

Making Edinburgh Healthier: A Discussion Paper towards a Joint Health Improvement Plan for Edinburgh

جعل أدنبرة موفورة الصحة
ورقة مناقشة نحو خطة مشتركة لتحسين الصحة في أدنبرة

এডিনবরাকে আরও স্বাস্থ্যকর করে তোলা
এডিনবরার জন্য স্বাস্থ্য উন্নয়নের যৌথ পরিকল্পনা নিয়ে আলোচনা করার
পত্রিকা

使愛丁堡更健康
愛丁堡健康改善聯合計劃討論文件

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EDINBURGH COMMUNITY HEALTH PARTNERSHIP
Health Inequalities Standing Group

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Introduction

- 1.1 Health and wellbeing are fundamental to quality of life. Improving health and addressing health inequality require attention from all services and sectors, including the NHS, local authority, third sector and private sector, and this makes health a major issue for community planning. Joined up planning and service delivery across agencies and sectors has been promoted by successive governments in Scotland as a means to improve public services and gain added value from existing investment of resources. It remains a key driver for change.
- 1.2 The Joint Health Improvement Plan (JHIP) identifies actions which city partners will take to help people in Edinburgh to sustain and improve their health and wellbeing, and to reduce health inequality in the city.
- 1.3 Our **vision** for a healthier city is that: by 2011 Edinburgh will show steady improvement in the health and wellbeing of its people, and a reduction in the health inequalities experienced by its disadvantaged communities.

Health Inequalities Standing Group

- 1.4 In Edinburgh the Health Inequalities Standing Group (HISG) has been charged with drawing up the joint plan for 2008-2011. The group is part of the Edinburgh Community Health Partnership which is responsible for all community health services for the city. The HISG brings together representatives of the Council, NHS, the third sector and the Public Partnership Forums. The remit of the HISG has included the following: reviewing progress on the first Edinburgh JHIP¹, mapping current activity in relation to health improvement and health inequality, identifying gaps and planning future action. (For further information on the HISG see Reference Paper A.) .

Selection of themes as focus for next three years

- 1.5 In developing this discussion paper, the Health Inequalities Standing Group reviewed the 11 themes of the last JHIP. The HISG recognised the need for action on many fronts, but noted that a wide range of actions were already being taken forward by city partnerships. (Examples of the actions on key health determinants are shown in paragraph 2.5 and Reference Paper C.) The HISG saw the need to focus on a reduced number of priorities on which a difference could be made by joint action, acknowledging the limited resources available for additional action. The group agreed four criteria to guide its selection. Themes had to be assessed as:

¹ Working for a healthier Edinburgh: Edinburgh Joint Health Improvement Plan 2003-2006

- an important public health and wellbeing and health inequalities issue
 - requiring joint work i.e. not a clinical service
 - suitable for joint intervention through a programme of linked actions at different levels
 - a topic not served by another partnership or joint group in Edinburgh, but where joint action is a vital part of effectiveness.
- 1.6 The HISG identified four themes which met 3 or more of these criteria in May 2007, and a health improvement seminar with a wide group of stakeholders in June 2007 to consider proposed themes endorsed this selection. The four themes are:
- **Food and health;**
 - **Physical activity;**
 - **Social capital ;**
 - **Healthy environments**
- 1.7 Sub-groups have been established for each of these themes, with representation from statutory agencies, the third sector and the Public Partnership Forums. The subgroups are now proposing areas for action in Section 3 below.
- 1.8 The aim of this consultation is to gather the views of public and professionals alike on these proposals in order to determine an agreed way forward for joint planning in health improvement and health inequalities in Edinburgh.

Key questions

Through the consultation process we will be seeking views on key questions. The first of these are:

- Do you agree with the proposed vision of the plan? (paragraph 1.3 above)
- Do you agree with the proposal to focus joint action in 2008-2011 on a reduced number of themes? (paragraph 1.5 above)
- If you disagree, please say why.
- Do you agree that the 4 selected themes (food and health, physical activity, social capital, and health environments) are the right ones to focus on?
- If you disagree, which other themes would you recommend and why?

2. Health Improvement and Health inequalities in Edinburgh

The current picture

- 2.1. Scotland as a whole has a poor health record in relation to most European nations, but national trends for health and health-related behaviours are positive, with steady improvement across a range of indicators. However, over the last 20 years more advantaged social groups have seen a faster improvement in health, leading to an increase in the health gap between those at the top and the bottom of the social scale. These inequalities can be seen in a wide range of indicators and examples are provided in Reference paper A, tables 1-5. The lowest socio-economic groups still have very poor health by national and international comparisons. Perhaps the starkest illustration comes in terms of life expectancy, where figures comparing affluent and deprived populations in Scotland show a difference of 6-7 years.
- 2.2. The situation in Edinburgh reflects these national trends: the health picture is one of improvement, but affluent areas outperform more deprived communities in the pace of improvement. Local statistics which illustrate the scale of health inequalities can be found in the Edinburgh Regeneration Outcome Agreement Annual Report 2006/7², which shows that the city is making progress in tackling inequality, but that deprived areas still lag behind. For example, the rate of hospital admissions due to Coronary Heart Disease shows an 8% reduction for the city as a whole between 2002/3 and 2005/6 but only a 4% reduction in the deprived areas. Figures for breastfeeding also show a positive trend, but the level of breastfeeding is only 28.6% in deprived areas against 57.2% in the city as a whole.

Health inequalities – what works?

- 2.3 Successive Scottish administrations have sought to reduce health inequalities, and the new government has clearly stated its intention to focus on “helping people to sustain and improve their health, particularly in disadvantaged communities”. Several major UK reports over the last 50-100 years, including the 1980 Black report³ and the 1998 Acheson report⁴, have identified that poverty and socio-economic status are key determinants of health. Therefore the required policies and actions to address inequality are those that raise socio-economic status, including education, skills, employment, income maximisation, taxation/tax credits and welfare benefits. Also important are actions to address discrimination (e.g. on grounds of gender and ethnicity) and to

² Edinburgh Regeneration Outcome Agreement 2006-07, Capital City Partnership, 2007. It compares results for the city as a whole with those of the 63 local data zones in the most deprived 15% of data zones in the Scottish Index of Multiple Deprivation 2006.

³ Inequalities in health: report of a research working group, DHSS, 1980. (Chairman: Sir Douglas Black)

⁴ Independent Inquiry into Inequalities in Health report, Stationery Office, 1998 (Chairman Sir Donald Acheson)

improve living conditions, environment and access to amenities, including housing, physical environment, green space, transport and local services.

- 2.4 There is a complex relationship between poverty and health – poverty is both a cause and an effect of poor health. There is considerable evidence that harmful health behaviours are more prevalent in disadvantaged communities, as reflected in figures for smoking, drug misuse etc⁵. As a result, a paper produced for the Scottish Government’s Ministerial Task Force on Health Inequalities⁶ calls for both “upstream” actions to address inequalities in society, and “downstream” interventions to address the needs and lifestyles of people suffering from poor health.
- 2.5 In summary, there is wide agreement that action is needed on a range of factors, all of which must be tackled if health inequalities are to be reduced and health improved. Actions on these will play a part in sustaining and improving not just physical health but also mental health and well-being. These factors include:
- **life circumstances:** e.g. income, employment, education, skills, literacy, social capital, housing, the physical environment, transport and access to services;
 - **lifestyles:** e.g. smoking, alcohol, drugs, physical activity, food and sexual behaviour.
- 2.6 Responsibility for this very broad range of factors is distributed over many agencies at national and local levels. In Edinburgh larger organisations include the Council, the NHS and Jobcentre Plus, but every agency, sector and organisation in the city has a part to play. Harnessing everyone’s resources in a joint focus will improve the effectiveness of all our efforts. The Government’s recent action plan, Better Health, Better Care⁷ also reminds us of the responsibility of individuals to take ownership of their own health, with patients and carers invited to be partners in the delivery of their care.
- 2.7 A wide range of actions are already being taken forward in Edinburgh to address these factors. For example action on employment is being implemented through the Joined up for Jobs strategy, which involves the Council, Capital City Partnership, NHS, Jobcentre Plus and third sector organisations. Actions to address lifestyle factors also have dedicated strategies and action plans at either Edinburgh or Lothian levels, for example those for sexual health, drug and alcohol misuse, smoking etc. (See the tables in Reference Paper C for further information on local strategies and actions to address these themes.)

⁵ Scottish Health Survey 2003
<http://www.scotland.gov.uk/Publications/2005/11/25145024/50251>

⁶ Inequalities in Health in Scotland, Sally Macintyre, October 2007

⁷ Better Health, Better Care action plan, Scottish Government, December 2007

National Priorities

2.8 The national priorities for health improvement are an important context for the city level joint plan. Six national priorities were announced in January 2008: health inequality, obesity, smoking, alcohol, early years and mental health. These are also important priorities in Edinburgh and joint action plans exist for most aspects of each one, as illustrated below and in Reference Paper C.

- **Reducing health inequalities** continues as a fundamental aim of the new JHIP, with actions proposed through its selected themes. The factors identified as key life circumstance factors are already being addressed by city agencies and partnership structures. For example, current action on educational attainment seeks to close the gap between affluent and deprived communities – this is an objective of the Council's Children and Families Department. Actions are also being taken forward on employment, income maximisation, housing, homelessness, transport, and literacy.
- **Obesity** is being tackled through a range of actions: by the NHS through its child healthy weight interventions and health promotion messages on healthy diet and exercise; by schools through efforts to promote healthy eating and lifestyles, including the Active Schools and Health Promoting Schools initiatives; and by Sport and Leisure through actions to promote physical activity,. In terms of the latter, Edinburgh's key organisations work together through the Physical Activity and Health Alliance to co-ordinate actions. The city is proposing both food and health and physical activity as important themes to focus on over the next three years. (See Section 3 for more information.) Action these two themes should have a positive impact on obesity levels.
- **Smoking** remains an important priority in the city, with a range of actions being taken forward, including support for smoking cessation, preventing under-age purchasing and preventing smoking in public places, with a key role played by the NHS Lothian Tobacco Strategic Project Board and NHS and Council services.
- **Alcohol** is also a key focus, with Action on Alcohol and Drugs in Edinburgh the key partnership structure – members include Council, NHS, Police, HMP Saughton, the Procurator Fiscal's Office and the 3rd sector. Actions include preventing under-age drinking, treatment of those with alcohol misuse problems, addressing binge drinking in city centre through problem-solving partnerships, increasing public awareness of what constitutes excessive drinking and implementing the Nicholson recommendations on Liquor Licensing Standards Officers and discounted drinks promotions.
- **Early years** have long been recognised as a priority in the city with a range of services identified in the Integrated Children's Service Plan, including parenting support, child protection, early education, social care, childcare and health. Key aims are to focus on early intervention, improve outcomes and life chances for all children in the longer term and to strengthen support to vulnerable children and families. Actions on health behaviours include those to promote

physical activity, increase breast-feeding rates, increase healthy eating through fruit distribution and healthy school meals, and to improve dental health. Actions on health inequalities include increased targeting of deprived communities. In addition, mainstream joint work between NHS and the Council has focussed on creating more integrated services on the ground.

- Actions across agencies to improve **mental health** in the city are being co-ordinated by the Edinburgh Joint Mental Health Group. Actions include redesigning adult and rehabilitation services currently sited on the campus of the Royal Edinburgh Hospital; and developing community-based alternatives to in-patient care, including an Intensive Home Treatment Team, a Crisis Centre and enhanced accommodation and support provision. A wide range of mainstream services contribute to sustaining and improving mental health and well-being, including NHS, education, employability and community development services, as well as other work to address poverty, discrimination and inequality.

2.9 In late 2007 the Scottish Government published two important documents that will have considerable influence on the future direction of public services. The first was the concordat with CoSLA and local authorities, in which 15 national outcomes and 45 national indicators and targets were outlined. These will be used as a basis for Single Outcome Agreements (SOA) that all local authorities have been asked to prepare by 1 April 2008. 21 of these indicators relate to improvements in health, care and health inequality. The second key document was *Better Health, Better Care*, the Government's action plan for health, which will guide the future priorities of the NHS. This plan included the list of targets for 2008-09 against which the NHS will be measured (the HEAT targets). The table at Reference Paper D lists the HEAT health improvement targets against the corresponding SOA indicators, and the other SOA indicators that relate to health, care and health inequalities. These outcomes and targets will be used as a basis for measuring progress in improving health in Edinburgh.

3. Making a Difference in Edinburgh

FOOD AND HEALTH

Why this theme is important

- 3.1 Good nutrition and a healthy diet can help to improve well being and reduce the prevalence of many significant diseases including, diabetes, obesity, osteoporosis, dental caries, and finally, cardiovascular disease and cancer, which are two of the most common causes of death. Our poor diet in Scotland is related to 30% of life-years lost in early death and disability (World Health Organisation 2004). Improving children's diet in particular can make a major impact on their health, with beneficial outcomes for educational attainment and improved health in later life. Overall, the need to improve the diet of the population has not changed. The recent review of the Scottish Diet Action Plan showed no progress towards meeting the dietary targets set out in *Eating for Health* in 1996 with the exception of breastfeeding.
- 3.2 Lothian statistics from the Scottish Health Survey 2003 give cause for concern in relation to intake of a number of key foods:
- Only 22% of the adult population consume the national target of 5 portions of fruit and vegetables per day (although intakes are slowly rising)
 - 25% of the adult population eats sweets or chocolates once a day or more
 - Only 22% of the adult population eat the target of 1 portion of oily fish per week
 - While breastfeeding rates at 6-8 weeks in Edinburgh are an average of 57.5% (above the national average of 50%), rates in affluent communities are much higher than those in deprived communities and range from 87% to 18.2%.
- 3.3 Food and health inequalities are most often linked to living on a low income, resulting in individuals, families or communities having difficulty in accessing a varied and healthy diet⁸. National plans have identified that in order to increase access to healthier food choices in low-income areas, access, availability, affordability, culture and skills must be addressed.

Links to Local and National Policy

- 3.4 Food and Health is high on the agenda at both a local and national level. The main policy driver for improvements in diet and nutrition in Scotland is the Scottish Diet Action Plan (*Eating for Health*)⁹, supported by a number of national programmes for children's diet such as *Hungry for Success*, *Nutritional Guidance for Early Years*, *Healthy*

⁸ Owens B: Out of the frying pan. Save the Children, London, 1997

⁹ Eating for Health: meeting the challenge. Scottish Executive 2004

Start and the *Health Promoting Schools* Scheme. More broadly, improvements in diet are supported by the key themes and priorities of the national regeneration policy, *Closing the Opportunity Gap*, and the Scottish Government's recent *Better Health, Better Care: Action Plan*¹⁰. Current developments, including the Scottish Government National Food Policy discussion paper and the recommendations of the Foresite¹¹ Report, should inform the direction of local work in the future.

- 3.5 At a local level there is a range of initiatives to promote the uptake of healthier food choices based on the priorities of these national strategies and programmes. Lothian and Edinburgh strategies include the NHS Lothian Strategy to improve breastfeeding rates, while city-wide programmes include the City of Edinburgh Breakfast Club Programme, Health Promoting Schools and actions to improve school meals through 'Hungry for Success'. At a neighbourhood level there are a wide range of activities carried out by the voluntary sector aimed at tackling the barriers associated with making healthy food choices.

Progress to date and proposed actions

- 3.6 The Edinburgh Food and Health Task Group was formed in September 2007. The group consists of representatives from statutory agencies and the voluntary sector. Initial scoping has focussed on identifying actions to tackle food and health inequalities, to identify current gaps in provision, to assess the scope for development of current activity and to add value to existing work.
- 3.7 A key driver for the Group is to tackle food and health inequalities both geographically and in communities of interest. Included as priorities initially are: improving nutrition in early years, and addressing the barriers associated with making healthy food choices (such as cost, access and skills to prepare healthy food items). The following actions are proposed to achieve this.

3.8 Improving Nutrition in the Early Years (infants and children under 5 years old)

Key outcomes and actions include the following:

- Increasing breastfeeding rates at 6 weeks (HEAT Target of 43.7% by 2011) has been identified as a priority. Proposed actions include: expanding current activity by building capacity within the workforce and communities of interest to focus on areas where rates are particularly low, and the development of a City-wide

¹⁰ Better Health, Better Care. Scottish Government 2007

¹¹ Foresite: Tackling Obesities: Future Choices – project report. Government Office for Science 2007

“Breastfeeding Friendly” Award Scheme building on good practice in West and East Lothian.

- Delivering a sustainable nutrition-training programme for individuals working with the early years across the City. This work aims to increase knowledge and skills to promote healthier food choices within early years' establishments and in other agencies and sectors to support the implementation of the National “Nutritional Guidance for the Early Years”.

3.9 Reducing the Barriers to making Safe and Healthy Food Choices for Children, Families and Communities

Key outputs and actions include:

- The development of a food and health network to allow for the sharing of good practice and joint working.
- Scope current provision, conducting needs assessment and making recommendations for future work with communities of need e.g. pregnant women; older people; BME communities; young people outwith the school setting and people who are homeless.
- Develop and deliver comprehensive training programmes to improve knowledge and skills around all aspects of healthy food and food safety.
- Scope opportunities for joint action with other topic areas. For example, addressing diet, physical activity and environmental issues through growing for health / community gardening initiatives.

3.10 Developing a Strategic, Co-ordinated Approach to Food and Health Activity across the City.

Key outcomes and actions include:

- Improve communication between partners involved in food and health work through various mechanisms such as electronic newsletters, holding events and seminars to champion and share good practice.
- Review the role, remit and membership of the Food and Health Task Group.
- Develop a food and health action plan for the City involving a broader range of partners to meet our overall aims.

How will we know we have been successful?

- 3.11 To measure progress, local authorities and NHS have been given indicators and targets by the Scottish Government within both the Single Outcome Agreement (SOA) framework and HEAT targets. Targets that link to food and health include: increased breastfeeding rates in Lothian at 6-8 weeks to 43.7% (from 35% in March 2007); reduced childhood obesity; reduced mortality from heart disease; improvements in oral health in children. Although multi-factorial, improvements in diet have been shown to contribute significantly towards these outcomes in the longer term. Achievements against

intermediary outcomes and the results of the next Scottish Health Survey in 2009 will be used to assess progress towards these longer-term high level outcomes. These intermediary factors include: an increased in breastfeeding rates in areas where rates are currently low; improved knowledge and skills to make healthier food choices; and increased intake of fruit and vegetables in targeted groups within the population.

Key questions:

- Do you agree with the food and health actions and outcomes proposed?
- If you disagree, what actions and outcomes would you recommend?

PHYSICAL ACTIVITY

Why this theme is important

- 3.12 As a nation, Scotland is inactive, unfit and increasingly overweight (obese). The health of two-thirds of the Scottish adult population is now at risk from physical inactivity, making it the most common risk factor for coronary heart disease in Scotland today. Perhaps most worrying, this trend starts before young people have left school. Tackling this is now crucial.
- 3.13 The Scottish Health Survey¹² shows that most people in Scotland are not active enough. The numbers are large and the implications are immense. For example:
- 72% of women and 59% of men are not active enough for health
 - This scale of physical inactivity makes it the most common risk factor for coronary heart disease in Scotland (more so than smoking or obesity) and
 - Amongst children, 27% of boys and 40% of girls are not active enough to meet the guidelines.
- 3.14 The health effects of an inactive life are serious. Inactivity accounts for over a third of deaths from heart disease; added to this is the disease, disability and poor mental health that come from the growing levels of obesity and a lack of physical strength. Physical Inactivity has been called the silent killer of our time.
- 3.15 Within this general picture of inactivity there is a major issue of health inequality. The proportion of sedentary adults from the lowest socio-economic groups is twice that of those from the highest socio-economic groups. (Sedentary is defined as doing 30 minutes or less of physical

¹² Scottish Health Survey 2003. Scottish Executive, 2005

activity or one day a week or not at all.) However, any actions to deal with this inequality need to be very carefully targeted as some people from the lowest socio economic groups are also amongst the most active in daily life - largely accounted for by more manual work and lack of access to private motorised transport. There is a lack of research on physical activity for people with disabilities, people from ethnic minority groups, people over 74 and people with specific health conditions. However, research from elsewhere suggests that they are likely to be less active than the general population¹³.

Definition

3.16 Physical activity is a broad term to describe movement of the body that uses energy. There are many opportunities for physical activity which can contribute to a healthy life: exercise, sport, play, and dance, and also active living such as walking, housework and gardening. Given this very broad range of ways in which we can be active, there is no single department, agency or organisation that currently develops and promotes and delivers all areas of physical activity.

3.17 Physical activity does not need to be strenuous to have significant effects on people's health. There are 2 well accepted health messages:

- Adults should accumulate (build up) 30 minutes of moderate activity on most days of the week
- Children should accumulate (build up) at least one hour of moderate activity on most days of the week

(Moderate activity is using about five to seven calories a minute – the equivalent of brisk walking.)

Links to Local & National Policy

3.18 The National Physical Activity Strategy 'Lets Make Scotland More Active' (Scottish Executive 2003)¹⁴ sets out key objectives and recommendations to increase physical activity levels in Scotland. It looks specifically at the age stages from early years through to elderly and across all the main settings (schools, community, work place and residential care homes). There are national programmes in place to support the implementation of this strategy such as Active Schools, Paths to Health, Jog Scotland and work is supported further through Health Promoting Schools and Healthy Working Lives. The recent document 'Better health Better Care' also identifies physical activity as a key theme. Other key strategies include the Scottish National

¹³ Active for Life Guidelines: Promoting Physical Activity with Black & Minority Ethnic Groups, Health Education Authority.

¹⁴ National Physical Activity Strategy. Scottish Executive 2003. Available at:

<http://www.scotland.gov.uk/Publications/2003/02/16324/17895>

More information on physical activity can be found at <http://www.paha.org.uk>

transport strategy¹⁵, which highlights supporting sustainable transport (walking and cycling) and SPP11 Scottish Planning Policy.

- 3.19 In Edinburgh, the Physical Activity Alliance is working towards the strategic co-ordination of physical activity for the city. Locally, there are various initiatives to increase physical activity levels amongst the population of Edinburgh, such as the Active Schools Programme, walking projects, Ageing Well and various Health Improvement Funded projects based in areas of deprivation.
- 3.20 The Government HEAT targets relevant to physical activity are the reductions in childhood obesity and reduced mortality from Heart Disease. The emerging Lothian Healthy Weight Strategy also has a physical activity workstream.

Summary of Progress to Date

- 3.21 The Edinburgh Physical Activity & Health Alliance re-formed in January 2007 and since then has carried out a scoping exercise to map current physical activity provision in the city with a focus on identifying gaps in provision. The group also held a stakeholders event on 1st November to discuss further what the priorities for physical activity in Edinburgh should be. The group has identified the need for increased strategic co-ordination and development of physical activity across the city.

Proposed areas of action

- 3.22 **Outcome:** Our main goal for Edinburgh is to increase and maintain the proportion of physically active people across the key life stages and settings. We are proposing 5 key outcomes/actions:
- 3.23 **To promote the physical activity message on how much is enough and its benefits by:**
- Training for front line staff i.e. Edinburgh Leisure staff, teachers, health care professionals to raise awareness of health messages
 - Using multi-media to promote physical activity and its benefits.
- 3.24 **To improve the physical environment and infrastructure of the city to ensure physical activity is the easy option for people by:**
- Creating a demonstration site: a new development that is built to encourage physical activity
 - Identifying mechanisms to ensure that physical activity is included in spatial planning
 - Promoting the use of parks and green spaces as part of the media campaign
 - Developing a play strategy

¹⁵ National transport strategy, Scottish Executive, December 2006

- Promoting use of outdoor spaces within Edinburgh through Parks Manager.

3.25 To increase physical activity in children and young people by:

- Supporting schools to reach the target of 2 hours quality Physical Education per week
- More opportunities for physical activity in secondary schools, with a particular focus on girls
- Increasing School – community links to encourage ongoing participation in physical activity

3.26 To increase physical activity of adults of a working age by:

- Increasing no. of people walking in Edinburgh by developing a strategic walking post for the city
- Increasing no. of people cycling within Edinburgh by developing a cycle campaign and encouraging the development of safer cycle routes
- Encouraging active commuting to work
- Promoting family activities through existing funded Edinburgh Leisure and organisations
- Developing specific projects targeting women, school leavers, ethnic minorities, people with disabilities

3.27 To increase physical activity of older adults by:

- Reviewing existing projects to enhance their effectiveness in promoting physical activity
- Working with employers to promote the benefits of physical activity of pre retirement age staff
- Working with partners to promote physical activity as a key component of independent living
- Encouraging health professionals working with older people to focus on opportunities for physical activity
- Working with Managed Clinical Networks (MCN's) to promote physical activity within their action plans

How will we know we have been successful?

- 3.28 The next Scottish Health Survey is due in 2009 and we will monitor and review its findings in relation to our outcome of increasing and maintaining the proportion of physically active people in Edinburgh across the key life stages and settings.

Key questions:

- Do you agree with the physical activity actions and outcomes proposed?
- If you disagree, what actions and outcomes would you recommend?

SOCIAL CAPITAL

Why this theme is important

- 3.29 The term *social capital* is used to describe the benefits in terms of well being that individuals and communities can derive from strong, positive relationships and links in their personal lives and wider social engagement. Social capital can be increased through building family relationships, building communities, and increasing participation in many social and collaborative activities.
- 3.30 Life skills and social capital are resources individuals draw on to:
- ***improve their life circumstances;***
 - ***sustain improved health and wellbeing;***
 - ***be and feel in control of their lives;***
 - ***develop engagement and belonging.***
- 3.31 Individual benefits include increased confidence, self-esteem and belonging, while community benefits include increased social cohesion and neighbourhood strength. Two types of social capital are frequently identified: "*bonding*", which exists within families and friendship or social groups with common bonds, and "*bridging*", which exists between disparate groups and settings. Over the last 15 years there has been increasing recognition of the importance of social connectivity in maintaining and improving health and well-being and in building a society based on trust. Research reports from a wide range of organisations, including the World Bank, the Joseph Rowntree Foundation and Communities that Care, have identified family and social bonds as key protective factors for individuals and communities in health and well-being.
- 3.32 The barriers created by poverty and other disadvantages such as poor health or disability can particularly affect and reduce social capital. The need to promote and increase social capital was a theme of the 2003-06 JHIP where its importance for health improvement was recognised. Actions identified as contributing to social capital included increasing community participation through volunteering, community engagement and community capacity building.

Links to national and local strategies/policies

- 3.33 Action to build social capital contributes to the aims and outcomes of several national and local strategies. Its impact on mental health and wellbeing is recognised in the Joint Mental Health and Wellbeing Strategy for Lothian, the Criminal Justice Authority Action Plan, and A City for All ages (the joint plan for older people). Building confidence and social connections are also seen as critical for employability, so increasing social capital is important for helping people back into work, especially those with health problems. This is reflected in *Joined up for Jobs*, Edinburgh's employability strategy. The city's Volunteering Strategy also promotes social capital. One example from their action

plan is the proposal to establish a network of neighbourhood volunteering hubs in Edinburgh's deprived areas to help people get more involved in their communities.

- 3.34 The aim of current work in Edinburgh is to build on but not duplicate the wide range of actions already happening. A health improvement seminar in June 2007 gathered people from a wide range of agencies and sectors in the city to consider what is included in the term social capital, relevant outcomes, key stakeholders and actions to add value to existing work. A sub-group comprising representatives from the Council, NHS and the third sector has taken this work forward and has identified the list of actions outlined below.

Proposed areas of action

- 3.35 **Action:** A key aim is to develop overall awareness, knowledge and understanding of the importance of social capital to individual and community health and well-being as part of city policy and of practice in operational services. This will encourage a broad range of actions to improve social capital in the city. This will be done by the Social Capital Working Group.
- 3.36 **Action:** To publish a simple, user-friendly practice toolkit that can be used by service managers to assist with action to promote and develop social capital. The toolkit can be used in range of ways: by managers when designing services; by funders to help them assess the social capital impact of proposals; and by organisations to evaluate the social capital impact of their services... The toolkit will be piloted in a range of settings, with the findings used to refine a final version to be made widely available in the city. This will include a compact "tip card" version that can be kept at hand and readily referred to. Who will do this: the multi-agency Social Capital Working Group.
- 3.37 The following demonstration settings are proposed to test whether and to what extent a focus on social capital development makes a difference:
- 3.38 **Action:** To link individuals learning English into opportunities to mix with native English speakers, through joint work with providers of classes and local projects. **Focus:** Migrants and BME individuals learning English across Edinburgh. **Aims /Outcomes:** to increase opportunities to build connections into the local community, thereby also building fluency in English, confidence and integration; to add value to existing investment.
- 3.39 **Action:** To develop networks and a buddying system to support families affected by imprisonment through joint work with relevant services including Edinburgh Prison Visitors' Centre. **Focus:** Families affected by imprisonment. **Aims/Outcomes:** to reduce the isolation, stress and stigma experienced by family members; and to improve their mental health and well-being.

- 3.40 **Action:** To collect and maintain information on local services, voluntary and community organisations and clubs and make it available to public and practitioners; also to help people to use the information effectively. **Focus:** Craigmillar and South Edinburgh. **Aims/Outcomes:** To enable people to make better use of existing services and thereby increase bridging capital in deprived communities; to increase individuals' confidence and feeling of connectedness; to increase active citizenship and volunteering; to increase uptake of services. Who will do this: service providers, Volunteer Centre Edinburgh, Craigmillar Ability Network, Keep Well project.
- 3.41 **Action:** To promote bridging and bonding social capital approaches in work to reduce suicide rates and the stigma around suicide. **Focus:** Citywide, acknowledging that targeted approaches will be required for various groups within different communities. **Aims/outcomes:** to reduce levels of suicide; to improve mental health and well-being. Who will do this: Choose Life Steering Group, local agencies and organisations.

How will we know we have been successful?

- 3.42 The toolkit will be used in the demonstration settings to establish baselines against agreed indicators, with the same indicators used again at the end of a period of time to measure impact. Questionnaires and focus groups will be used to gather information in order to assess impact and effectiveness. Results will be fed back into services and projects to improve practice in a "virtuous circle". Results will be disseminated in the city through a citywide seminar and publication of results on suitable websites.
- 3.43 Social Capital outcome measures will include:
- Increased feeling of connectedness in local communities;
 - Increased social networks;
 - Increased mental well-being in participants;
 - Reduction in stress and stigma in families affected by imprisonment;
 - Increased active citizenship and volunteering in target communities;
 - Reported improvement in quality of life;
 - Increase in the average score of adults on the Warwick-Edinburgh Mental Well-being Scale by 2011(Single outcome Agreement Indicator 14), and
 - Reduction in suicide by 2013 (NHS HEAT target)

Key questions:

- Do you agree with the social capital actions and outcomes proposed?
- If you disagree, what actions and outcomes would you recommend?

HEALTHY ENVIRONMENTS

Why this theme is important

- 3.44 Like health, the environment is a cross cutting issue affecting important aspects of life and there are a number of direct linkages between the two. For example, the recent emergence of climate change as a serious environmental threat has raised a number of health issues. The environment in which we live affects all aspects of our health. The quality of the air, water and land is crucial to our well being, with specific effects on health from pollution and degradation of the environment.
- 3.45 The environmental choices available to us are all vital to improving health, such as the food we can buy or grow, and access to green or open spaces for leisure and activities such as walking, cycling, or sports. Improving the quality of the built environment where we live or work plays an important part in reducing health inequalities, by ensuring that our buildings are energy efficient and can be affordably heated.

Links to national and local strategies/policies

- 3.46 Air Quality legislation requires local authorities to review and assess air quality within their boundaries and, if objectives are not likely to be met, then the local authority must declare an 'Air Quality Management Area' (AQMA).
- 3.47 There is domestic energy legislation through the Home Energy Conservation Act which requires targets for domestic energy efficiency to be met. Edinburgh's domestic energy consumption per capita is slightly above national rates. There are also a number of households in fuel poverty.
- 3.48 Climate change legislation is likely to be influenced by the new Scottish Climate Change Bill currently out for consultation. The Environmental Assessment Act 2005 sets the framework for Strategic Environmental Assessment (SEA). This is a key component of sustainable development, establishing important new methods for protecting the environment and extending opportunities for participation in public policy decision making.
- 3.49 Edinburgh has also approved supplementary planning guidance for Buildings in Edinburgh to apply to all developments. One of the principles of the Edinburgh Standards for Sustainable Building (ESSB) is to design inclusive, safe and healthy buildings.

Progress to date and Proposed Areas for Action

- 3.50 A draft strategic vision of the Healthy Environment task group is to:
“support and enhance the natural and built environments of Edinburgh in order to maintain and improve health and well-being”.

3.51 A health improvement seminar was held on the 28th June 2007 with representatives of the HISG and others. This group agreed a working definition for Healthy Environments as well as identifying six potential areas for action. Further work has been undertaken to develop new actions and initiatives to take these six priorities further. These are set out below.

3.52 **Air Quality** - Maintaining air quality is important for health. Edinburgh currently has two Air Quality Management Areas whereby work continues to ensure that air quality standards are met. Currently the pollutant of most concern in Edinburgh is Nitrogen Dioxide. The actions for air quality are:

To work with neighbourhood partnerships to ensure that air quality is taken fully into account at the local community planning level particularly when considering projects relating to transport, urban regeneration and land use planning.
To ensure that there is a health professional on the Council's Air Quality Working Group as required to assist with the achievement of statutory air quality targets in the city
To develop and distribute resource materials highlighting the danger of poor indoor and outdoor air quality to raise awareness of this issue with the public and key stakeholders.

3.53 **Built Environment** - The built environment provides the setting and backdrop by which we live our lives and impacts on our senses, participation in physical activity and community life. Places are created and shaped by those in control of resources and with certain interests, which affects our degree of access to, and the way we use, those spaces. Health disadvantage is exacerbated in socially and economically disadvantaged settings. The Built Environment actions are:

To monitor the progress of the Edinburgh Standards for Sustainable Building to ensure that Principle 2 (Design Inclusive, Healthy and Safe Environments) incorporates links with improving health.
To review the planning consultation database in terms of the physical built environment to strengthen health stakeholder representation
To develop and distribute information and guidance on healthy built environments in partnership with neighbourhood partnership managers.

3.54 **Energy** - Energy consumption is a crucial element of sustainability and impacts on almost every aspect of our lives. Domestic energy consumption is increasing, and there are still many households who

live in or on the thresholds of fuel poverty with all the associated health impacts from that. The actions for energy are:

To improve the energy efficiency of housing across areas of disadvantage in Edinburgh thus improving health.
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Further action is to be developed around Fuel Poverty

Further action is to be developed around affordable warmth
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- 3.55 **Climate change** - Climate affects virtually every aspect of human activity. Amongst other things climate change could have major implications for flood risk, building structural safety, energy demand, air quality, infections & diseases and transport services. The actions for climate change are:

To ensure that both CEC and Lothian Health undertake an assessment of climate change impacts relating to service delivery and ensure that response mechanisms are developed.
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To undertake a communications programme with the public to raise awareness of climate change impacts specifically as they relate to health.

- 3.56 **Access to green space and physical activity** - Access to green space and the natural environment contributes to physical and psychological well-being and acts as focus for the community through opportunities for active outdoor pursuits, community events, environmental education etc. Green space functions as the lungs of the city providing space for life-sustaining natural processes, e.g. sustainable drainage, attenuation of noise & air pollution. It is particularly important in Edinburgh, with its tradition of dense tenement living. The actions for access to green space and physical activity are:

To develop and enhance green space to improve health and wellbeing for Edinburgh residents, in particular prioritising sustainable allotments, community and sensory gardens amongst others.
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To develop a network of community organisations in Edinburgh whose work supports developing and enhancing green space to improve the health and well-being of their clients including Greener Leith, the Edinburgh Green Caretakers initiative, the Community Backgreen Society and Backgreen Associations amongst others.
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To develop and/or support specific green space enhancement projects such as the Community Health flats initiatives.

How will we know we are successful?

- 3.57 **Impact Assessments** - It will be important to assess the progress being made in maintaining healthy environments. One method of carrying this out is through impact assessments where a systematic

approach is adopted to ensure that all impacts on the environment and health are assessed. The action for impact assessments is:

To raise awareness among the JHIP partners of the statutory requirements of the Strategic Environmental Assessment legislation to ensure that significant environmental (health) impacts are considered during the development of all qualifying strategies, plans and policies.

3.58 Each of the topics above can contribute to improving the environment of Edinburgh and thereby address health inequality and well being. Interest in some topics is shared with the other HISG sub-groups, for example with the Physical Activity Task Group around access to green space. Suggested strategic outcomes include:

- to improve the air quality of Edinburgh, ensuring that legislative standards are met and preventing new problem areas arising;
- to enhance the built environment of Edinburgh to support health improvement by adopting greater standards of sustainability;
- to ensure that greater standards of energy efficiency and conservation are adopted by communities with the aim of addressing fuel poverty and reducing carbon emissions;
- to reduce carbon emissions and ensure that communities are not disadvantaged by climate change impacts;
- to increase the access to green and open space to maintain and improve health and increase the physical activities of communities;
- to carry out impact assessments to ensure that health and the environment are considered in strategic planning and implementation of policies.

3.59 The Healthy Environment Group has still to decide specific actions to focus on and the consultation will be used to define these. One option may be to link into the work of the Council's Air Quality Working Group which has identified a number of actions already. Other actions will link to the work of other sub-groups.

3.60 Some of the identified issues, e.g. air quality, are already measured, while some data exists on measuring energy consumption at the local level. Climate change can be measured in a number of ways including local carbon foot printing. For some of the other areas further discussion will be needed to agree how the impacts can be measured.

Key questions:

- Do you agree with the **healthy environment** actions and outcomes proposed?
- If you disagree, what actions and outcomes would you recommend?
- **Plan period 2008-2011** - Is the plan period realistic to make a difference in health inequalities?
- **Measuring performance** - Are the proposed targets and outcomes the right ones to measure a difference in health inequalities?

4: The process for developing the JHIP

- 4.1 This consultation paper makes practical proposals for concerted action on major themes which affect health and well-being in the period 2008 to 2011. The associated reference papers provide further information and describe action being taken on the broad range of national and local health improvement and health inequality priority issues.
- 4.2 We welcome your comments on the themes and actions and the specific questions included in this paper. We will use the responses to create a joint health improvement plan for 2008-2011.

How to feed in your views

- 4.3 We want to engage with a wide range of local stakeholders, using their knowledge and experience to guide the selection of future priorities and actions for health and wellbeing. We are circulating this paper to stakeholders from the Council, NHS, the third sector, members of the Edinburgh Community Health Partnership, the Public Partnership Forums, neighbourhood partnerships, equalities forums, elected representatives and members of the public.
- 4.4 You can feed in your views in a range of ways:
- by online questionnaire, available via this link: https://www.surveymonkey.com/s.aspx?sm=poJYo7ugi8As1Znuw0iKZg_3d_3d
 - by written response, using a paper version of the response form available from Elaine McCafferty at the address below; or
 - by attending a facilitated consultation event (see below).

If you are not able to respond in these ways, or need alternative formats for the information, please contact Elaine McCafferty, who will make arrangements to meet your needs.

- 4.5 We are offering equalities forums, neighbourhood partnerships, Public Partnerships Forums and others the opportunity of dedicated meetings. If you or your organisation is interested in attending a facilitated discussion on the paper, please contact Elaine McCafferty at Elaine.mccafferty@edinburgh.gov.uk
- 4.6 The consultation period will run from now until **18 July 2008**, which is the deadline for written and online responses. The documents can be read and downloaded from the following websites:

Agency

City of Edinburgh Council
NHS Lothian

Web address

www.edinburgh.gov.uk
www.nhslothian.scot.nhs

Paper responses should be sent to:

Elaine McCafferty, City of Edinburgh Council, Business area 2/1, 4 East Market Street, Edinburgh EH8 8BG. Tel: 0131 469 3856

You can get this document on tape, in Braille, **large print** and various computer formats if you ask us. Please contact Interpretation and Translation Service (ITS) on 0131 242 8181 and quote reference number 08343. ITS can also give information on community language translations. You can get more copies of this document by calling (0131) 469 3856.

إن هدف هذا التشاور هو من أجل جمع وجهات نظر عامة الناس والمهنيين على السواء لتحديد طريقة المضي قدماً للتخطيط التعاوني لتحسين الصحة وعدم المساواة في أدنبرة. إذا كنتم ترغبون في معلومات عن ترجمة هذا المستند إلى اللغة العربية، يرجى الاتصال هاتفياً بمكتب الترجمة (ITS) بواسطة الرقم 0131 242 8181 وذكر الإشارة 08343.

এই পরামর্শ কার্যের উদ্দেশ্য হল এডিনবরায় স্বাস্থ্যগত বৈষম্যতা এবং স্বাস্থ্যের উন্নতি করার ব্যাপারে জনসাধারণ এবং পেশাদারদের সমান রকম বিচারধারণা সংগ্রহ করে ভবিষ্যতের কাজের জন্য যৌথ পরিকল্পনা তৈরি করা। বাংলা ভাষায় এই ডকুমেন্ট অনুবাদ করার ব্যাপারে তথ্য পাওয়ার জন্য ইন্টারপ্রেটেশন এ্যান্ড ট্রান্সলেশন সার্ভিস-(আই.টি.এস.)-এর সাথে 0131 242 8181 নম্বরে ফোন করে রেফারেন্স নম্বর 08343 উল্লেখ করবেন।

諮詢目的是要收集公眾及專業人士的意見，為健康改善聯合計劃及愛丁堡健康不平等問題決定前進的方向。欲查詢本文件的中文翻譯，請致電愛丁堡市議會傳譯及翻譯服務部 (ITS)，電話 0131 242 8181 並說明檔案編號 08343。

اس مشاورت کا مقصد عام لوگوں اور پیشہ ور افراد کی یکساں طور پر آراء اکٹھا کر کے ایڈنبرا میں صحت کی اصلاح اور صحت کے سلسلے میں عدم مساوات کے متعلق مشترکہ منصوبہ بندی طے کرنا ہے۔ اس کتابچے کے اردو ترجمے کے متعلق معلومات کے لئے برائے مہربانی انٹرنیشنل ٹرانسلیشن سروس (ITS) کو 0131 242 8181 پر ٹیلیفون کریں اور ریفرنس نمبر 08343 کا حوالہ دیں۔