

# FORUM

34TH EDITION  
AUGUST 2004

## SUPPORTING & DEVELOPING HEALTHY COMMUNITIES

*The Challenge* recognised that the communities we live in can have a considerable influence on our health, and that inequalities exist between the health of the worst off and the health of the better off within Scotland's communities. Its 'Community' pillar set out an approach that would build on existing work that seeks to

- encourage, support and enable individuals and communities to take shared responsibility for their health and to work together to bring about improvements
- support action to address poverty, housing, the environment, socio-economic circumstances and other factors that affect good health and contribute to inequality.
- It identified a number of priorities and actions for the Scottish Executive and key partners, including COSLA, NHS Scotland, NHS Health Scotland, voluntary and community sectors, in relation to, for example:
  - Continuing action to improve life circumstances of communities by tackling low income and poverty.
  - Maximising the health improving potential of community plans and community-based organisations/initiatives.
  - Supporting the development of capacity and ways to promote community involvement and empowerment to deliver health improvement.
  - Establishing shared, accessible and relevant information systems in order to identify and respond to community health and wider well-being needs.
  - Developing the capacity of the current workforce (public health, health promotion, NHS, local government etc.).

Since publication of *The Challenge*, progress has been made in several key areas. For example:

- The Executive has continued action to improve life circumstances of communities and to close the opportunity gap. The Closing the Opportunity Gap Cabinet Delivery Group is co-ordinating this work and has agreed a high level objective of 'reducing the health gap between the most affluent and most deprived communities' and work on more detailed targets will be taking place over the summer. SEHD plans to develop a Health Inequalities Framework for Action, in continuing consultation with our delivery partners.

*Continued on page 3*



**SCOTTISH EXECUTIVE**

# Contents

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## 4 Healthy Communities

### FORUM

*FORUM is a vehicle for exchanging news, views, ideas and information. It has been produced by the NHSScotland and the Scottish Executive's Directorate of Health Improvement.*

*The views expressed in FORUM are those of its authors and are not necessarily SE Health Department policy.*

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### EDITORIAL

In our lead article of this edition Janet McVea gives some insight into the progress to date in taking forward the Community pillar of *The Challenge* and plans to step up the rate of progress in this area. Many of you will have read our Director of Health Improvement Pam Whittle's letter to the service of 29 June, which enclosed a comprehensive update on the work underway to meet the commitments made in *The Challenge*. If you have not had the opportunity to read this paper, you should be able to find it using the following link to Weekly Bulletin Issue 127 ([www.show.scot.nhs.uk/sehd/publications/bulletin](http://www.show.scot.nhs.uk/sehd/publications/bulletin)).

You will note that we continue to widen our net to gather contributions. The content amply illustrates that with so many people throughout Scotland involving themselves in community projects our country is far from being the 'nanny state' portrayed in the media. There are three particular articles which enforce the message that our NHS has a unique opportunity to improve life circumstances in many diverse ways – "Hard Cash, Real Lives", "Why Social Companies are fundamental to Rural Health Improvement Initiatives" and "Hospitals Helping Unemployed Back to Work".

To carry on the 'tradition' we began in April, this edition features articles which first appeared in other newsletters which should be of interest. In the first instance from the Spring issue of *Action*, which is produced by Communities Scotland. You can find that publication and much more on their website at: [www.communitiesscotland.gov.uk](http://www.communitiesscotland.gov.uk) The second was first published in the CHEX newsletter, see [www.chex.org.uk](http://www.chex.org.uk), and the third came from an in-house publication from Greater Glasgow NHS.

We are beginning to receive a few articles from contributors at times when it is most convenient to them, as opposed to in response to the timetable set by my letter or Sheila's 'gentle' reminders. However, I would again say to everyone who has news to share that they can send their articles in at any time of the year, preferably by e-mail addressed to Sheila Taylor or myself.

Helen Bunyan has recently joined our Health Promotion Branch and will be happy to have you note her name as an another contact should you have any queries.

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## Challenge within Health Improvement Division

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- The Executive and COSLA (supported by the work of local authority-appointed health improvement officers) have continued to support development of the health improving potential of community planning, including the development and implementation of Joint Health Improvement Plans.
- The NHS Reform (Scotland) Act has legislated for the establishment of Community Health Partnerships (CHPs). CHPs will place population health improvement at the heart of service planning and delivery in the communities they serve, thereby making a significant contribution to health improvement, especially in respect of the most disadvantaged communities.
- COSLA is working with Communities Scotland to build capacity in communities – specifically to develop standards for community development.
- NHS Health Scotland has brought together key partners to provide a focus for work on the ‘Community’ pillar of the Challenge and has focused initially on community mental health and well-being.
- Considerable improvements have been made to community health data through Information and Statistics Division’s work on Practice Team Information, Scottish Neighbourhood Statistics etc.
- And, as this issue of *Forum* demonstrates, a wealth of activity is underway locally across Scotland.

Over the coming months, the Executive, COSLA and other partners will seek to increase the rate of progress in this area, building on other relevant policies and programmes. At its meeting on 28 June, the Joint Ministerial Group for Health Improvement agreed that a Task Group should be convened to drive forward the work. The Task Group will include representation from Executive Departments and key partners and will link closely with the Stakeholder Group for Health Improvement. The Task Group’s initial priority will be to develop a strategic plan for discussion at future meetings of the Joint Ministerial and Stakeholder Groups for Health Improvement. Further updates will be provided in future issues of *Forum*.

For further information about current activities and future plans in relation to the ‘Community’ pillar, or to share information about developments in your area, please feel free to contact me on 0131 244 2128 (Janet.McVea@scotland.gsi.gov.uk).

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# COMMUNITY WELLBEING - INTERGENERATIONAL STYLE

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### Background

Three years ago the MOOD (Mental Health Options for Older People) project leader was approached by a local primary school to give primary six and seven classes a talk on volunteering in the community. This was part of an attempt by the school to educate the children on the different types of groups of people living in their neighbourhood.

Following on from this the school invited the elderly people who make up the MOOD Harmony Group to a nativity play at Christmas and an end of term concert. The pupils entertained the MOOD group by providing tea and chatting to them about their life experiences.

Discussions followed on between MOOD and the teaching staff and it was agreed that each Wednesday four pupils would attend the Harmony Group and on Thursdays three pupils would visit the Carpet Bowling Group at a local community centre. This arrangement continued throughout the Spring school term and the pupils assisted in the groups with recitals of poetry and songs, playing bowls, serving refreshments, chatting to clients and participating in the quizzes.

Feedback from MOOD users and school pupils was very positive and there appear to be benefits to both generations as they reminisce and share experiences. Senior staff at the school report that the children learn to build relationships and to be more at ease chatting with older people. One pupil said that she now understood better the needs of her great grandmother and that she was going to make more of an effort to visit and help her.

The local primary school was the only Scottish school to receive a Curriculum award last year and staff and pupils travelled to London to collect a certificate in reward for their excellent involvement in the community.

### The Purpose of Intergenerational Work

In previous generations family units were larger and generally more supportive with the immediate family members living fairly near at hand. Over the past forty years we have seen a decline in family size and an increase in emigration as younger people moved away for work. This has resulted in a trend where the helping authorities have required to step in to provide the care previously provided by families when older relatives have become frail.

Intergenerational work helps to educate younger people on the needs of older people in society and by doing so reduces stigma and myths about growing old. It encourages younger people to consider ways of helping older people and thus reduces isolation. Hopefully this will also help the next generation to take more responsibility for their seniors both at home and in the neighbourhood.



The benefits however are not all one sided in favour of the ageing population. Older people have much to offer younger people by sharing past experiences and pointing out true values and stressing the importance of relationships as opposed to materialism.

Here are some of the statements made by school pupils in response to a questionnaire:

*" I liked talking to the older people, they are really kind and I now know more songs."*

*" I enjoyed seeing the old people have fun and I enjoyed the singing"*

*" I enjoyed singing with the old people and giving them tea and cakes, I learned respect older people and how to talk to them"*

*" It was good fun and we were helping at the same time. Could we fit the carpet for bowling in our gym hall?"*

*" I liked it when the old man helped me and I helped him"*

*"I enjoyed talking to the older residents of Whitburn because they told us interesting things about the wars and things like that. I've learned that it is good to socialise with people of different age groups"*

*" I have learned that old people are not so boring"*

*"I have learned that older people are really nice and kind"*

*"I have learned that old people like to have a good time and they like to have a lot of company"*

*" I enjoyed singing songs I had never heard before. Old people can just be as lively as us"*

*"I have learned that volunteering is fun and old people are interesting"*

*"The thing I liked most was meeting people who went far back"*

*"I have learned that old people are not boring"*

*" Getting to do things I have never done before was the best part. I have learned new skills. It can be fun to volunteer"*

## **Current Situation**

MOOD continues to foster contacts with the local primary school and the work started in 2001 has been repeated in the past two years. As in the past three years MOOD will welcome the entire primary seven class at these two groups. The current arrangement operates with a classroom assistant transporting the children to the MOOD venue and this involves no cost to MOOD.

## **Future Development**

Because of the success of the work being done in this respect MOOD would like to extend this service to a wider range of younger people. As part of the Secondary School curriculum in respect of social education, talks could be given to older pupils about mental health issues, care in the community, and volunteering opportunities.

Voluntary groups like MOOD would also be able to draw on volunteers from the Colleges as part of their course learning and again helping the voluntary sector to make use of the expertise available in the colleges. Tutors from the colleges could be supplied for groups of older people to teach computing and other skills with the help of students. This is an area in which I understand the colleges would like to expand. MOOD would also be able to offer presentations on mental health issues to college students.

The above developments are possible by freeing up some of the MOOD staff time and this could be done by appointing sessional workers to carry out group activities currently being done by the project leader.

## **Conclusion**

As a result of the local arrangements between MOOD and a local primary school over the past three years it is clear that there have been benefits for older people and children in fostering relationships by meeting together in such a manner. Feedback from pupils, school staff and MOOD users has been very positive and the interaction during groups has been healthy and encouraging. Pupils have gained confidence with social skills and understanding of some of the issues faced in older age while the older people enjoy sharing some of their experiences of the past, which improves their self-esteem and confidence.

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# Healthy Communities

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MOOD would like to develop this work further as part of its aim to raise the level of awareness of health issues in older people and also to help reduce the isolation and vulnerability experienced by most of our clients.

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# COMMENDATION AWARD FOR WORKPLACES THAT PROMOTE GOOD MENTAL HEALTH & WELLBEING

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In November 2003 I took up post within the Scotland's Health at Work Programme (SHAW) as the National Development Officer for Mental Health and Wellbeing. This new post, funded by the Scottish Executive's National Programme for Improving Mental Health & Wellbeing, has been established to provide a focused, co-ordinated approach to working with employers and employees to promote positive mental health in the workplace. One of my key priorities will be to provide appropriate advice and training to the network of 60 SHAW Advisors and Assessors across Scotland in order for them to support local workplaces.

The SHAW Programme is already positively impacting on mental health – SHAW-registered organisations report increases in workplace activities around exercise and stress/mental health and 47% perceive an increase in staff morale (IOM Evaluation 2002). With the establishment of a dedicated mental health post SHAW will be able to provide workplaces with advice on promoting mental health & wellbeing for all staff; increasing job retention and return to work rates for staff with mental health problems; and promoting the recruitment of staff with mental health problems.

In October 2004 SHAW will launch a Commendation Award for Mental Health & Wellbeing. In order to achieve this commendation workplaces will be required to:

- have achieved the SHAW bronze standard
- develop and implement a mental health & wellbeing policy in consultation with staff
- carry out a stress risk assessment and develop an action plan to address any organisational issues
- provide mental health awareness training for all staff and specific training for line managers, occupational health managers and human resource managers
- provide information on mental health issues and counselling/advisory services

SHAW is currently working in partnership with the Scottish Development Centre for Mental Health and NHS Health Scotland to deliver The Mental Health in the Workplace Training Programme. This 2-day course aims to inform employers of their roles and responsibilities in relation to the mental health and wellbeing of their staff and offer best practice guidance on dealing with mental health issues in the workplace. Local training delivery teams will be established in each health board area comprising primarily of mental health professionals, workplace health professionals, and service users.

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# LAUNCH OF BREASTFEEDING INITIATIVE BREASTFEEDING MUMS PRAISED FOR LEADING THE WAY

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An innovative project to encourage more women to breastfeed came to fruition in March 2003 with the official launch of NHS Ayrshire & Arran's Breastfeeding Peer Support Initiative. NHS Ayrshire & Arran received £60,000 in funding from the Scottish Executive, Social Justice Department to set up the initiative.

Elaine Smith, MSP for Coatbridge and Chryston and leading champion of rights for breastfeeding mothers launched the initiative and praised the NHS for its achievement in being the only one to secure funding from the Scottish Executive and for its work in supporting mothers who want to breastfeed.



The initiative has recently secured further funding from the NHS to continue its programme of promoting and encouraging breastfeeding throughout local areas.

The research evidence on the value of breastfeeding for both mothers and babies is very compelling. Despite this evidence, the majority of Scottish infants are deprived of the major nutritional, immunological and psychological benefits which breastfeeding brings. Given that the national target for 2005 is that more than 50% of Scottish mothers should still be breastfeeding at 6 weeks, the most recent figures place the Scottish average at 43%. Locally only 16.4% of mothers were still breastfeeding at 6 weeks.

There are two fundamental issues that need to be addressed to improve Scottish breastfeeding rates. Firstly, there is a need to influence more Scottish parents to choose breastfeeding for their children. This involves ensuring all parents have the breastfeeding information they require to make informed choices about infant feeding. Many parents have made their decision prior to pregnancy and there is a need to deepen our understanding of social and cultural factors, which militate against breastfeeding at a wider societal level.

Of equal importance is the need to develop flexible programmes of support to support women who chose to breastfeed. The establishment of the initiative will hopefully create a resource pool of experienced breastfeeding mothers who can influence new mothers to see breastfeeding as achievable and enjoyable. Within the scheme volunteers seek to complement and strengthen breastfeeding support offered by a range of health professionals, providing an added dimension to NHS care.

Volunteers play a significant role in supporting women and families at this important development stage – the transition to motherhood! They are partners in health who are driving forward the NHS priority of improving



children's health in Ayrshire & Arran. In doing so, volunteers enable the NHS to involve the public, improve the patient's journey and health inequalities.

Positive co-operation and an enthusiastic response has helped the project flourish, with staff readily appreciating the opportunity of working together to lead to shared insights, approaches and perspectives to enhance breastfeeding care. Such a favourable response demonstrates commitment to the community and has directly influenced volunteer participation.

It's important to foster collaborative action between the statutory and voluntary providers of breastfeeding care to re-establish breastfeeding as a cultural norm, making it the natural choice for the majority of parents.

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# NHS AYRSHIRE & ARRAN HEALTH SUMMIT ON TOBACCO

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If I told you 13,000 people were killed last year you would probably think I was referring to traffic accidents. The culprit in question is tobacco.



In Scotland 31% of the population smoke, hospital admissions 33,500, cost to the NHS £200 million. Therefore, NHS Ayrshire and Arran decided to raise awareness among the business community of Ayrshire. The aim to call a summit on tobacco with the focus on workplace policy. Key speakers were invited to inform the delegates of the latest findings. Workshops were provided on the day covering work place policy. The feedback was highly constructive towards looking at issues surrounding smoking in the work place.

The timing of the summit was apt as Stuart Maxwell's Bill "Prohibition of Smoking in regulated areas" was being considered by the Scottish Parliament. The total ban in Ireland was also in the process of being implemented.

Over 700 companies in Ayrshire and Arran were contacted explaining the importance of workplace policy in the context of a ban on smoking in order to bring about an environment that is beneficial to the promotion of health.

Three of the key players at the vanguard in the battle to bring about a smoking ban were present at the summit; Mark O'Donnell, Maurice Maulchey and James Dornan, as well as representatives from Glaxo and British Nuclear fuel, two large employers in Ayrshire & Arran, covering the importance and beneficial effects of having a workplace policy in situ.

Representing Partnership Action on Tobacco & Health (PATH) Mark O'Donnell, gave an excellent presentation on the national and international picture in relation to banning smoking. James Dornan spoke in great detail on the importance of implementing Stuart Maxwell's Bill, and Maurice Maulchey who is highly involved in the implementation of the Irish proposal presented an in depth and highly informative perspective on the development of the ban in Ireland.

On reflection the day can only be seen as a positive step towards improving Ayrshire and Arran's health now and for the future.

As a follow up to the summit the Health Improvement department have produced an interactive CD- ROM. This initiative allows those who unfortunately could not make it on the day to view the presentations on power point and video. This highly informative resource allows the workplace to access local, national and international information. It offers links to the latest research in the field of tobacco as well as gives advice on implementing a



workplace ban on smoking. The CD-Rom will be sent out to all major businesses with in Ayrshire & Arran. It will also be freely available from resources.



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# SEXUAL HEALTH PROJECTS IN AYRSHIRE AND ARRAN

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The first is aimed at young men facilitated by the Health Promotion Department and delivered by Family Planning Association Scotland.

Scotland has one of the highest instances of unplanned pregnancy in Europe, and each year the instance of sexually transmitted infections (STIs) rises. The 1999 Social Exclusion Unit's Teenage Pregnancy Report states that teenage pregnancy is a cause and consequence of social disadvantage; teenage parents are less likely to finish their education or get a "good" job and their children are more likely to become teenage parents themselves.

The project, called '*Aw'right*', delivers programmes of weekly workshops for boys and young men lasting approximately 8 weeks. The programmes have specific learning outcomes, but the structure and content of the workshops are needs-led in order to satisfy the particular requirements of each group. The participative and experiential style of learning is vital for a community-based programme as it gives ownership of the work to the client group.

The project will build the young men's self-awareness, self-esteem and confidence, enabling them to make informed decisions about their personal and sexual lives. It will encourage them to develop caring and responsible relationships based on respect for themselves and others. The long-term aim is to enable young men to improve the quality of their own lives and, as a result, those of the communities in which they live.

The underlying theme is to support young men to challenge traditional images and roles within masculinity. A typical programme will cover:

- Introduction and relationships
- The cycle of life
- Body image
- Relationships
- (Teenage) parenthood
- Being male/female
- Contraception and sexually transmitted infections (STIs)

Professionals from relevant agencies will be provided with training in the project methodology. This will ensure that the learning is disseminated and that the work continues at the end of the Community Fund's grant period. *Aw'right* will build capacity and develop shared approaches to tackling poverty and disadvantage in these areas of Scotland.

The second project is the Ayrshire sexual health website [shayr.com](http://shayr.com).

The site contains information for young people, women, men, parents, holiday makers and members of the lesbian, gay and transgender community. The website has details of a wide range of services that are available in Ayrshire and Arran, ranging from general advice and support, to services for people with blood borne viruses such as HIV/AIDS and Hepatitis, or Sexually Transmitted Infections (STIs). Various focus groups were consulted on the development of this site, including young people at St Michaels Academy, James Watt College and the Caley Centre.

The site informs the public on a wide range of services that are available within Ayrshire and Arran such as

- How support and advice can be gained from voluntary and statutory organisations
- Where people can go to get more information on related health subjects and organisations
- Where people can access services, that are directly or indirectly associated with sexual health and blood borne viruses such as HIV/AIDS, Hepatitis etc.

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# THE PAPDALE FRUIT INITIATIVE

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The Papdale Fruit Initiative was launched in 2004 and was funded by the Scottish Community Diet Project. This was the first time Orkney had applied for this grant money and we were delighted to receive £2850.

This community project was based around the busy independent shop, situated within the Papdale residential area of Kirkwall. It was set up to offer fruit for sale at half price and the overall aim was to encourage the more frequent inclusion of fruit and vegetables in the daily diet. It was hoped that by making fruit available at a reduced price, any financial barriers to purchasing fruit could be reduced.

Throughout the project, the shop was decorated to promote the 'five portions of fruit and vegetables' message. On the day of the launch, a prize draw, recipe booklets and leaflets on 'Top tips to look after fruit and vegetables' were available along with fruit to taste. A piece of free fruit was available for all school children visiting the shop at lunchtime that day. The project was launched by Orkney Big Brother winner, Cameron Stout and received lots of positive media coverage.

As this is a community-based project, other local groups also benefited. The Papdale After School Club initially received free fruit, and were able to purchase subsidised fruit thereafter. The club were also supplied with health promotion materials to promote '5 a day'. A talk was given to the Papdale Residents Luncheon Club by the Dietitian and Family Health Nurse regarding the importance of fruit and vegetables in a balanced healthy diet. The Papdale Baby Clinic, received free fruit each week and the Dietitian and health visitor were both available to discuss with new mothers the importance of fruit and vegetables during the weaning process.

The project would not have been possible to undertake without the of support and enthusiasm of key members and, essentially, the grant money. Papdale shop sold fruit with a fifty per cent subsidy. During the project, the fruit sales from the shop have nearly doubled.

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# PILLARS TO POSTS

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The creativity and courage required in meeting the challenge of Improving Health in a setting as diverse as 'Community' has been tested in Argyll and Clyde in many ways. As a health board area we have broad needs with rural islands and urban towns previously lined with heavy manufacturing and shipbuilding.

Capturing the imagination and in some cases testing the patience of local people requires careful consideration. And so we have taken a two pronged approach firstly to harness the skills and knowledge of local people themselves, and secondly to tap into and support the energies of workers who work within communities with clear community management structures and interests. This does not always come easily to an organisation itself in flux and that has a deep-rooted 'but we've always done it that way' culture. So a number of supporting activities have been set in place to see this through and to ensure the process is as important as the outcome. In short we have taken Community Development in health seriously, with rather surprising outcomes.

Previously we looked on Communities as a specific settings based team but now with the expansion of the public health in localities, the health promotion team has anchored community development firmly within every setting and topic. Thus we now have a cross cutting theme, ensuring everyone centres their work where activity really matters - in the community.

Some examples of this shift are:

- Working with colleagues in community health projects and public health practitioners in developing a Community Development for Health Professionals Course to build professional capacity in communities
- The stalwart work of our 7 Healthy Living centres is coordinated through a Healthy Living Initiative Network where the challenge plan development is encouraged and best practice exchanged
- Establishing a Men's Health Network linking on the ground but often isolated groups together to add momentum to a growing area of work
- Ensuring that community development in health is at the root of our partnership contribution to the Better Neighbourhood Services Fund through Inverclyde Council - delivering community based medical checks, dental checks, active living activities and addressing many more community health issues

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# HEALTHY VALLEYS

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One of NHS Lanarkshire Health Promotions many productive partnerships is *Healthy Valleys*. This is a Healthy Living Initiative based in the Douglas and Nethan Valley area of Lanarkshire and is a partnership project funded by NHS Lanarkshire, the New Opportunities Fund and South Lanarkshire Council. The initiative aims to deliver a co-ordinated programme that will address the unhealthy lifestyles experienced, particularly by those on lower incomes, who are without transport and are often living isolated lives within an entirely rural area.

Since its official launch in April 2004, *Healthy Valleys* is now flourishing and aims to deliver 3 specific project services:

1. *The befriending project –*

Aiming to assist anyone who would benefit from individual help with non clinical depression, stress, relationship difficulties or low self-esteem by means of a volunteer befriending programme.

2. *The activities development project –*

Using physical activities, fitness, healthy eating, diet and arts creativity to promote change and improvement in lifestyles and activities. Some examples of initiatives are curling coaching, gym tots, 60+ swim group, healthy eating programme for parents of young children.

3. *The peer education project –*

Aiming to tackle drug use among young people through a peer methodology approach.

### What's in store?

Integral to *Healthy Valleys* is a befriending service for people who need extra support. In order to do this they will need to recruit suitable volunteers. Appropriate training and support will be provided.

*Healthy Valleys* is currently recruiting for a Trainee Peer Education Worker to support young people. Their focus will be on providing information on drugs, alcohol, smoking and other relevant issues that affect young people.

For further information on *Healthy Valleys* contact:

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# HEALTH MATTERS FOR MEN PROJECT

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The *Health Matters for Men* Project is a joint venture between NHS Lanarkshire Health Promotion Department and the locality SIP. The Project was created to raise awareness of male health issues and services in the Blantyre / North Hamilton Social Inclusion Partnership (SIP) area.

The main aim of the Project is to tackle the increasing problems of male obesity, poor diet, mental health problems, literacy and numeracy difficulties. The Project works to increase awareness of the cancers, coronary heart disease, smoking and alcohol problems.

*Health Matters for Men* was launched during *Men's Health Week 2003*, with a week of health events, over 170 male health checks being performed and a variety of health information being provided to men in local venues.

The Project has adopted a social concept approach to health with the Project Officer assisting men's groups with health information and health talks and also providing valuable information regarding what local men wanted with respect to a male health service. The Project Steering Group decided to organise a pilot Male Health and Well-being Clinic as a result of the information provided.

The Male Health and Well-being Clinics are now established once a month at the Blantyre Health Partnership supported by *Up for It*, South Lanarkshire Leisure and Community Learning Team, Hamilton LHCC, The Workplace Initiative, Alcohol Focus and the Health Promotion Department.

Fifty-two men were screened in the first six clinics with thirty-five being referred to their GPs for a follow-up appointment. From the thirty-five men referred to their GP for a follow up appointment, twenty-seven attended with nine men requiring further monitoring and two being placed on medication immediately.

The Project has also organised other outreach clinics at innovative local venues around Blantyre and North Hamilton e.g. Power League Sports Centre (Hamilton), William Hill Bookmakers (Burnbank), Blantyre Miners Welfare.

The Project Officer of *Health Matters for Men* also delivers health information to men who attend the Richmond Fellowship. These health talks have become so popular that the Richmond Fellowship staff are now working in partnership with the *Health Matters for Men* Officer to create a Men's Health Club to support the service users.

For further information on *Health Matters for Men* please contact:

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# THREE TOWNS HEALTHY LIVING, HEALTH INFORMATION SHOP

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Allan Wilson MSP officially opened the Three Towns Healthy Living Centre, Health Information Shop at 12 Hamilton Street, Saltcoats, on Friday 7 May 2004. Speaking to an audience of 50 people he said

“Establishing a network of Healthy Living Centres across Scotland is a priority for the Scottish Executive as we strive to improve the health of the nation and close the gap between rich and poor.



I am sure that the Three Towns Healthy Living Health Information Shop will be a valuable addition to local community provision and will be actively supported by and support local people looking for advice on a wide range of health promotion and lifestyle issues.

We have successfully cut deaths by lung cancer, stroke and heart disease in this constituency by 25%, 20% and 24% respectively and the challenge now is to add further to the life expectancy of all my constituents.”

The Three Towns Healthy Living Centre is funded by the National Lottery, New Opportunities Fund and is fully supported by NHS Ayrshire and Arran and North Ayrshire Council.

A board of directors who are all residents of the three towns manages the initiative, which has a staff team of seven:

**Diane McGrath**, Co-ordinator,  
**Angela Ingram**, Senior Health Development Worker,  
**Jane Churchill**, Volunteer Development Worker.  
**Brenda Kelly**, Administrator,  
**Colin Apperly**, Resource Worker,  
**Susan Beats**, Stress Management Co-ordinator  
**Karen Littlejohn**, Admin Trainee.

We are also fortunate to have based with us **Gillian Dick** and **Anna Craven**, Community Food Workers.

Since the Healthy Living Initiative was set up in May 2002 some very exciting and much needed new services such as a stress management initiative, community food-work services, exercise classes and volunteering opportunities have been developed. We have opened the Three Towns Resource Centre 3 nights a week working with partner agencies to deliver a variety of services, such as smoking cessation, and we are working in partnership with One-Plus to deliver services in the Child and Family Centre in Ardrossan.

Speaking at the opening of the new premises Diane McGrath, Co-ordinator said

“In the coming months we plan to significantly develop our range of services both within the centres and out in the community. The new Health Information Shop will provide the public with information on these new services as well as giving the residents of the three towns the opportunity to access up to date information on health matters and on local health service providers.”

Contact:

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# LEARNING TO COPE WITH STRESS

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Stress is normal and even necessary for a healthy life. It is only when we feel unable to cope or deal with the pressures that stress has a negative effect on our lives. The Stress Management Initiative operating in Irvine and the Three Towns areas of North Ayrshire aims to teach participants the skills to deal with the causes and symptoms of stress. This is offered both one-to-one through a combination of aromatherapy, reflexology, Indian head massage, holistic facial treatments, shiatsu massage, therapeutic massage, exercise and diet advice, and workshops focusing on techniques such as visualisation, meditation, breathing exercises, group work and confidence building. The therapists also signpost clients to other services, for example, smoking cessation and debt advice, and thus in partnership offer a truly holistic approach to improving health and wellbeing.

Managed by North Ayrshire Carers Centre and Three Towns Healthy Living Company, the service is delivered by a team of qualified therapists and students on placement from James Watt College. Now in its second year of operation, the Stress Management Initiative has exceeded its original estimated numbers five and a half times! Between January 2003 and March 2004, it has provided a service for 551 individuals through a combination of workshops, taster sessions, health information days and the one-to-one six-week appointments. These clients have been referred through health services, social work, community and voluntary organisations in addition to self-referrals.

Next steps for the initiative involve the consolidation and potential roll out of the Stress Management Initiative within North Ayrshire. Income generation through the promotion and provision of stress management to local employers will hopefully provide one means by which the service can be sustained free of charge at a range of outreach points within the community.

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# BETTER NEIGHBOURHOODS - CHILD SAFETY IN THE HOME

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Child safety is one focus within the health improvement and family support component of the Better Neighbourhood Services Fund initiative. During 2002, a total of 369 children under five years of age were admitted to Crosshouse Hospital to be treated for falls, burns, scalds and accidental poisoning. This figure does not include children treated at Accident and Emergency who were not admitted or indeed seen by another health professional.

The initiative aims to tackle the pertinent issue of home safety at its most practical level. Adapted from an earlier project piloted through the North Ayrshire Community Safety Forum, young families living within the BNSF neighbourhoods are able to access a package of essential safety equipment and accident prevention information highlighting the common dangers to children in the home at each stage of development.

Within Better Neighbourhoods the initiative has been running 5 months and has distributed packs to over 70 families. It has been welcomed by parents, grandparents and staff working within the communities as a practical measure reinforcing the safety message given by health professionals and supporting parents to create a safer environment for their young children.

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# HARD CASH, REAL LIVES CITIZENS ADVICE, HEALTH AND THE NHS

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Addressing life circumstances – the social, economic and material resources available to people – is fundamental to tackling health inequalities and developing social inclusion.

Policy recognition of the need to address life circumstances to tackle inequalities in health is relatively recent. Within the NHS the dominant approach to addressing inequalities has remained focussed on lifestyles and individual behaviours albeit with a new slant placing greater emphasis on targeting behavioural change or lifestyle initiatives towards people in poorer socio-economic circumstances.

In NHS Lothian's Health Plan 2002/03 priority was given to investing £50,000 in health inequalities/health improvement. This funding has enabled the development of a citizen's advice service (provided by Citizens Advice Bureau (CAB)) in eight GP practices and health centres across Lothian. Developed in partnership with CAB, Lothian Health Board, Lothian Primary Care Trust and West Lothian NHS Trust, this service aims to address inequalities and improve health through reducing poverty, maximising income, reducing household expenditure, increasing uptake of welfare benefits, and providing employment, housing and debt advice.

The following case study illustrates the type of work carried out with patients.

*The patient was referred to the service by the GP because of difficulties in affording house repairs. After discussion with the CAB advisor about the situation the patient was advised that help might be available through a budgeting loan. The relevant form was passed onto the patient for completion.*

*Further investigation of the patient's finances revealed that the family was not claiming all their benefit entitlement. The patient's husband was unable to work due to mental health problems and the patient was acting as his carer as well as caring for their two young children. Discussion about the husband's situation revealed a potential entitlement to Disability Living Allowance (DLA). DLA forms were requested, and help was given in completing the lengthy form. The patient was also advised to apply for Carers Allowance. If the DLA application is successful this will be backdated to the date of the start of the claim, it would also increase the amount of Income Support payable. Award of Carers Allowance would also increase the family's Income Support payments. The patient was also advised to apply for help with Council Tax through Council Tax Benefit.*

*Arrears of Council Tax were causing additional stresses on the family. Details of the family's income (benefits) and expenditure were established and list of creditors drawn up. Advice was given on the priority of the various creditors. Details were passed to the Money Advice Team at Edinburgh Central CAB, which is negotiating with the family's creditors and providing ongoing support and advice to the patients.*

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# YOUNG PEOPLE AND PREVENTION OF SMOKING THEATRE PROJECT

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This drama project aims to use a “theatre in health education” approach to tackling the complex issue of young people smoking. Pyramid Theatre Company, who have a rich pedigree in drama in health education, were commissioned by the Health Promotion Department to produce and direct a play for young people with a focus on prevention of uptake of smoking. A professional writer for the BBC will write the play. Funding for this production has been secured from South Coatbridge and Motherwell North Social Inclusion Partnership areas.

The proposed title of the production is “Whatever.” The play promises to be full of warmth and humour, whilst taking an affectionate, compassionate and honest look at the pressures of teenage life, and smoking in particular, examining why some teenagers smoke and some don’t.

Among other key messages, it will explore:

- What effect smoking has on your image, for example, bad breath, smelly hair and yellow teeth
- Weight issues, for example, does smoking keep you thin? Does it suppress your appetite?
- Cool or uncool? What image does smoking give you? What are the pressures to conform, to be part of a gang?
- The highly addictive nature of nicotine and the difficulties of giving up.
- It is okay to say no to smoking. You can find ways to resist the pressures from others and survive the decision to say no.
- The financial impact of smoking. How much less have you got to spend on mobile phones, make up and going to the cinema?

It is expected that the play will be shown in early November in certain primary and secondary schools in the Motherwell, Bellshill and Coatbridge area.

Further information on the development of this play is available from:

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# SHAW SUCCESSES IN LANARKSHIRE AND FORTH VALLEY

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Lanarkshire organisations were rewarded for their exceptional commitment to improving staff health at the first Lanarkshire Scotland's Health at Work (SHAW) award ceremony in March 2004.

Scotland's Health at Work is a national programme which supports and rewards organisations in their efforts in building a health workforce, healthy workplace and a healthy organisation.

SHAW currently covers over 25% of the Scottish working population and helps to reduce levels of absenteeism, improve morale and encourage positive health choices.

The recent awards ceremony was held in conjunction with NHS Forth Valley at the Westerwood Hotel in Cumbernauld and celebrated the successes of 25 organisations in achieving Bronze, Silver and Gold Awards. Mr Andrew Cubie, CBE, the Chairman of SHAW presented the awards and Ms Jane Brown from the HealthyReturn project in Glasgow delivered a presentation on her work with the rehabilitation of employees who are off work due to ill health.

Through SHAW, successful companies planned and carried out a health programme involving their employees. A wide range of innovative and exciting ideas were provided to staff such as walking groups, stress busting activities, men's health sessions, health checks and alcohol awareness sessions.

NHS Lanarkshire in partnership with NHS Forth Valley plan to make an award ceremony an annual event. The 2005 award ceremony will be hosted by NHS Forth Valley.

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# LANDED – PAN-LANARKSHIRE, PAN-AFRICA.

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LANDED Peer Education Service is a pan-Lanarkshire organisation which recruits and trains vulnerable young people aged between 16 and 22 to deliver peer-led drug awareness workshops throughout Lanarkshire. LANDED has been involved in 64 workshops and, to date, has been in contact with more than 600 young people. We aim to create opportunities for learning and personal development and this was recently demonstrated in a visit from two groups of young women peer educators. One group was from Edinburgh and the other was from the other Blantyre – in Malawi!

The groups met in Bellshill on April 21<sup>st</sup> 2004 and the result was a cross cultural group of more than 30 young people mixing and learning from each other. These young people have the same peer education aims and objectives and, whilst the methods of delivery and geographical location are different, the principles of good practice span the miles.

The Blantyre group showcased an exercise looking at race awareness and one which visually demonstrated their experiences with LANDED. The Malawi group showed how they use drama, for example singing and dancing, to reach young people. They also brought individual projects which enabled staff and young people to learn more about living in Malawi. The Edinburgh group spoke about their recent trip to visit the Malawi group. The evening was a resounding success with new contacts made and friendships forged and it was a most unique experience for all the young people and staff involved.

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# YOUTH ADVICE BUS TAKES TO THE ROAD

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Young people have designed their own high-tech mobile youth information service now taking to the road in West Dunbartonshire.

The brightly-coloured Mobile Information & Cyber Station was a dream come true for members of Y Sort-It - the youth information service established and part-funded by West Dunbartonshire Social Inclusion Partnership.

Working with a range of different agencies the young people managed to secure funding from the Better Neighbourhood Services Fund and Action Teams for Jobs to pay for bus. The social inclusion partnership provided around £25,000 in IT support to ensure the bus would be fully-equipped with the most up-to-date satellite technology and computer systems.

Michael McNally, aged 20 and chair of Y Sort-It, said: "We wanted to find ways of reaching the most excluded young people in West Dunbartonshire.

We held a consultation meeting and did drawings of what we wanted on the bus and there were computers, satellite systems, the lot, but it seemed almost a fantasy, we never really dreamt it would happen.

It is amazing to see it now and everyone is talking about it. Young people haven't had anything like this coming into their community before and I think it will make a real difference."

The MICS is staffed by trained youth workers and is taking a variety of services for 12- to 25-year-olds into the heart of local communities. On board there are computers hooked up to the internet, a private room for one-to-one chats with a youth worker, and a wealth of information on a wide range of issues affecting young people.

Michael added: "We have day-time and evening sessions, some are in a fixed place each week, others are on a theme, at the moment we concentrate on health on a Wednesday and visit a different area each week.

At times there can be between 15 and 30 young people on board so we are very happy with the response the bus has received."

To find out more about Y Sort-It, ring 0141 941 3308.

This article first appeared in *Action* the newsletter of Communities Scotland.

Featured in the photographs are pupils from Our Lady and St Patrick's High School in Dumbarton – Nicole Sweeney, Georgina McGowan and Steven McKeown.



# A BREATH OF FRESH AIR FOR THE WESTERN ISLES

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On 26<sup>th</sup> March 2004 Western Isles Health Promotion Department hosted a conference at the Lews Castle College to increase awareness of the Scottish Executive's newly published tobacco control action plan, *A Breath of Fresh Air For Scotland*. Guest speakers were Maureen Moore, Dr Hayden McRobbie and Professor Gerard Hastings.

Maureen Moore is the Chief Executive of ASH Scotland and a member of the Scottish Tobacco Control Strategy Group. She elaborated on the contents of the Executive's new publication, which specifies measures to prevent the uptake of smoking, tackle the issue of second-hand smoke and enhance services to help people stop smoking.

Dr McRobbie is a Research Fellow at St Bartholomew's Hospital and the London School of Medicine and has worked extensively with smokers who are trying to quit. He presented detailed information on the effective use of Nicotine Replacement and behavioural support in smoking cessation work. He emphasised the safety of Nicotine Replacement aids in clients with coronary heart disease, and their relative safety of use for pregnant women who are otherwise unable to stop smoking.

Professor Hastings is the Director of the Centre for Social Marketing at Strathclyde University. He cynically presented himself as a "marketing director for a tobacco company" and acquainted the audience with Big Tobacco's methods of recruiting customers whilst denying the addictive and deadly nature of their products.

## Smoking Buddies and Mental Health Issues

At a training event for the Buddy Project held at Garenin Blackhouse Village on 28<sup>th</sup> May 2004 the issue of mental illness and smoking was raised. Mahdi Newall, a smoking cessation adviser with Health Promotion in Stornoway, has been a mental health nurse for 15 years and answered questions raised. Those present felt that their awareness of mental illness was increased and that they gained an understanding of the problems facing people with mental ill health.

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# WHY SOCIAL COMPANIES ARE FUNDAMENTAL TO RURAL HEALTH IMPROVEMENT INITIATIVES.

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There is widespread recognition that a clear link exists between life circumstances and health and well being.

Social companies can provide concrete outcomes in strengthening individuals and communities and increasing social capacity. The long term funding viability of community development and community health projects can also be enhanced by supporting projects as a trading arm.

Strengthening the social economy via two new social companies is the aim of the Cearn's Women's Health Group.

Initiated and supported by the Western Isles NHS Public Health Division and in partnership with the local authority, the opportunity arose to bid for two franchises, one to run a healthy eating establishment providing affordable, nutritious food and a creche as the other trading arm, to provide a high quality much needed facility. This will include health visitor sessions and access to an information noticeboard.

The Apples and Pears Healthy Catering Café and the Happy Days Nursery will provide 8 - 10 job opportunities to residents living in and around the Cearn's, the largest social housing area in the Western Isles. Training and confidence building will be key elements. Staff will be provided with a "free place" at the crèche and hours worked will be negotiable and suitable for young mothers. All staff and the Board of Directors will be encouraged to participate and achieve accreditation in the Health Promotion Department led "Health Issues in the Community" Course. Profits from the trading arms will be devolved back to the Cearn's Women's Health Group, which has charitable status.

The organisation aims to be financially independent after three years. Funding applications are now being submitted to Western Isles Enterprise, Leader, Scottish Community Diet Project and Sure Start. Twenty one thousand pounds has already been allocated from the NOF, CHD/Stroke Primary Prevention bid.

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# 'LET'S MAKE HIGHLAND MORE ACTIVE' NHS HIGHLAND PHYSICAL ACTIVITY THEME YEAR 2004

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### *Background*

The strategic document 'Let's Make Scotland More Active' was published by the Scottish Executive in February 2003. It spelt out the need for an integrated approach to increasing the levels of physical activity in the population and highlighted priority groups. One of the main targets was to reach sedentary people for whom inactivity was a risk factor for a range of conditions including coronary heart disease (CHD), type II diabetes, hypertension, colon cancer, depression and obesity.

The government White Paper 'Improving Health in Scotland – the challenges' sets out priority topics for the health improvement agenda. The risk factor priorities are:

- tobacco
- alcohol
- low fruit and vegetable intake
- physical activity levels
- and obesity.

The Government urges faster progress and a more determined effort to put health improvement initiatives into the mainstream of action and onto everyone's agenda, building upon existing programmes in order to develop a nation-wide effort, with a special focus on early years, the teenage transition, the workplace and community.

The recent 'Adult Health and Lifestyle survey report of 2001' NHS Highland shows that although nearly 80% of respondents thought they were of average fitness, only 37% were doing enough physical activity for inactivity not to be a risk factor for CHD and other health related problems.

A Step-Change for health- annual report of the Director of Public Health Policy 2001-2002 outlines what is already being achieved in Highland and sets some targets for increasing the levels of health related physical activity in the population over the next few years.

The 'Highland Physical Activity Forum' involves a range of organisations involved in the approach to increase the knowledge, skills and opportunities for people to be more physically active. The Forum includes commitment from the NHS managers and clinical leads of physiotherapy, cardiac rehab, mental health and stroke services in the drive to provide a sustainable active referral scheme offering continuity and ongoing motivation.

### *Aims of the theme year*

A focus on health related physical activity in 2004 has allowed NHS Highland to build on existing projects and pursue three strategic aims:

- To develop the contribution of Highland NHS Board within the context of its role as a strategic public health organisation, to the improvement of health-related physical activity in Highland
- To optimise the role of NHS Highland and in particular the emerging Community Health partnerships and specialist services, in improving knowledge skills and opportunities in relation to health-related physical activity in Highland.

- To work with Well-being Alliance partners at all levels, to reduce inequalities of access and opportunity, to health related physical activity and expertise.

The five specific objectives are:

**1. Supporting the roll out of 'Step it up Highland' through the partnership project.**

This is a partnership that exists between NHS Highland, Primary Care, Volunteer Highland and Paths To Health. The partnership has successfully applied for NOF funds available through Paths to Health and has two part-time walk leader co-ordinators in place in the Highlands as well as the support structure to induct, train and support volunteer walk leaders. The project now has a web site [www.stepituphighland.org.uk](http://www.stepituphighland.org.uk) which shows where and when the led walks are happening on a regular basis.

**2. Support the delivery of training packages in order to improve expertise in the field of health related physical activity.**

In the past NHS Highland, through the Health Promotion Department, has funded training for 'Movin About' a chair based exercise program for frail and older people, the Wright Foundation Exercise Referral Training and walk leader training. We have also encouraged and supported in kind the osteoporosis management course run by the physiotherapy department at Ross County Hospital. This was a very successful scheme that GPs referred clients to directly. There is scope in the year to encourage primary care to run this course again and to offer it at other hospital sites.

The cardiac rehabilitation service is also running excellent cardiac rehab 3 in some places. There is scope to offer pro-active physical activity programs across Highland through the development of a partnership approach to training. There have been preliminary discussions with Inverness College University of the Highlands and Islands, The Highland Council and the managers of services in primary care.

It is hoped to invest in training trainers in Highland so that we have the skills to train for a variety of agencies and expectations. At present training is only available if bought in, or employees are sent away. Much of the expertise related to increasing levels of physical activity is held in the private sector, yet the agencies requiring that expertise are clearly located within the broad spectrum of public health improvement partners.

It will be necessary to work closely with the emerging Community Health Partnerships to prioritise training needs and develop a strategic approach to delivering training and implementing new ways of working to increase levels of health related physical activity.

There is ongoing awareness of the education department's program as it rolls out the New Community Schools project and the school sports co-ordinators posts. Active Steps is working with excluded young people and 'Gael Force Ten' is developing community capacity for leading activities.

**3. Maintaining an overall marketing strategy aimed at raising public and professional awareness of health related physical activity.**

The theme year planning group will need to plan seminars and awareness raising sessions across all agencies and for a variety of employee and public audiences. This will include a variety of improvements to existing literature and regular liaison with the various forms of media. There will be a parking ticket campaign in the centre of Inverness during the summer months encouraging car owners to '*walk more –car less!*'

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## Healthy Communities

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#### 4. Supporting the wider NHS Highland in the delivery of health related physical activity through active referrals and other projects.

Primary healthcare professionals are well placed to implement a pro-active approach to increasing the levels of health related physical activity. The 'active referral' from a primary healthcare or social worker, to an exercise consultant, has proven to be a successful motivator in the approach to increasing health related physical activity in some people. A referral program has successfully operated in Alness and Invergordon for the last seven years.

General practitioners do refer sedentary patients but the practice is not as widespread as it could be. In order to tackle the inequalities of available resources and target those most at risk of disease from inactivity, a co-ordinated approach is required. The theme year has provided the opportunity to drive this agenda for an integrated approach to Active Referrals and clinical audit.

#### *Governance Arrangements*

There has been a great deal of work done across Highland already, to raise awareness of the health benefits of physical activity and many projects are already producing positive outcomes for the clients involved. The future will concentrate on aligning work with the emerging Community Health Partnerships, integrating activities across the JHIP partners and involving the public health practitioners and other agencies primary health workers, in the health improvement function.

Given that this is a NHS theme year it is important to gain the commitment of partner agencies across the Highlands in order to maximise the effect of a theme year on health related physical activity. A planning grid has been used to map out activities and monitor progress against agreed objectives. A conference is planned for November 2004, which will celebrate the achievements of the theme year, allow partners to build on good practice, continue the long term strategy to increase health related physical activity levels and reduce the burden of ill health caused by sedentary behaviour.

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# HEALTH AND INFORMATION DROP-IN

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Morgan Academy in Dundee launched its new look Health and Information Drop-in on 30th January 2004. This was established as a result of a questionnaire from the school nurse. The pupils preference was to have a weekly event in the school during their lunchtime break.

The initiative is a joint venture between School Staff, School Health, Social Work, Dundee Youth Team, Fusion, The Corner, the Specialist Health Promotion Service and the Web Project. It aims to provide an opportunity for young people to engage with professionals in an informal way. A range of written information is available as well as the chance to meet workers who provide local services.

Morgan Academy is a Health Promoting school, which imparts basic nutrition and healthy lifestyle choices to its young people. As a result of funding from Better Neighbourhood Services, the drop-in encourages healthy eating by providing pupils with tasters of fresh fruit and healthy drinks. The pupils are also invited to participate in games and learn about after school activities in their local community. The drop-in is attracting about 30 pupils each week, from all year groups, both boys and girls. In addition to the weekly event, young people can access one-to-one confidential appointments with the school nurse, the social worker or the youth worker. They can self-refer by putting their name in a locked box, only accessed by Anne, the school nurse.

Pupils are encouraged to choose topics they would like more information about. Senior pupils have identified smoking cessation support and work will begin next term to address this.

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**Anne MacLeod**  
School Health Nurse  
Morgan Academy



# COURTYARD GARDEN PROJECT

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The courtyard at Integrated Community School, Braeview Academy, was overgrown, unattractive and underused. Now, the weekly lunchtime garden club are transforming it into a beautiful and useful garden. Pupils are learning new skills through practical experiences; learning about their environment and developing their awareness as to how food grows e.g. fruit and vegetables. Pupils are directly involved in all aspects of the planning, building and creating of new areas within the garden. They can access the garden at break times and lunch times.

Various departments in the school are supporting the project; home economics are involved with the herb garden; biology are studying life in the pond; the art and technical departments are also involved.

Maintenance in the school holidays was a concern but with the school link to the community, the Healthy Living Initiative will co-ordinate volunteers to come and help. There are already parents and grandparents volunteering to help out. A large number of shrubs have been donated but the group are always keen for more, so donations are gratefully received! The support from the Countryside Ranger Service has also been invaluable. Anne Larg (guidance) and Gordon Davidson (social worker BNSF) have led this multi-agency project which pupils and parents are so keen to participate in and enjoy.

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# DRUGS EDUCATION: THE WAY AHEAD

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A very successful conference of 100 pupils, teachers and organisations with expertise in the field of drugs education, was held in March to consider the future of drugs education in schools. The conference centred around the findings of an independent research study into the effectiveness of school-based education programmes in Angus. There was also a superb presentation from Forfar Academy drama students conveying their perception of what drugs education in school should be about.

The findings from the research were very positive. Pupils and teachers identified the importance of well-trained staff to deliver the programmes. The School Liaison Officers from Tayside Police were highlighted as having an important role to play in the delivery of drugs education. Pupils identified interactive teaching methods as the best way of delivering the programme and made a request for more speakers from outside agencies with “real” experience of drugs.

The feedback from the workshops highlighted the importance of young people’s voices being heard and their opinions being listened to.

Angus Council is now considering how to take the research findings and the feedback from the conference forward.

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# STANLEY PRIMARY SCHOOL – HEALTH WEEK 2003

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At an INSET day, staff had a think-tank session about our Health Week Programme. We had all spoken to our children and their suggestions were taken on board too. A development plan was hatched and key people were contacted. The Health Week would be a very different week to the usual school programme.

A timetable for all classes, nursery to P7, was worked out, with a variety of activities. Each day included some advice on **Nutrition**, some **Activity** e.g. new sport or games session and some information on **Lifestyle** changes. The variety of learning experiences we packed into each day seemed to benefit all kinds of learners, as we soon discovered that no-one was bored, or switching off or looking for a diversion. Children all remarked on what a great week it had been. Staff too, had enjoyed all the activities.

Following the health week, many of the playground games introduced became great favourites and there have also been major benefits in the dining hall. Packed lunches are, on the whole, much healthier and children who are staying for school dinners are more likely to choose the healthier option. The school cook has introduced a Salad Bar at lunchtime and the children are encouraged to help themselves to as much salad as they want. It can only be a good sign when she finds, quite often, she has run out of salad and has to quickly prepare more. Drinks have changed too, as orange and blackcurrant squash have been replaced by fruit juice or milk. The children, on the whole, are more willing to try new things on offer.

In looking through the current Health Education Guidelines we were confident that many aspects had been covered during this week, but the emphasis had been on Active Learning.

**Beryl Smeaton**  
Teacher  
Stanley Primary School

Another Health week is being held this summer with funding from NHS Tayside through the **Health Promoting Schools Grants & Awards Scheme**. Any school can apply for a grant for projects on physical activity, nutrition and/or smoking.

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# HEALTHY RESPECT LOOKS TO THE FUTURE

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As reported in the first issue of *Connections*, it was recently announced by the Health Minister, Malcolm Chisholm, that the NHS Lothian-hosted Demonstration Project on young people's sexual health, Healthy Respect, would be continuing beyond its initial phase, completed in February 2004. Preparations are afoot for Phase 2, due to commence in February 2005.

For those of you eagerly awaiting the lessons from Healthy Respect, a report on each of the Healthy Respect components, highlighting those key lessons, will be available at the end of August 2004. Formal presentations of this learning will take place towards the end of 2004/beginning of 2005.

To date, Phase 2 proposals include:

- Developing a locality approach by delivering the Healthy Respect model combining education, information and services across all schools within a particular area;
- Widening the reach of the Parents' Project to improve parents' communication with their children about sexual health and relationships;
- Further developing the Healthy Respect brand as a communication tool to reach young people.



The final content will not be finalised until December 2004, after full consideration of evaluation results.

As well as evaluation and planning, core activities, such as the provision of integrated education, information and services in the school setting, work with parents and LGBT young people and Chlamydia testing, continue. And a variety of newly available resources from the Project exist that may help you, both personally and professionally.

### Free Chlamydia Postal Testing Kits (PTKs) just a click away!

Young people under 25 in Lothian can now order free PTKs via the Healthy Respect website [www.healthy-respect.com](http://www.healthy-respect.com). Once received, it's a simple 3 step programme – pee in the bottle, post it off, receive results and/or simple, painless treatment.

Does your mother know? Involving parents/carers in sexual health & relationships.

Two leaflets, written in collaboration with parents and carers, to assist them in talking to their children about sexual health and relationships, are now available and can also be downloaded from [www.healthy-respect.com](http://www.healthy-respect.com). Sex small talk is a guide for parents of children aged 4 – 11 and Sex 'n' stuff is for parents of teenagers.

### Up close and personal: seminar series culminates

The last of Healthy Respect's popular seminars – *c:card – free condoms, no names, no judgements, no problem* was on 25 May, and *Increasing access to Chlamydia Testing* scheduled for 22 June. A further series running from September – December 2004 is being planned and details are soon to be announced.

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# Healthy Communities

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## Healthy Respect in depth

Talk:5, the latest newsletter from the Project, will soon be available from many outlets throughout Lothian. It contains interviews with the Schools, Parents and Confidentiality projects plus other news and views.

For further information or to request booking or order forms for any events or publications, please contact [healthy-respect@lhb.scot.nhs.uk](mailto:healthy-respect@lhb.scot.nhs.uk) or call 0131 536 9454.

# IMPROVING CERVICAL SCREENING SERVICES FOR WOMEN WITH LEARNING DISABILITIES: A NOF-FUNDED PROJECT

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Two Edinburgh LHCCs, in partnership with a range of voluntary organisations and Lothian NHS Board, has successfully bid for New Opportunities Funding for a 3 year pilot project to improve cervical screening services for women with learning disabilities. The project, which will work across South Central and South West Edinburgh LHCCs, has recently recruited 3 staff, and will be up and running by mid-July 2004.

Impetus for the project came initially through the concerns of community learning disabilities nurses and local voluntary agencies working with women with learning disabilities that they were excluded, often by default, from cervical screening services. There was little information about local practice, but wider research in the UK suggests that women with learning disabilities are not invited for screening because they are assumed neither to be sexually active nor to be able to give informed consent <sup>(1,2)</sup>. At the same time, the NHS Cancer Screening Programmes have provided excellent guidance on sensitive screening for women with learning disabilities, including how to provide appropriate information, providing communication support, and sensitive smear-taking <sup>(3)</sup>.

An audit of current screening practice for women with learning disabilities is already underway across the 2 pilot Edinburgh LHCCs, conducted by Rachael Wood, a Specialist Registrar in Public Health Medicine at Lothian NHS Board. A leaflet on cervical screening has been developed by FAIR, a local group working with people with learning disabilities. The staff will focus initially on eliciting the views and experiences of women with learning disabilities on cervical screening. They will then work with local staff on developing good practice based on these and the audit of current practice. They will also develop training materials based on the project's experience for those involved with cervical screening.

Details of the project are available on: [www.scan.scot.nhs.uk](http://www.scan.scot.nhs.uk) (via the links: projects – improving cervical screening for women with learning disabilities).

1. Stein, K and Allen, N. (1999) Cross sectional survey of cervical cancer screening in women with learning disability British Medical Journal: 318: 641
2. Nightingale, C. Barriers to health access: a study of cervical screening for women with learning disabilities: London: Department of Health
3. NHS Cancer Screening Programmes (2000) Good Practice in Breast and Cervical Screening for Women with Learning Disabilities. Sheffield: NHSCSP

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# CHINESE HEALTH INFORMATION DAY

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The Chinese community in the Lothians numbers roughly 4000, and there are several community based projects in Edinburgh which work specifically with this population.

This particular initiative arose out of work on coronary heart disease prevention, and the need to make information and support more accessible to minority ethnic groups.

A group composed of workers from community projects, MEHIP (Minority Ethnic Health Inclusion Project) and Lothian NHS got together to consider the issues of information provision. Many older Chinese people, in particular, do not speak English well, and it was felt there was a need for written materials not only to be available in Cantonese but which would also contain culturally appropriate advice.



A basic leaflet entitled “How Common is Coronary Heart Disease?” was produced, with input and feedback from health project users throughout the process, which took many months.

The working group decided to hold a Health Information Day to launch the leaflets, with workshops promoting the advice given. The day included -

- workshops on managing stress
- relaxation workshops
- cookery demonstrations (of healthy western food, by request)
- a gentle exercise session, and a guided walk.
- on-site massage sessions
- information stalls

Participants were also able to get specialist advice and information on blood pressure and diabetes, as well as giving up smoking.



Over 200 people attended the day, and feedback via the evaluation forms (administered in Cantonese by workers and volunteers) was overwhelmingly positive.

While pleased with this success, the working group acknowledges that such an event is just a start, and much follow-up work is indicated. Firstly, participants on the day were all over 35, and the majority over 50 – there is clearly a need to target a younger age group too. People also asked for more information about specific health issues, and there are initial plans to meet this request through a series of targeted sessions delivered to different community groups and projects in the autumn.

Overall, the work is set to develop in a number of directions, with an emphasis always on practical initiatives to support people access information and support.

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# POSITIVE EVIDENCE OF HEALTH IMPROVEMENT IN COMMUNITY HEALTH

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Since 1999 GGNHSB has been an active partner in a concerted and coordinated programme that links work to promote good health with social inclusion. The results from the recent Health and Well-being survey of the Greater Glasgow population (2002) have provided encouraging evidence of improving health in deprived communities

While the results highlight the adverse influence that poverty and deprivation have on health - generally SIP residents rated all aspects of their health lower than non- SIP residents - nevertheless there are clear indications that there have been improvements since a similar survey was carried out in 1999<sup>1</sup>. In many aspects of health the rate of improvement has been greatest in SIP areas - suggesting that the policy of targeting resources, partnership working and building community capacity for health among deprived communities is effective and the inequality gap is closing.

### Positive changes in lifestyle

- Overall, the number of people eating more than 2 high fat snacks per day has decreased by 22%. In SIPs there has been a 31% reduction.
- Overall the numbers of people exceeding the recommended weekly alcohol limit has decreased by 5%. The reduction in SIP areas is double this at 10%.
- There has been an increase of 12% in the numbers of people taking at least 30 minutes moderate activity 5 times per week. This change is due mainly to change in SIP areas.
- Making positive change for a healthier life depends on an individual feeling they are 'in control' and have the capacity and confidence to do things differently. The increase of 9% in the numbers of people living in SIP areas who feel they have control over decisions that affect their lives is therefore particularly encouraging.

### Positive change in life circumstances

The results show that people in SIP areas feel better about their local environment and their personal, social and economic circumstances have improved.

- 19% more people in SIP areas feel their area is a good place in which to raise their children
- There is an increase overall of 9% in people saying they feel safe walking in their area, even after dark. In SIP areas this has improved by 16%.
- There has been a reduction overall of 14% in the numbers of people without educational qualifications. In SIP areas there has been a reduction of 21%.
- There has been a reduction of 8% overall in the numbers of people living in a household where no one is employed. Among SIP residents there has been a reduction of 7% in this respect.

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<sup>1</sup> In determining what change has occurred since 1999 a confidence level of 99.9% was applied. (This allows us to report that in 99.9 cases out of 100 it is more likely that changes showing up in the survey are indeed the result of real change, and not merely a 'chance' finding.)

## Negative change

There are 4 areas where negative change is apparent.

- The number of people registered with a dentist has reduced by 7%
- The number of people eating 5 slices of bread per day has reduced by 5%
- The number of people belonging to a club has reduced by 10%
- The number of people expressing a positive view of their local area has reduced by 6%

While it is disappointing to have any areas where things appear to have become worse, the change has taken place mainly in the less deprived areas. There has not been the same deterioration in SIPs.

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# BANKIES BUY BANK

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One of the key roles played by Health Promotion in Greater Glasgow is working closely with community planning partners in each of our local authority areas. Described here is an innovative example of this multi-sectoral working, in the West Dunbartonshire area. Clydebank Housing Association in partnership with NHS Greater Glasgow and the Clyde Waterfront URBAN II Programme (a European Union Community Initiative funding stream for economic regeneration) has taken a 100 years lease on a former bank in central Clydebank and is turning it into a social economy centre.

A need for premises was identified for small voluntary sector and social economy projects in Clydebank and as part of Clydebank Housing Association's wider role a successful proposal was developed and awarded European match funding of £181,250 with support from NHS Greater Glasgow. The voluntary sector is a growing part of both community infra structure in terms of support that it offers to communities and in terms of both employment and economics. Fiona Webster the Director for Clydebank Housing said, "having such a prime building in Clydebank in community ownership is a great asset to Clydebank residents. We will be operational in early September and we have a number of organisations ready to make use of the building. These range from projects that build community capacity to a research and evaluation social firm". Bringing together a range of voluntary sector and social economy projects will allow greater cross fertilisation offering a wider range of services and opportunities to local communities.

As housing associations develop their wider role in communities they are becoming influential partners by realising their health improvement potential by addressing physical and socio-economic issues.

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# ASK THE AUDIENCE – COMMUNITY INVOLVEMENT FOR YOUNG PEOPLE

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Q: What have *Who Wants to Be a Millionaire*, postcards, photography, post-it notes, video and pupil councils got in common?

A: They are all linked to the ways in which the Child and Youth Health Promotion Team (and its partners) have used to find out young people's views and needs in the past few years.

The Team has realised that in addition to the traditional methods of 'asking people' things – surveys, interviews, focus groups, etc – young people can be engaged in many more interesting approaches regarding consultation and needs assessment work.

Here are some examples:

- Using peer researchers to find out the barriers for young people regarding primary health care access. This resulted in a video which created a real stir at the Local Health Care Co-operative as well as providing great insights and training up 3 young people on research techniques
- Using the Option Finder/Viewpoint Interactive technology (like Ask the Audience on Who wants to be a Millionaire) within the context of consultation events. This is good fun and provides a really excellent body of quantitative information
- Using photography and arts workshops to identify health priorities for young people in another LHCC. The resulting art-work pieces were made into post-cards and had great impact in challenging the adult view of what the issues for young people were.
- Using participatory appraisal techniques (involving the ubiquitous post-it note) to look at prioritising service developments in one area of Glasgow
- The use of a web-based questionnaire to engage young gay, lesbian and bisexual young people in a health needs assessment

In addition the Team has made use of lots of group-work opportunities, residential, other art-work, etc.

The key lessons in all this are:

- Young people are creative
- Young people are a mixture of different groupings each of which might need a different approach
- Young people have quite complex views that need to be unpacked through the use of different media
- Asked in the right way young people can confound the adult view of what young people think is important
- Young people can be active players in any of this research and that they can be taught basic research skills which will enhance their own, and their communities' capacity

So, don't be afraid of 'asking the audience'!

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Note: this article appears in the current issue of the CHEX newsletter

# EMOTIONAL LITERACY IN GREATER GOVAN PILOT INITIATIVE

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**Objectives:** Early prevention and intervention

**Timescales:** April 2004-March 2006

Within the Government's central policy of reducing social exclusion, it is now clearly acknowledged that the very particular difficulties faced by children and young people growing up in Glasgow, has a huge impact on their ability to realise their full potential and to develop into healthy, confident adults.

Local strategy developments also reflect the Government's stance. The Glasgow Alliance strategy, for example, places children and young people at the heart of its 'continuing regeneration of Glasgow', and places a particular focus on

- Improving child health
- Developing more effective early intervention in children's lives
- Raising the educational attainment of young people in Glasgow

*(GGNHSB Child and Youth Mental Health Promotion Strategy 2001)*

### **Emotional Resilience Greater Govan**

In developing its proposals for the effective use of the Tackling Misuse Allocation the Greater Govan SIP adopted an evidence base approach. In 2001 the Tackling Drugs Misuse Group commissioned Aberlour Childcare Trust to undertake research on the effects on children of drug using Parents. (Keeping it Quiet). One of the key recommendations of the research was support to the child in relation to :

- Support to children's education
- Support to children's social life
- Practical support to families

Children of drug using parents experience disadvantage through exclusion from school, lack of educational support, failure to develop lasting friendships, access to leisure opportunities and opportunities to develop their skills. The impact of parental drugs use on children may involve family break up, chronic poverty, rejection by friends and/or community. How an individual child is affected can vary enormously. Children in the age group 8-12 yrs (target group for Govan) may experience depression, emotional disturbance, poor self-image and esteem.

The Emotional Resilience Project will employ local people to provide mentoring support to children enabling them to access opportunities to develop social connections within the local community and to support educational development.

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# CHILD AND YOUTH TEAM- INFORMAL EDUCATION SETTING FOR 5 TO 12 YRS

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Informal education settings for 5 to 12 year olds are extremely important in terms of children's well being and development. There are a vast range of organisations providing services such as, small voluntary organisations, after school care, uniformed organisations and faith organisations. Often, their work remains unrecognised and without support.

The Child & Youth Team in the Health Promotion Department, Greater Glasgow NHS Board recognised this gap and, in 2002, assigned a dedicated worker for this sector. A Health Related Needs Assessment was conducted with children's workers, and the main findings are outlined below:

- Lack of training, especially around behaviour management and self esteem.
- Lack of health related resources.
- The need for a network to share information.

The department has responded to this in the following ways:

### **Training on Behaviour management and Circle Time.**

These training events have run three times, and been oversubscribed each time. The first two sessions were in partnership with the Maryhill Community Health Project. The evaluations of the course have been positive and will be written up and available for dissemination as required.

### **Healthy Games**

With a multi-agency approach, fun resources have been developed to enable and facilitate workers in raising health issues such as mental health, racism and anti-bullying, in a fun, interactive way in informal education settings. These resources incorporate both games and craft activities and have been piloted with a number of groups. The responses have been very positive, and resources will be rolled out over the coming year.

### **Child Health Network Launch**

The launch of the Child Health Network aimed to bring the range of informal children's service providers together to share information, attend workshops and to sign up to the network. The day was well attended with 120 delegates, many of whom attended out of their working hours. Evaluations indicated a positive response. Another consultation was conducted and responses indicated a further interest in behaviour management and child protection training and sharing of information. The department will be responding to these requests in the coming year with training and a newsletter.

### **Conclusion**

Over the past two years, the department has recognised that there is a vast amount of work done by the children's sector. There is also a clear commitment from workers to help improve the health and well being of the children they come into contact with. At this stage, it is important that this sector isn't overlooked in terms of resources and support. Meanwhile, our long-term aim is to explore ways of inter-agency working to help sustain the support needed by this sector.

All of the above work is in the process of being written up and will be available for dissemination later this year.

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# Healthy Communities

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Workers at the Child Health Network Launch

Healthy Games Workshop

Snakes & Ladders  
Mental Health Theme



Workers at the Child Health Network Launch

Circle Time Workshop



Resources included in the healthy games (on a wall in an after school club)

- Positive mental health poster
- Racism/diversity poster
- Safety in the environment poster (drawn by the children)

# YOUNG PEOPLE IN CARE – HEALTH PROMOTION WITH A VULNERABLE COMMUNITY

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For over five years, Health Promotion in Greater Glasgow has been involved in developing innovative work with a community recognised to be highly vulnerable in terms of poor health outcomes – children and young people who are looked after and accommodated. This work has had a strong multi-agency dimension to it throughout and some of the main developments are briefly outlined below.

The health of young people in public care has received increased attention at a political and practice level in recent years. The successful Scottish conference on the health of looked after children and young people held at the end of last year contributed significantly to raising awareness of the health needs and issues of this particularly vulnerable group of children and young people.

Greater Glasgow had a lead role in organising this national event and continues to develop and support a range of responses to improve health outcomes for this group of young people. Some of this work has involved supporting the development of existing and new networks and forums for the exchange of information, ideas and examples of good practice at a local and Scottish level via the Scottish Forum for Through Care & Aftercare.

Recently commissioned Glasgow research has contributed to increasing our understanding of the particular health issues of young people in residential and foster care and continues to inform health planning and service delivery. Increased investment in specialist mental health, drug and nursing services for looked after children will result in closer integration of services and improved service delivery and outcomes for young people.

Young people will shortly be consulted with in relation to the draft joint protocol between Glasgow City Council Social Work Services and NHS Greater Glasgow designed to improve health procedures and practice for looked after and accommodated children. It is hoped that the development of a new planning, auditing and monitoring framework - 'the health promoting unit pilot' - based upon the health promoting schools approach, will improve the co-ordination and delivery of health programmes and activities across and within residential homes. New work is also taking place to address complex issues in relation to teenage pregnancy and sexual health & relationships through new policy development and improved joint planning.

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# DEDICATED PATIENT TRANSPORT INITIATIVE TO ADDRESS HEALTH AND WIDER SOCIAL INCLUSION ISSUES

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A patient-centred approach to tackling regeneration issues is being developed in Glasgow through the setting up of a pilot project, aimed at meeting the increased demand and specific transport requirements of cancer patients accessing the Beatson Oncology Unit and other cancer care units within the Greater Glasgow area. An innovative feature specific to this project is the creation of training and sustainable employment opportunities targeting long-term unemployed in areas of disadvantage.

The project established in March 2004 has been developed by a partnership group, involving Scottish Ambulance Service (SAS), Greater Easterhouse Development Company Ltd (GEDC), Beatson Oncology Centre and GGNHSB Health Promotion Department. The starting point for the project is the recognition that this patient group relies heavily on the ambulance service for transport to and from treatment sites. The majority of Glasgow patients accessing the service will be from areas of high deprivation, where poor public transport links and the costs of accessing public transport impose additional problems.

Patient treatment is often intense and prolonged and there are a number of gaps in the current transport service, which impact on the quality of care, patient recovery and well-being, lead to delays and impose additional costs on health services. Service user consultation has been built into the project design and strong links made with cancer support and other voluntary sector agencies.

The project will operate as an integral part of existing service provision and link with current systems in operation between treatment centres, SAS and patients. A fleet of 7 dedicated ambulance cars will offer a reliable, client-centred transport service for patients to/from their home and the treatment centre. There is staff awareness training provided on patients' condition resulting in better communication and a more sensitive service

There will be regular monitoring and evaluation of the service e.g. service user satisfaction surveys, representation on project advisory group, and community consultation.

The project costs for covering staff salary and training costs, vehicle leasing, fuel and administration costs for two years is provided by the New Opportunities Fund for Cancer, Scottish Ambulance Service, Greater Glasgow NHS Board and Greater Easterhouse Development Company.

There is a recognised need to test out alternatives to promote patient access to NHS and related services. This has emerged through the Acute Services Review, within the Ambulance Service and through engaging communities through the Social Inclusion Partnerships. Learning from the project will be used to inform future planning and service development.

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# FOOD TRAIN COMES TO MIDLOTHIAN

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Following the example of volunteers in Dumfries and Galloway, Community Health Volunteers from Midlothian's Ageing Well project along with the co-ordinator met to discuss how to start this service in Midlothian.

The initial concept of the service in the Midlothian area came from the enthusiasm of the Ageing Well volunteers who had seen a news programme about the success of the Dumfries and Galloway project and researched the need for this in Midlothian.

The concept of the food train is to help people who are physically unable to shop themselves by delivering a wide range of food and household goods to their home. This allows them regular contact with other people as well as enjoying a healthier diet.

Following discussion with other health professionals in the area to discuss the feasibility of the service a grant was obtained from the Health Improvement Fund for £3,000. Several meetings took place and the Food Train launch took place on April 16th 2004 .

The initial pilot started in the Mayfield area and will be extended to the rest of Midlothian. The service will continue to have a large input from Midlothian's Ageing Well Project. At present it is co-ordinated by Gorebridge Health and Regeneration Project until the initiative is able to be sustainable and stand alone as in Dumfries.

Regular meetings are held involving Ageing Well Co-ordinator and Volunteers along with relevant Health professionals involved in the initiative.

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Get up and go - [www.edinburgh.gov.uk/getupandgo](http://www.edinburgh.gov.uk/getupandgo)

# HOSPITALS HELPING UNEMPLOYED BACK INTO WORK

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A hospital-based initiative which helps jobless people back into the workforce has been inundated with applicants.

The new *Working for Health in Greater Glasgow* project offers unemployed people the opportunity to gain practical experience working as support workers in hospitals across the city.

First advertised at job clubs and centres before Christmas, there was so much interest from potential participants, the project was oversubscribed.

NHSGG's Mark McAllister, who is part of the project coordination team, said: "We're delighted this new project was so popular. Unfortunately, we couldn't take everyone who applied, but 15 trainees are now in placements throughout Glasgow hospitals, shadowing health workers and picking up the vocational skills they need to get jobs in the NHS."

Trainees are given six weeks work experience which sees them taking up a variety of posts including catering, portering, administration, nursing assistants and medical laboratory assistants. Training is provided on-the-job and by training provider, the WISE Group.

At the end of that training period, they are then guaranteed an interview for any support worker vacancies that may arise throughout NHSGG.

Mark revealed the initiative isn't just about getting unemployed people 'job ready' nor is it about filling empty posts.

He said: "Part of the challenge for the project is to overcome the stigma attached to unemployment. Returning to work after being out of a job for a long time can be difficult for candidates, but *Working for Health* operates to dispel the barriers and improve employment opportunities for participants."

Another one of the aims of the project is to improve participants' overall wellbeing.

Mark said: "Employment is an excellent start towards good health. The project brings together workforce planning and health improvement. Being in employment is the first step towards physical and mental wellbeing."

So what did the trainees think? As the second largest employer in Greater Glasgow, NHSGG particularly appealed to two candidates James Alford and Dawn Fyfe, who have been training at the Southern General Hospital.

James (43) is training in hospital catering and views the NHS as a place that provides job security and the chance to help others. He found out about *Working for Health* through the Gorbals Initiative. He has a personal interest in catering, since cooking is his hobby and revealed the project has boosted his self-esteem.

He said: "This placement has given me a great insight into the NHS. You don't need any qualifications or experience to get on to this course and I've really enjoyed it. A benefit from this course is that I've started to eat more healthily because of it."

Twenty-six-year-old Dawn aspires to be an auxiliary nurse and is keen on working with children, so the project was an excellent opportunity for her to find out about working in the NHS.

She found out about the project through her local job centre and told *Staff News* she feels more confident and secure since gaining her placement. Through the project, Dawn has had the chance to refresh skills from a previous computer course at college.

She said: “The placement is important for me because I have two children and prefer to be in secure employment. I will definitely pursue a career in the NHS.”

It is hoped that this type of initiative will become part of the mainstream means of recruitment and training in NHS Greater Glasgow.

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# FIZZ BAN WALLOP

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Dental health in the Western Isles is set to be improved with the removal of full sugar drinks from schools and sports centres in the Western Isles in June 2004.

It is believed to be the first time in Scotland that full sugar drinks have been removed from sports centres.

The Integrated Community Schools project conducted a wide consultation exercise with pupils, parents, school staff and health professionals and the vast majority of respondents are in favour of the proposal.

With the removal of full sugar drinks from schools and sports centres the Comhairle will promote water, milk and other appropriate drinks.

Lifestyle surveys in the islands show a disturbing increase in the consumption of sugary drinks amongst school children. Data from the Scottish Executive indicates that young people in the Western Isles have a major problem with their dental health.

However, the most recent data shows an improvement in the dental health of children in the Western Isles. This is partly due to the sustained programme of Dental Health Education and promotion of healthy drinks in schools. By encouraging pupils to drink water and other less sugary substitutes this will contribute to a decline in the number of children who develop significant dental caries in later life.

The Comhairle's Chairman of Education and Children's Services, Councillor Norman L Macdonald, said "The nutrition of the school population is a key factor in contributing to the health and welfare of future generations and less sugary drinks available in schools will have a positive effect for dental health and in reducing general sugar intake"

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# HEALTHY BYTES – HEALTH INFORMATION FOR COMMUNITIES

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Sorting out good from bad and the downright dangerous when seeking health information on the internet is a daunting task. Eastbank Health Promotion Centre through its ICT facility have been ensuring older adults are able to make decisions about their health based on accurate, unbiased information. Basic computing skills classes provided to familiarise learners with using a keyboard and mouse have been followed by e-mail and internet courses.

The digital divide between those with ICT skills and access to the internet excludes many individuals and groups already experiencing health inequalities. Healthy Bytes set out to make ICT facilities accessible and understandable for all age groups, but our classes have proved extremely popular with older adults, many of whom were already attending leisure classes in the building. For many of our older adults this has meant renewed communication with family and friends which helps to avoid social isolation. Some learners have undertaken modules for ECDL, one has developed a web-site for a school reunion and another gained confidence to work as a 'computer buddy', helping others learn about computers. The project was part-funded with a NOF Community & Adult Learning Grant one of a minority awarded to an NHS establishment. The grant funding ends July 2004 and an evaluation report will be available at the end of that month.

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