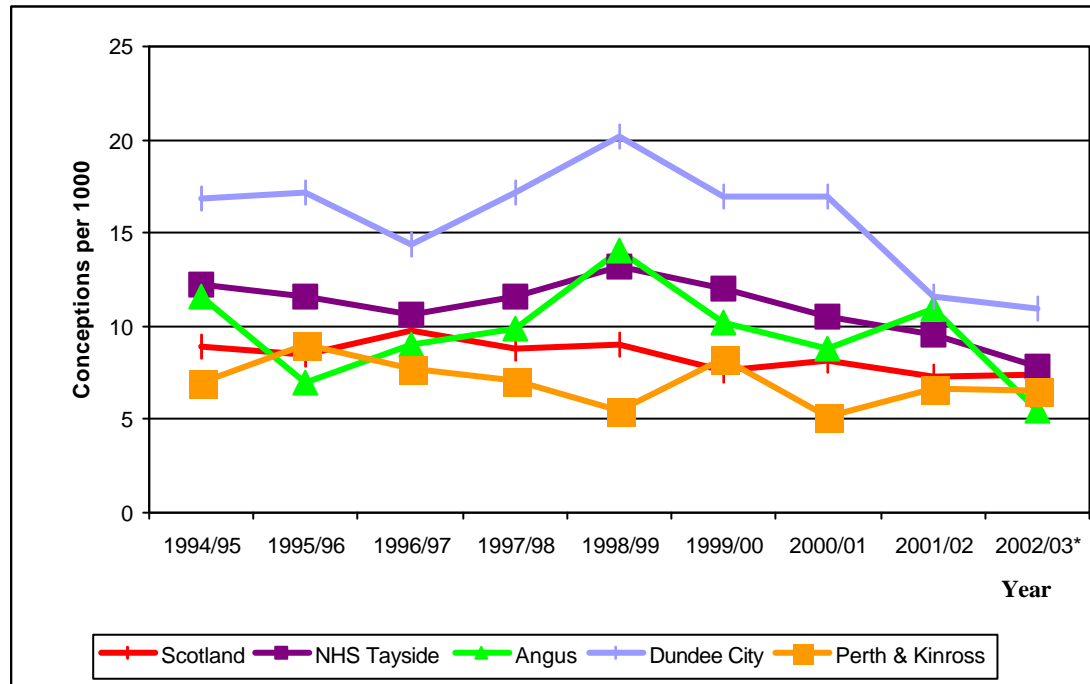
NHS Tayside and the Community Planning Partners have already begun to take action that will improve sexual health. We have been working with partners in the community and with colleagues in education to provide advice for young people as well as improved access to a range of services, for example The Corner and Caledonia Youth. However, we also need to tackle the wider issues of poverty, low self-esteem and poor aspiration. We must strive to foster a more collective ownership in order to balance the social and medical models of health.

The situation is improving, but enhancing sexual health and well-being is a long-term issue that will require sustained action across the range of agencies and with the community. NHS Tayside is developing a local Sexual Health and Relationships Strategy that will tackle sexual ill health and create a more positive approach to sexual well-being that recognises of the wider societal and media influences and the importance of multi-agency Sexual and Relationships Education (SRE) on sexual health.

### **Teenage conception**

Over time, Dundee City has had a consistently much higher rate of conception in the 13-15 age group than Scotland and the other Tayside areas. The most recent figures on teenage pregnancy show a substantial and sustained reduction in Dundee - the best figures since 1991. Although the rate remains the amongst the highest in Scotland, Dundee City has already reduced teenage conception in 13-15 year olds by more than the 20% national target set between 1995 and 2010. There is an association between deprivation and teenage conception rate.

### Rate of teenage conceptions per 1000 females age 13-15 years



Notes: \*2002/03 figures are provisional  
 Source: SMR01 and SMR02; ISD Online

## **Abortions**

In those under 16, pregnancy is much more likely to end in a termination than in a delivery. In young women aged 16-19, the proportion of conceptions ending in termination has been consistently around 40% over time.

### **Pregnancy outcomes in Tayside women aged 16-19 years**

<b>Year</b>	<b>Delivered</b>	<b>Aborted</b>	<b>Total pregnancies</b>	<b>Percentage aborted</b>
1991	525	384	909	42.2
1992	512	330	842	39.2
1993	495	394	889	44.3
1994	430	296	726	40.8
1995	435	302	737	41.0
1996	435	311	746	41.7
1997	464	321	785	40.9
1998	450	327	777	42.1
1999	443	319	762	41.9
2000	452	322	774	41.6
2001	458	318	776	41.0
2002	397	300	697	43.0

*Source: GRO online*

### **Sexually Transmitted Infections (STI)**

In Tayside, the number of diagnoses of chlamydia is increasing. This may be partly due to increased awareness encouraging people to access Genito-urinary Medicine (GUM) clinics for screening. The latest figures available for chlamydia show this trend in males and females.

**Number of diagnoses of Chlamydia for new patients seen at GUM clinics in Tayside age 15-64: Numbers and rate per 100,000 population**

<b>Year ending:</b>	<b>Mar 1996</b>	<b>Mar 1997</b>	<b>Mar 1998</b>	<b>Mar 1999</b>	<b>Mar 2000</b>	<b>Mar 2001</b>	<b>Mar 2002</b>
<b>Females:</b>							
No.	103	106	186	164	270	321	320
Rate	80	82.9	146	129.7	214.2	249.9	250.1
<b>Scotland rate</b>	<b>48.1</b>	<b>58.9</b>	<b>74.2</b>	<b>87.8</b>	<b>111.8</b>	<b>121.4</b>	<b>151.0</b>
<b>Males:</b>							
No.	89	83	91	99	150	218	214
Rate	70.3	66	72.6	79.7	121.1	175.5	175.5
<b>Scotland rate</b>	<b>46.7</b>	<b>49.3</b>	<b>58.7</b>	<b>72.9</b>	<b>90.6</b>	<b>115.4</b>	<b>133.9</b>

Source: ISD Scotland

## Action Plan

The Tayside Sexual Health Strategy will shape and inform the Joint Health Improvement actions required to address the sexual health needs of the population of Dundee. The actions will include a number of initiatives across Tayside, including improved access to specialist and community services. Further work is required to explore and agree the Joint Health Improvement outcomes and actions for Dundee.

OUTCOME	ACTION	MILESTONE	TIMESCALE	PARTNERS	RESOURCE
Improve Sexual Health for Young people	Agree local Joint Health Improvement Priorities	Priorities agreed	March 2005	NHS Tayside Dundee City Council HLI The Corner	Within Existing
	Develop Joint Health Improvement Action Plan for Sexual Health	Action Plan developed	April 2005		Within Existing
	Implement action plan	Action Plan implemented	From April 2005		To be identified
Ensure young people have appropriate information, advice and drop in services that will promote and support a culture of understanding and respect for their bodies, emotions and relationships	Provision of integrated sexual health service in schools  Review school nursing resources and identify targeting of services	Integrated service in place	To be agreed	NHS Tayside Dundee City Council HLI The Corner	To be identified
Ensure a consistent approach to sexual health and relationships education	Explore opportunities for joint training for health professionals, teachers, social work staff, and the voluntary sector	Joint Training in place	To be agreed	NHS Tayside Dundee City Council Voluntary Organisations	To be identified

<b>OUTCOME</b>	<b>ACTION</b>	<b>MILESTONE</b>	<b>TIMESCALE</b>	<b>PARTNERS</b>	<b>RESOURCE</b>
Improve services to those who have experienced sexual assault	Formal review of services by planning partners	Completed review and proposals	To be agreed	NHS Tayside Dundee City Council Tayside Police Voluntary Organisations	To be identified

## IMPROVING ORAL AND DENTAL HEALTH

A healthy mouth is an asset to be prized. Yet, despite some improvements in oral health over the last thirty years, too many people in Scotland still suffer from tooth decay and other oral diseases. This brings attendant miseries of pain, infection, disfigurement, absence from school and occasionally even more serious consequences. Nationally, children from the most deprived areas are three times more likely to have already had dental decay at the age of five years than children from the least deprived area, and these trends are replicated locally.

Dental decay is a preventable disease and establishing a good oral hygiene regime from an early age is essential. Tackling children's dental health from their early years will ultimately lead to an improvement in adult oral health. As a foundation of this work, all children at the age of 8 months to one year will receive packs of free toothpaste/brush plus information to parents about how to correctly brush their children's teeth. In areas of need, further packs will also be distributed to those aged two and three years of age. The Health Visitor network distributes these packs and the Scottish Executive funds this continuing national programme for a further two years. Further free toothpaste/brushes will also be distributed at nursery schools.

Partners will continue to develop a supervised tooth-brushing programme targeting children under five in nursery schools. All nurseries are offered this programme and currently 56% of children in Dundee are participating in the programme. Further opportunities to enrol in this programme will continue to be made available.

In Dundee, we will implement a supported tooth-brushing programme targeting primary one children in all Dundee primary schools. This will improve current levels of dental health and help to establish regular tooth brushing habits among young children in the city. We will also develop a crosscutting approach by linking this oral health initiative to the national school nutrition programme 'Hungry for Success'.

In identified high dental risk primary schools, partners will be offering parents the opportunity to enrol their primary one children in a clinical preventive treatment scheme. This fissure-sealing programme on posterior permanent teeth is designed to stop tooth decay attacking the vulnerable biting surfaces and preserve sound teeth.

Partners will continue to develop the National Dental Inspection Programme. This programme inspects the dental health of all children in primary one and primary seven annually. Anonymised results on a school basis are sent to all primary school head teachers in Dundee and to the Education Service Managers at Dundee City Council. From these results, partners can plan and direct their services into those areas where the dental health needs are greatest.

The dental education/promotion programme, 'Toothnology', developed by the specialist health promotion service at NHS Tayside will continue to be utilised across Dundee to improve dental health understanding, promotion and the prevention of dental disease. This resource is available to individual schools, teachers or specialised staff and can be tailored to address particular needs or requests.

## Action Plan

Outcome	Action	Milestone	Timescale	Partners	Resource
Improve oral/dental health by establishing regular tooth brushing habits in young children	Implementation of the supported tooth brushing programme targeting primary one children in all Dundee primary schools	Review supported tooth brushing programme at end of school year in June 2005  Evaluation of oral health outcomes – 2006-2007	2004-2005	NHS Tayside Community Dental Health Service Education Dept	Quality of Life funding for two years  £50,000  Non-recurring Oral Health Strategy funding £27,500
	Continuation of the distribution of free toothpaste/brushes by Health Visitors to all aged 8mnths – 2yrs and those aged 2 and 3 years in areas of need	Six monthly returns to SE of numbers distributed and to which areas  Evaluation through the results of the annual NDIP and levels of tooth decay	2004-07	Scottish Executive, NHS Tayside	Central funding from Scottish Executive
Continue to establish good oral hygiene in young children	Supervised tooth-brushing in nursery schools. Distribution of free toothpaste/brush packs	Expansion of the scheme  Evaluation of levels of tooth decay from NDIP results	Ongoing	NHS Tayside, Dundee City Council, Scottish Executive	NHS Tayside Oral Health Strategy Scottish Executive
Prevent tooth decay in permanent posterior teeth	Clinical fissure sealant treatment in identified high caries risk schools	Offered to all primary one children in 6 high caries risk schools  Evaluation from NDIP survey results	Ongoing	NHS Tayside, Dundee City Council	Research and Development funds £3,000



<b>Outcome</b>	<b>Action</b>	<b>Milestone</b>	<b>Timescale</b>	<b>Partners</b>	<b>Resource</b>
Improve dental health education/promotion campaign	Offered to all departments in NHS and Dundee City Council	Evaluation from participants in the programme and from beneficial changes to dental health	Ongoing	NHS Tayside, Dundee City Council	NHS Tayside Oral Health Strategy
Improve targeting of services to areas of greatest need	Undertake annual NDIP surveys of all primary one and primary seven children	Production of annual report, distributed to all primary school head teachers and Director of Education	Ongoing	NHS Tayside, Dundee city Council	NHS Tayside Oral Health Strategy

## **IMPROVING MEN'S HEALTH**

The Tayside Health Inequalities Strategy highlighted the following issues in relation to men's health

- ❑ The life expectancy of men is considerably lower than in women
- ❑ Life expectancy in Dundee City males is three years less than those in Angus and almost four years less than men in Perth and Kinross.
- ❑ Health outcomes in deprived communities are worse than in more affluent communities in Tayside
- ❑ High prevalence within ethnic minority communities of a range of health conditions such as CHD, diabetes and hypertension
- ❑ The increase of sexually transmitted infections
- ❑ Domestic abuse
- ❑ Death rates from suicide and self-inflicted injury
- ❑ Access to services for deprived areas and a need for culturally sensitive services

The Dundee Joint Health Improvement Plan 2004-2005 identified as a priority area the need to improve life expectancy for men living in Dundee. The action agreed was to examine the potential for current and future health programmes to improve the health of men in the lowest socio-economic groups on the basis of evidence-based practice. A new men's health project will fulfil this by working towards addressing the risk factors, individual responses and lack of access to services which contribute to reduced life expectancy in men in Dundee City.

The MACH4 Health Project, which should be established by December 2004, aims to tackle men's health through providing comprehensive health checks and follow up of identified needs within community venues. The main focus will be on areas of deprivation and hard to reach groups. This is a pilot project which has been funded through the Scottish Executive for 18 months, after a successful bid by NHS Tayside for £388,000. The project will employ 7 nurses and admin support and will include a skill mix which will provide a range of follow up support, including smoking cessation, weight management and individual counselling. Partners, including Dundee City Council and Dundee Healthy Living Initiative, will provide elements of the project and will link with project workers to ensure that the work of MACH4 Health is integrated into existing activity. Males from the target communities will be encouraged to become closely involved in the project.

A national evaluation will be carried out to identify good practice in engaging with men in communities and identifying and addressing their health needs. Locally, sustainable elements will be identified and an exit strategy formulated and implemented.

## **Action Plan**

Outcome	ACTION	MILESTONE	TIMESCALE	PARTNERS	RESOURCE
<p>Improve life expectancy for men living in Dundee</p>	<p>MACH4 Health pilot project to provide health checks and follow up of identified needs for men, primarily those from communities of high deprivation and from hard to reach groups</p>	<p>December 2004 – team recruited  June 2005 - Regular clinic sessions    Groups for follow up set up and functioning    Partnerships and community involvement established    May 2006 - Evaluation data analysed including qualitative feedback from target groups  Sustainable elements of project identified    Exit strategy implemented</p>	<p>December 2004 – May 2006</p>	<p>Tayside NHS Board  Dundee City Council  Dundee Healthy Living Initiative</p>	<p>Scottish Executive    £388,000</p>

## **ADDRESSING HEALTH AND HOMELESSNESS**

The needs of homeless people in Dundee have been set out in a number of strategic documents e.g. NHS Tayside's "Health and Homelessness Implementation Plan 2003-2007" and Dundee City Council's "Dundee's Homelessness Strategy 2003-2006". These needs have been identified through local consultation with mainstream and specialist service providers from statutory and voluntary agencies and through consultation with homeless people themselves.

Dundee Joint Health Improvement Plan 2004-2005 prioritised a number of actions to tackle homelessness. These were:

- Undertaking health and social care needs assessment.
- Developing a joint training programme for all staff.
- Agreeing and implementing multi-agency protocols on discharge planning.
- Developing appropriate needs led service provision.

Significant progress has been made in these areas. An assessment of the health and social care needs of homeless people has been carried out by Dundee Local Health Care Co-Operative, through consultation with homeless people from a range of backgrounds and with professionals working with the homeless. Aspects of the present JHIP action plan are based on results from this.

A training programme on specific needs of homeless people is about to be piloted. This is led by Dundee City Council and has been devised by SHELTER. However, additional resources will need to be identified to ensure sustainability.

A multi-agency working group has agreed standards for discharge planning and is about to consult wider on these. Implementation of the standards will have significant resource implications for all service providers.

Further development of appropriate needs led service provision can be measured by the success of this JHIP.

## **ACTION PLAN**

<b>Outcome</b>	<b>ACTION</b>	<b>MILESTONE</b>	<b>TIMESCALE</b>	<b>PARTNERS</b>	<b>RESOURCE</b>
Establish appropriate advocacy support.	Review of current advocacy plans.	Development of Action plan	By December 2004	NHS Tayside, Dundee City Council, Voluntary Sector	To be identified.
	Establish plans for access to advocacy.	Plans agreed and implemented	By April 2006.		
Improve access to services for homeless people and those at risk of homelessness	Undertake pilot study to establish evidence of effectiveness of outreach health services to homeless people	Evaluation of pilot	March 2005	NHS Tayside Dundee City Council Voluntary sector Scottish Executive	Funding for pilot identified from Scottish Executive
	Identify means to ensure sustainability	Sustainability achieved	September 2006	NHS Tayside Dundee City Council Voluntary organisations	Funding to be identified
Provide supported accommodation to long term hostel residents with unmet health and social care needs	Develop action plan to meet identified need	Implementation of Action Plan	April 2005	Homelessness co-ordinating group Hostels sub-group	Within existing resources
	Agree strategic organisational responsibilities for provision of accommodation and client support	Agreement Reached	April 2006	Dundee City Council Voluntary sector NHS Tayside	To be identified
Improve awareness of specific needs of young people with regard to	Build on existing multi-agency working and good practice through the youth housing group	Delivery of training to schools using the "Streets ahead" information packs	June 2005	Youth Housing Group Dundee City Council NHS Tayside	To be confirmed

<b>Outcome</b>	<b>ACTION</b>	<b>MILESTONE</b>	<b>TIMESCALE</b>	<b>PARTNERS</b>	<b>RESOURCE</b>
Homelessness				Voluntary Sector	
Engage with homeless people to enable them to participate effectively in planning future service developments	Identify means to engage effectively with homeless people from a variety of backgrounds	Sustainable consultation process in place	Views of homeless people already sought for Dundee Community Health Partnership assessment of need  February 2005	Homeless people Voluntary organisations Dundee City Council NHS Tayside	Within existing resources
Ensure that organisational responsibilities, departmental boundaries and protocols allow for service delivery for all homeless presentations	All agencies involved in the care and management of homeless people agree a means to improve interagency communication at all levels in their organisation	Mechanism in place to ensure good communication		NHS Tayside board DAAT Dundee City Council Voluntary organisations	Within existing resources
Develop discharge protocols for homeless and vulnerable people	Review existing standards for discharge of homeless and vulnerable people	Completion of standards and recommendations by discharge planning group  Establishment of agreed discharge framework	January 2005  April 2005	NHS Tayside Joint local authorities Voluntary organisations	Within existing resources  Resources to be identified
Reduce stigma and discrimination	Development of effective package of inter agency training on specific needs of	Agree training programme	June 2005	NHS Tayside board Dundee City	Resources to be identified

<b>Outcome</b>	<b>ACTION</b>	<b>MILESTONE</b>	<b>TIMESCALE</b>	<b>PARTNERS</b>	<b>RESOURCE</b>
	homeless people	Identify resources required and means to implement		Council Voluntary organisations	
Ensure the promotion of better health for homeless people	Allocation of Specialist Health Promotion Worker for Dundee  Input to local Health and Homelessness Group  Provision of appropriate resource materials	Named person allocated  Role agreed	July 2005	NHS Tayside Dundee City Council Voluntary Sector	To be identified

## TACKLING DOMESTIC ABUSE

Following local government reorganisation in 1996, Dundee Domestic Abuse Forum was established to take over the work of the previous Women and Violence Working Group. The Dundee Domestic Abuse Forum developed a multi-agency treaty, which was adopted by Dundee City Council on 28th March 2001. The treaty states that:

*This forum is a partnership opposed to domestic abuse in all its forms - emotional, physical and /or sexual. It is committed to taking all steps within its power to eradicate domestic abuse and raise awareness of the affects of domestic abuse on women and children.*

*The partners pledge to achieve this by adoption of aims and good working practices which reflect recognition of their responsibilities as partners in multi- agency work practices, as public services, employers and as an influence on public opinion and attitudes.*

*The partners will monitor and review policy and procedures regularly and will encourage the development of relevant programmes and good practice. They will continue to participate in and develop inter-agency responses to domestic abuse and work together to improve the service provided to women and children in Dundee.*

Tayside recorded a higher rate of incidents of domestic abuse reported to police than the Scottish average. When local authority areas are compared, Dundee City has the highest rate of reported incidents of domestic abuse in Scotland at 1,264 per 100,000 compared with 1,117 per 100,000 reported incidents in Glasgow City and 1,089 per 100,000 in Aberdeen City.

### Domestic abuse recorded by police 1<sup>st</sup> January – 31<sup>st</sup> December 2002

	No. Incidents	No. Incidents per 100,000 population
Scotland	36,010	712
Tayside	3,409	880
Angus	773	715
Dundee City	1,823	1,264
Perth and Kinross	813	602

Source: Scottish Executive



## ACTION PLAN

OUTCOME	ACTION	MILESTONE	TIMESCALE	PARTNERS	RESOURCE
Implement guidelines for health care workers for NHS Tayside	Develop a Tayside-wide strategy for domestic abuse.  Develop a Tayside-wide education and training strategy.  Develop a Tayside-wide workplace strategy	Strategies agreed and action plans implemented	By August 2005	Dundee City Council, voluntary organisations, NHS Tayside	To be identified and some initially via SEHD.
Identify unmet needs for Dundee.	Undertake needs assessment.	Action Plan developed	By December 2004	Dundee City Council, voluntary organisations, NHS Tayside	NHS Tayside
Improve access to services for those who suffer domestic abuse	Agreement of integrated multi-agency care pathway for those who suffer domestic abuse	Implementation of agreed care pathway	2006	Dundee City Council, voluntary organisations, NHS Tayside	To be identified
Improve coordination of services and information for people affected by domestic abuse	Provide domestic abuse co-ordinator for Dundee Domestic abuse forum	Coordinator in place	2005	Dundee City Council, voluntary organisations, NHS Tayside Dundee Domestic Abuse Forum	To be identified
Prioritise domestic abuse at a strategic level	Key agencies provide strategic input to domestic abuse forum	Agencies provide strategic lead	2005	Dundee City Council, voluntary organisations, NHS Tayside Dundee Domestic Abuse Forum	Within Existing

OUTCOME	ACTION	MILESTONE	TIMESCALE	PARTNERS	RESOURCE
Provide supportive resources for professionals / practitioners	Develop a Tayside-wide resources pack.		By July 2005	Dundee City Council, voluntary organisations, NHS Tayside	PHO identified. SEHD funding.

## **Dundee Healthy living Initiative**

Dundee Healthy Living Initiative has 4 key aims, which are to:

1. Develop local responses to health issues
2. Provide health advice and information
3. Help bring health services into the community
4. Ensure that local people are involved in decision-making processes

The overarching purpose of the project is to improve health and reduce health inequalities through implementing a range of objectives including physical activities, healthy eating sessions, health talks on a variety of topics, training initiatives, Health Information Points, health checks, weight reduction classes, Health Forums and initiatives to improve mental well-being.

The multi-disciplinary team operates in deprived communities using a community development approach, which means that local people identify their own health needs and issues as well as appropriate action to address these. The project collaborates with relevant others to deliver each activity, offering healthy opportunities in a variety of local venues across the city. Offering health services and activities in non-threatening local venues ensures that local people can easily access the support they require to adopt healthier lifestyle behaviours.

The project also has a significant role to play in building the capacity of local people to take control of issues affecting their health and well being and offers a range of opportunities for communities to influence decisions concerning health improvement and service delivery at a strategic and local level. This includes establishing and supporting local Health Forums, providing formal and informal training and involving local people in the management of the project through a Community Sub Group. The involvement of local people on a number of levels, ensures that a community voice and perspective is included in the development of all plans and strategies, which impact on health inequalities and can promote good health in deprived communities over the longer term.

The Healthy Living Initiative benefits all residents living in designated deprived communities in Dundee, who have poor health status and experience many of the most significant health inequalities in Tayside. There is a specific focus on parents, the unemployed and older people and the project has attracted participation from hard to reach groups such as those from ethnic minority communities and men.

In 2003-4, the Healthy Living Initiative achieved, and in many cases, exceeded the targets set out in the Joint Health Improvement Plan. This included:

### Healthy eating initiatives

7 cooking skills courses with a total of 50 participants

20 one-off cookery demonstrations with 363 people taking part

### Weight reduction classes

5 weight reduction classes with approximately 50 people attending on a regular basis.

### Physical activity sessions

15 exercise groups were established with an average of 17 people attending each week.

### Mental well being sessions

6 courses in complementary therapies with an average of 7 local people attending each course.

22 one-off therapy sessions with a total of 189 participants.

8 local people completed "Feel Good" training and acted as volunteers.

### Health Information Points

1,341 Health Information Point consultations took place, with 74 referrals to mainstream health services.

### Health Checks

614 health checks took place with 74 referrals.

The following priorities are targeted towards people living within designated deprived communities in the city, with the aim of improving health and well being, reducing health inequalities and enhancing quality of life:

### ACTION PLAN

Outcome	ACTION	MILESTONE	TIMESCALE	PARTNERS	RESOURCE
Increase levels of physical activity	Promote, support and co-ordinate a range of exercise opportunities appropriate to need and	Annual target of 150 participants per week	Until March 2007 Annual targets reviewed each year	DHLI, NHS Tayside, Dundee City Council, the community and	Big Lottery Fund, Health Improvement Funds,

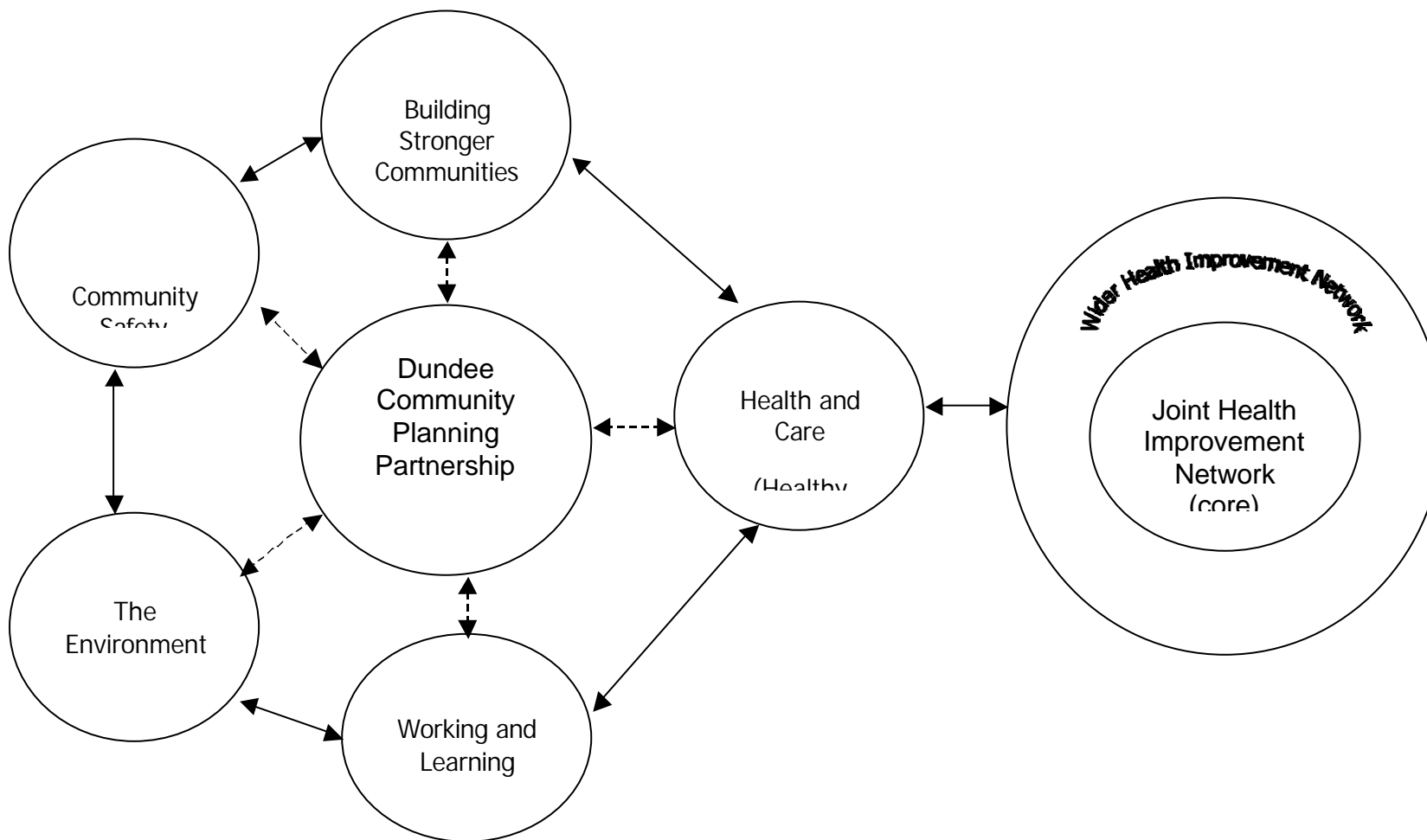
<b>Outcome</b>	<b>ACTION</b>	<b>MILESTONE</b>	<b>TIMESCALE</b>	<b>PARTNERS</b>	<b>RESOURCE</b>
	ability.			voluntary sectors	Community Regeneration Fund, NHS Tayside, Dundee City Council
Encourage healthy eating	Support the development of skills and knowledge through provision of workshops and cooking skills courses.  Provide weight reduction classes for people who cannot attend GP practices or afford private slimming clubs.	16 workshops per year with 160 participants 4 courses per year with 24 participants  5 courses per year, 12 participants each	As above	DHLI, NHS Tayside, Dundee City Council, the community and voluntary sectors	As above
Improve local access to Health Services	Provide Health Information Points in deprived communities. Provide Health checks and screenings. Provide health talks in a range of local settings.	1,000 contacts per year  500 contacts  40 talks per year, 400 participants	As above	DHLI, NHS Tayside, Dundee City Council, the community and voluntary sectors	As above
Improve mental health and well being	Develop and deliver courses to deal with a range of mental health issues. Offer relaxation and complementary therapy workshops.	4 courses per year  12 sessions per year, 8 participants each  20 sessions per year	As above	DHLI, NHS Tayside, Dundee City Council, the community and voluntary sectors	As above

<b>Outcome</b>	<b>ACTION</b>	<b>MILESTONE</b>	<b>TIMESCALE</b>	<b>PARTNERS</b>	<b>RESOURCE</b>
	Awareness raising/ de-stigmatising sessions				
Improve standards of community engagement and capacity building	Local involvement in organising and delivering activities. Training for local people to deliver activities. Delivery of Health Issues in the Community workshops.	20 people 20 people 20 people	As above	DHLI, NHS Tayside, Dundee City Council, the community and voluntary sectors	As above
Increase number of community representative and decision making organisations	Support local people to participate in the management of the DHLI and other decision making forums through: Community Sub Group Health Forums Health Network	20 meetings per year	As above	DHLI, NHS Tayside, Dundee City Council, the community and voluntary sectors	As above
Improve men's health and well being	Develop and support a range of non-clinical activities to promote good health, build capacity and reduce health inequalities of men in deprived areas of Dundee	Accessing funding for 3 men's health development workers to enhance and complement the work of the DHLI and MACH 4 initiative	Identify funding in 2004/5 to run until 2008	DHLI, NHS Tayside, Dundee City Council, the community and voluntary sectors	Community Regeneration Fund

### Action Plan – Discover Health and Developing Effective Practice

<b>Outcome</b>	<b>ACTION</b>	<b>MILESTONE</b>	<b>TIMESCALE</b>	<b>PARTNERS</b>	<b>RESOURCE</b>
Increase the provision of health information available to the local communities within the library setting	Continue to support the existing 5 libraries in the areas of deprivation  Roll out to the other 9 libraries	Increased hits on the DCC Health Information Web Site	Roll out in place by March 2006	DCC HLI NHS Tayside	Funded via HIF
Improve access to training on health promotion for multi agency staff	Continue to deliver “Developing Effective Practice” to increase health promotion capacity and best practice in local communities	Completion of Developing Best Practice short course	2005	NHS Tayside, NHS Health Scotland, Robert Gordon University	Self Funded

Dundee Health Improvement and Community Planning





This diagram seeks to show the relationship between the Health Improvement Network, Healthy Dundee and the Community Planning Framework. It does not show the many linkages between Health Improvement Planning and mainstream service planning and delivery.

**Group Membership (2004/2005)****Healthy Dundee**

Peter Allan, Dundee City Council

Allyson Angus, NHS Tayside

Paul Ballard, NHS Tayside

Alan Baird, Dundee City Council

Phyllis Easton, NHS Tayside

Julia Egan, NHS Tayside

Allison Fannin, Dundee Local Health Care Co-Operative

Steve Grimmond, Dundee City Council

David Lynch, Dundee Local Health Care Co-Operative

Stewart Murdoch, Dundee City Council

Lucy Rennie, NHS Tayside/ Dundee Local Health Care Co-Operative

Carole Robertson, Dundee City Council

Caroline Selkirk, NHS Tayside

Lucinda Tucker, Young Carer's Partnership

Lina Waghorn, Dundee City Council

Peter Williamson, NHS Tayside (chair)

Morna Wilson, Dundee Voluntary Action

**Joint Health Improvement Network (core)**

Beverley Black, Dundee Healthy Living Initiative

Mary Colvin, NHS Tayside

Dee Craven, NHS Tayside

Phyllis Easton, NHS Tayside

Bill Findlay, Dundee City Council

Allison Fannin, Dundee Local Health Care Co-Operative (Chair)

Katrina Finnan, Dundee City Council

Pete Glen, Dundee City Council

Neil Gunn, Dundee City Council

John Hosie, The Corner

Nancy MacFarlane, Dundee Local Health Care Co-Operative

Heather McGregor, Dundee Local Health Care Co-Operative

Sheila McMahon, Dundee Healthy Living Initiative

Sheila O'Donnell, OPEN Project

Kevin Rattray, Dundee City Council

Lucy Rennie, NHS Tayside / Dundee Local Health Care Co-Operative

Carole Robertson, Dundee City Council

Lyn Smith, Carer's Voice

Sylvia Sommerville, NHS Tayside

Morna Wilson, Dundee Voluntary Action

Margaret Winton, Dundee City Council/ NHS Tayside