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A space for change ...  
that needs to be nurtured and  
developed

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equally  
**well**  
review 2010



The Scottish  
Government

equally  
**well**  
review 2010

Report by the Ministerial Task Force on implementing *Equally Well*,  
the *Early Years Framework* and *Achieving Our Potential*

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# 1. JOINT FOREWORD

When the Ministerial Task Force on Health Inequalities published *Equally Well* in June 2008, we agreed to reconvene in 2010 to review progress and to publish a report, including any further action required. The publication of this report responds to that undertaking.

The stark inequalities in health and other social outcomes across Scotland are not just unfair for people who are adversely affected, but also bad for the country as a whole. By holding back those who can and want to make a contribution to Scotland's prosperity, inequalities are a very real barrier to achieving the Scottish Government's purpose of sustainable economic growth.

*Equally Well*, along with the *Early Years Framework* and *Achieving Our Potential*, set out the Scottish Government's and COSLA's shared approach to tackling the major and intractable social problems that have affected Scotland for generations. These three social policy frameworks recognise that children's start in life, cycles of poverty and poor health are interlinked. These are complex problems, involving complex solutions, and which require a long-term approach. So we advocate early intervention, moving from crisis management to prevention and breaking cycles of poor outcomes in people's lives.

The three social policy frameworks share a commitment to tackling inequality and promoting equality. This commitment will receive further impetus through Scottish public bodies implementing the approach to the socio-economic duty within the UK Government's Equality Act, as well as the reporting duties placed on the Scottish Government by the UK Government's Child Poverty Act.

This review has also allowed us to respond to recent changes, most notably the global economic recession. This has the potential to exacerbate inequalities, with the risk of negative impacts of the recession being shared unequally across the population, as well as to increase pressure on public sector resources available to respond to the challenge.

However, what has not changed is our absolute commitment to addressing Scotland's inequalities. We are in no doubt as to the scale of this task, or to the long-term nature of the challenge. It will require consistency, courage and persistence from Scotland's leaders if we are to succeed. We have been encouraged by the enthusiasm with which the linked social policy frameworks have been received. It is vital to maintain that momentum into the immediate future and beyond. We hope that this report will help to do precisely that.

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

## 2. EXECUTIVE SUMMARY

During 2008 and 2009 the Scottish Government and COSLA published jointly three linked social policy frameworks: *Equally Well*, the *Early Years Framework* and *Achieving Our Potential*. Each of these addresses the underlying causes of Scotland's health and other inequalities. The Ministerial Task Force reconvened in 2010 to review progress with implementing the three frameworks, especially in the current and future tight public financial climate.

The review has confirmed that the three social policy frameworks remain the best approach to deliver long term improvements in outcomes for people. Action should therefore continue at Scottish Government and local level on all of the frameworks' recommendations, while at the same time recognising the need to identify local priorities to maximise the impact of available resources.

Poor health is not simply due to diet, smoking or other life style choices. We need to understand factors underlying poor health and health inequalities such as people's aspirations, sense of control and cultural factors. This is best understood as a 'sense of coherence', in which the external environment is perceived as comprehensible, manageable and worthwhile. Without this sense of coherence, people are likely to be subject to chronic stress and poor health as a result.

A more collaborative approach across different public services is required if we are to influence effectively the range of circumstances that contribute to people's health and wellbeing. Joint action by the full range of community planning partners to redesign local services is key in delivering the vision of change set out in the three social policy frameworks. This means Community Planning Partnerships (CPPs) delivering genuinely integrated services, through partnership working and shared resources, which target the underlying causes of inequalities. It means that the third sector should be actively involved. It also means that communities themselves must be engaged and consulted.

- The Scottish Government and the Local Government Improvement Service will support CPPs through the provision of a proposed capacity-building resource, focussed initially on implementing the three social policy frameworks.

Early intervention sits at the heart of the Task Force's vision for addressing inequalities. This requires specific action in the early years, as well as sustaining the full range of preventative services that offer the opportunity for early intervention at different life stages. Examples of such preventative services include family support, education and learning support, helping the most vulnerable people to maximise their income, employability services, drugs and alcohol

services, community policing and services targeted at vulnerable groups such as looked after children and offenders. The Task Force, therefore, makes recommendations and key statements about additional action in these key policy areas.

This is a transformational agenda, made both more challenging and more immediate by the current and future tight financial climate.

- The Scottish Government, in partnership with COSLA, will need to demonstrate strong, visible, cross-sector leadership in order to progress the early intervention agenda.
- Resources should shift towards early intervention services. This will, over time, involve a degree of reprioritisation in some areas of current service provision. The Scottish Government should look to ensure that the early intervention agenda is reflected in its decisions about resource allocation as part of the forthcoming Spending Review.

Children's early years are vital to the early intervention agenda. So is effective local partnership working.

- The Task Force supports an early years pathfinder approach to promote the integration of front-line services. The pathfinder should take a whole systems approach to implement rapid change in a CPP area. The approach should build on local early years activity already underway to derive active learning and identify any barriers to progress nationally that need to be removed.

Local service change will also be supported by the learning and innovation emerging from the *Equally Well* test sites, along with other examples of what works in responding to these complex social problems.

- The Scottish Government will continue to support the test sites beyond the initial two year period announced in *Equally Well*, in order to inform local service change.

Moving forward, the Task Force agreed to reconvene in the first half of 2012 to review national and local progress against its recommendations. This further review will continue to take an integrated approach across the three social policy frameworks.



# 3. INTRODUCTION

In setting out on the review, the Task Force was clear that it was not seeking to rewrite *Equally Well*. The evidence that supports *Equally Well* and the recommendations it made continue to set out the agreed approach to tackling health and other inequalities. The purpose of the review was to check on progress to date and identify whether any additional statements or recommendations are needed to give full effect to the vision set out in *Equally Well* and the related social policy frameworks on early years and tackling poverty, and income inequality.

The review recommendations are mainly for those bodies identified in the social policy frameworks as being responsible for leading on action – namely the Scottish Government and Community Planning Partnerships (CPPs). The report, therefore, aims to inform Scottish Government policy development and resource decisions, and to influence local partnerships and agencies in sustaining and improving key public services. The shift in resource towards early intervention is key to both these aims.

The Task Force met three times during the course of the review. At its meetings, the Task Force considered updates on progress against *Equally Well* recommendations, as well as recommendations for additional action in the light of developments since the publication of *Equally Well*. The Task Force also received presentations on consultations that had been carried out with Young Scot and the Poverty Alliance. Further information on these consultations is available on the *Equally Well* Review pages of the Scottish Government website: [www.scotland.gov.uk/Topics/Health/health/Inequalities/inequalitiestaskforce/ewreview](http://www.scotland.gov.uk/Topics/Health/health/Inequalities/inequalitiestaskforce/ewreview).

## **Membership of the Task Force**

The membership of the reconvened Ministerial Task Force was:

- Shona Robison MSP – Minister for Public Health and Sport (Chair)
- Fergus Ewing MSP – Minister for Community Safety
- Adam Ingram MSP – Minister for Children and Early Years
- Keith Brown MSP – Minister for Schools and Skills
- Alex Neil MSP – Minister for Communities and Housing
- Jim Mather MSP – Minister for Enterprise, Energy and Tourism
- Roseanna Cunningham MSP – Minister for Environment
- Dr Harry Burns – Chief Medical Officer
- Professor Carol Tannahill – Director, Glasgow Centre for Population Health

- Councillor Ronnie McColl – COSLA spokesperson on Health and Wellbeing
- Ken Corsar – Chair, NHS Lanarkshire
- Andrew Muirhead – Chief Executive, Inspiring Scotland
- Sarah Smith – Director of Children, Young People and Social Care, Scottish Government
- Liz Hunter – Director of Equalities, Social Inclusion and Sport, Scottish Government

### **Aims of the Review**

The Task Force agreed that the review should have the following aims:

- To gauge how well key agencies, including the Scottish Government, have been able to respond so far to the principles and recommendations in *Equally Well* (**Chapter 5**);
- To consider how to replicate progress made by the *Equally Well* test sites and support effective local delivery arrangements more generally (**Chapter 6**);
- To make additional recommendations or statements to give impetus to the vision for tackling inequalities set out in the three linked social policy frameworks, especially in the current and future tight public financial climate, and in the light of any new evidence or emerging trends in the key social inequalities (**Chapters 7 and 8**);
- To set out arrangements for reviewing progress in the future (**Chapter 9**).

### **Principles of the Review**

The *Equally Well* Implementation Plan, published in December 2008 set out the links between the three social policy frameworks – *Equally Well*, the *Early Years Framework* and the strategy for tackling poverty and income inequality, *Achieving Our Potential*. There are strong positive links between having the best start in life, having enough money to provide for yourself and your family and enjoying good health. The three social policy frameworks are mutually reinforcing, requiring a joint approach to implementation across the Scottish Government and community planning partners.

The Task Force agreed that its review and any additional recommendations should be informed by the shared features of the three social policy frameworks, including the principles originally set out in *Equally Well*:

- Improving the whole range of circumstances and environments that offer opportunities to improve people's life circumstances and hence their health and other beneficial outcomes.
- Reducing people's exposure to factors in the physical and social environment that cause stress, are damaging to health and wellbeing, and lead to health and other inequalities.
- Recognising the particular importance of children's very early life experiences in shaping future health, social, learning and lifestyle outcomes.
- Prioritising early intervention – to break into recurring cycles, including poverty, unemployment, low skills, and poor health, and to prevent crises and problems requiring extensive responses from public services.
- Engaging individuals, families and communities most at risk of poor health in services and decisions relevant to their health, and promoting clear ownership of the issues by all involved.
- Building the capacity of individuals, families and communities to manage better in the longer term, moving from welfare to wellbeing and from dependency to self-determination.
- Providing effective routes for individuals out of poverty and other life circumstances and lifestyles likely to get in the way of positive wellbeing, health and other good outcomes.

- Using government policy when it is helpful to set universal regulation or to put national services in place to reduce inequalities.
- Developing a 'shared outcomes' approach to local delivery of the relevant public services, in which action likely to work in achieving longer term outcomes is shared between partner agencies, supported by sound internal performance management, public reporting and a cycle of continuous improvement.
- Promoting an investment approach to the best use of public sector resources, based on the business case for shifting resources over time to prevention and the underlying causes of social problems, rather than dealing with the consequences of those problems.
- Improving alignment of the relevant resources across public services managed by different agencies.
- Shifting priorities, towards the use of mainstream public sector budgets to address inequalities and underlying causes, and away from discrete project funding.
- Delivering health and other services that are both universal and appropriately prioritised to meet the needs of those most at risk of poor health and other outcomes. Services should seek to prevent problems arising, as well as addressing them if they do.
- Transforming and redesigning the spectrum of local public services, so that they respond well collectively to people who need multiple forms of support, and who may not currently be getting a productive response from these services, because of the complexity of their needs.
- Ensuring we have a flexible workforce with the right skills, able to work effectively together across organisational boundaries and to adapt their approach depending on the individual needs of service users.
- Basing current and future action on the available evidence and adding to that evidence for the future, through introducing new policies and interventions in ways which allow for evaluating progress and success.
- Ensuring that the range of actions we take now will achieve both short and long-term impact and will address foreseeable future challenges.

These principles set out a core script for delivering progress and bringing together action on the three social policy frameworks. The principles should guide future action, both local and national.

## 4. OUR APPROACH TO TACKLING INEQUALITIES

The key feature of *Equally Well* is the emphasis on tackling the underlying causes of health inequalities. This makes the links to the *Early Years Framework* and *Achieving Our Potential* all the more important given the significance of early years experiences, poverty and income inequality in determining future health outcomes.

The Chief Medical Officer for Scotland, Dr Harry Burns, has helped the Task Force to develop the theory behind *Equally Well*. Traditional approaches to improving the population's health have tended to focus on health problems and deficits by promoting health-related behaviours, such as stopping smoking, reduced alcohol consumption, regular exercise, balanced diet and maintaining a healthy weight. Whilst this continues to represent the "magic formula" for healthy life expectancy, it is clear that the ability and willingness of people to adopt these healthy behaviours depend significantly on their wider life circumstances.

We need to promote and foster people's assets and capacities for health and wellbeing. Health assets include people's aspirations and sense of control and social and community factors. These relate to a 'sense of coherence', which:

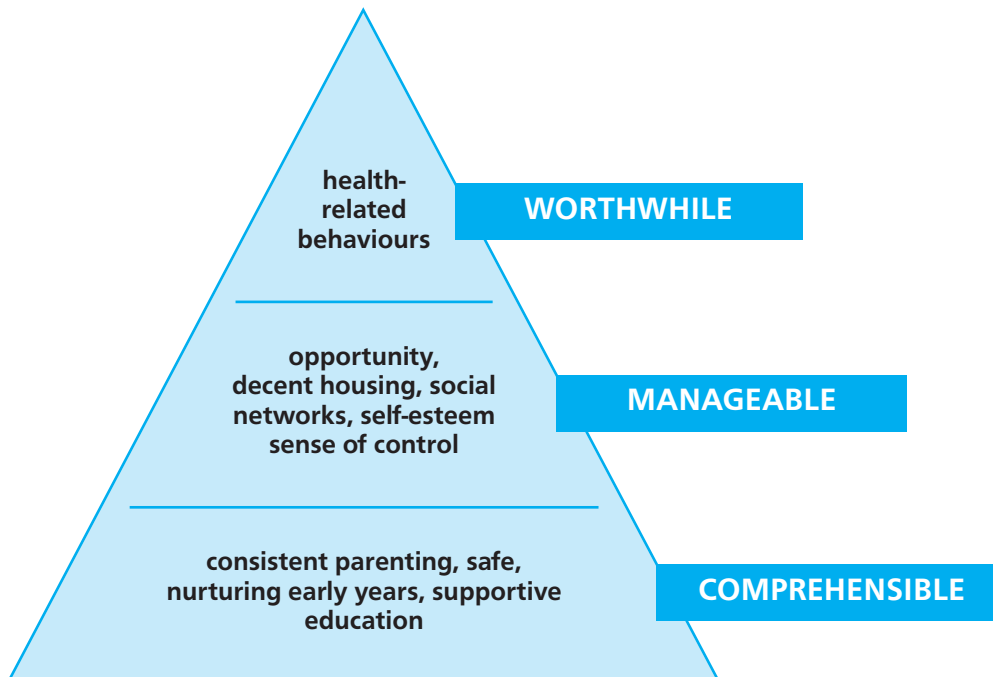
"expresses the extent to which one has a feeling of confidence that the stimuli deriving from one's internal and external environments in the course of living are **structured, predictable and explicable**, that one has **the internal resources** to meet the demands posed by these stimuli and, finally, that these demands are seen as challenges, **worthy of investment and engagement**" – Dr Aaron Antonovsky

In other words, a sense of coherence is founded on an individual's inherent understanding of the world as a comprehensible place. This is gained through a child's very earliest experiences, whereby a baby comes to understand that its demands for comfort, for food, for changing, elicit consistent responses from carers and whereby a baby's displays of emotions, whether it be smiling or crying, provoke an appropriate and reassuring response from those it comes into contact with.

On top of this bedrock of attachment and comprehensibility, an individual needs the capacity to respond to and learn from the various challenges and situations that they may encounter on a daily basis or at different times during the course of their life. If a person is able to develop and maintain these internal resources, through wellbeing and positive social and physical environments, the world appears not only comprehensible, but also manageable.

This in turn makes the time and effort required to invest in one’s health – to quit smoking, to drink less, to exercise regularly – appear worthwhile. A sense of coherence also makes an important contribution to a range of other social outcomes. On the other hand, chaotic surroundings and lack of coherence can produce consistently higher stress levels as children grow up. From this, it is possible to identify direct effects on cognitive and emotional development and in the way that parts of the brain regulate stress responses.

This sense of coherence is illustrated in the diagram below.



The diagram helps to explain why the focus of implementing *Equally Well* should continue to be directed at the bottom and middle tiers of the triangle, which represent the underlying causes of health inequalities. The links with the related social policy frameworks are also apparent. The *Early Years Framework* aims to deliver the support that builds a child’s sense of the world as a comprehensible place. *Achieving Our Potential*, with its focus on addressing income inequality and ensuring that individuals have enough money to live, contributes to making the world appear manageable.

Addressing these issues through the inter-generational approach presented in the three social policy frameworks will, therefore, make a positive contribution to people’s capacity to develop skills for learning, skills for work and skills for life.

The holistic approach that is explicit within the sense of coherence model recognises the important role of a range of inequalities in driving health outcomes, and the complexity of the relationships between them. Importantly, the model also suggests how action should be taken to address these underlying causes. If we are to promote health assets that contribute to a person’s health and wellbeing, a collaborative approach across different public services is required. This includes ensuring the active engagement of service users and the communities they live in. That approach will support and promote people’s sense of coherence and hence their capacity to respond to an environment that is both comprehensible and manageable to them.

# 5. IMPLEMENTING *EQUALLY WELL*

## **Responding to the Challenge**

A key aim of the review was to gauge how well key agencies have been able to respond to the principles and recommendations in *Equally Well*. *Equally Well* set out recommendations for change in policy, practice and delivery across a range of topics and sectors. This requires action from national and local government and from other agencies including the NHS, schools and the third sector.

Given the long-term nature of the health inequalities challenge, the Task Force did not expect to see evidence of changes in health outcomes since the publication of *Equally Well*. Instead, the key interest for the review was ensuring the necessary processes were in place, through Single Outcome Agreements (SOAs) and community planning more generally, to deliver integrated public services that effectively addressed inequalities.

The long-term monitoring of health inequalities will continue to take place through the high-level indicators announced in the *Equally Well* Implementation Plan. The second year of data against these indicators was published in September 2009. Given the range of factors that lie behind these indicators, significant shifts in the outcomes will inevitably only be apparent in the long term.

The Task Force received an update on action against all of the *Equally Well* recommendations. This analysis is available on the *Equally Well* Review pages of the Scottish Government website: [www.scotland.gov.uk/Topics/Health/health/Inequalities/inequalitiestaskforce/ewreview](http://www.scotland.gov.uk/Topics/Health/health/Inequalities/inequalitiestaskforce/ewreview). This analysis includes details of specific responses to recommendations, such as the launch of the Family Nurse Partnership approach, the creation of the Inspiring Scotland *Go Play* fund and the publication of *Health Works*, the review of the Scottish Government's healthy working lives strategy. In addition, the Task Force also heard that inequalities in health and other social outcomes are becoming an integral part of Scottish Government policy development. The forthcoming refresh of the National Transport Strategy, which will look to explore further the links between transport and health, is a case in point.

In receiving reassurance that action was underway against its original recommendations, the Task Force confirmed this as the necessary direction of travel in achieving its vision for tackling Scotland's health and other related inequalities.

***Recommendation/Key Statement 1 – Action should continue at Scottish Government and local level on all of the Equally Well recommendations, recognising the need, within the current financial climate, to identify local priorities to maximise the impact of scarce resources.***



The Task Force also heard of legislative developments which will support the focus on tackling inequalities advocated by the three social policy frameworks. Scottish public bodies will be required to meet the socio-economic duty within the UK Equality Act and to adopt an approach which reflects the intentions of the Act. This applies to strategic decisions, such as deciding priorities or setting objectives, and reinforces the need for such decisions to take into account the reduction of socio-economic disadvantage and inequalities. Similarly, the UK Child Poverty Act, which introduces measures to commit the UK Government to the eradication of child poverty, places strategic and reporting duties on the UK Government and the devolved administrations. The Scottish Government aims to produce its strategy in response to the Act by the end of 2010. The strategy will build on the *Early Years Framework* and the findings of this review.

The systematic consideration of inequalities outcomes in policy development will be further supported by the development of an integrated impact assessment (IIA) approach. IIAs assess proposed policies and plans for their likely effects on health, equalities and other issues. Recommendation 77 of *Equally Well* advocated the development of IIA in which impact on health inequalities is a clear component. Work is currently underway on a suitable approach. This is being piloted in the Scottish Government and some Health Boards. These pilots will be completed by Autumn 2010, following which recommendations will be made on wider implementation.

### **Single Outcome Agreements – Delivering Local Change**

*Equally Well* identified SOAs as key to ensuring that co-ordinated action to tackle inequality received the necessary strategic focus across local CPPs. Ahead of the development of the 2009/10 SOAs, the Scottish Government and COSLA agreed that a focused approach to the delivery of policy should be adopted within the context of SOAs, recognising the need to prioritise a small number of policy areas that were genuinely strategic in nature. To that end, *Equally Well*, *Achieving Our Potential* and the *Early Years Framework* were identified alongside economic recovery as the focus for the Scottish Government's work with CPPs in negotiating the 2009/10 SOAs. Beyond this, the expression of jointly agreed priorities in the SOA should continue to be determined by their relevance and importance to strategic local priorities.

The 2009/10 SOAs included coverage of the three social policy frameworks. Rather than develop new SOAs for 2010/11, CPPs are focusing on the delivery of the outcomes identified in the 2009/10 SOAs as part of a continuous improvement approach. Within this context, the three social policy frameworks will continue to receive suitable prominence as the SOA and outcomes-based planning and delivery of services continue to develop. Local progress will be evident from the SOA annual reports as well as other statistical information, service inspection reports and Best Value audit reports by the Accounts Commission. Nationally, progress will be evident through *Scotland Performs*. The Scottish Government and local government will work together to monitor local performance and identify best practice.

### **Community Planning and Integration**

The focus on improving the whole range of circumstances and environments that offer opportunities to improve people's life circumstances places a strong emphasis on effective partnership working. Within CPPs there is a wealth of skills, knowledge and commitment available to meet this aspiration. The key to delivering this holistic approach is ensuring that services are designed and resources are deployed in response to the needs of local citizens. This requires partnership working and effective community planning processes to ensure contribution from across partnerships, including the private and third sector, as well as the public sector.

In considering the potential barriers to partnership working, the Task Force recognised the need to avert the danger that the worsening financial climate would create a tendency for partners to focus inwards on a narrow definition of 'core business', rather than on partnership and shared outcomes.

The Task Force agreed that the focus in overcoming these perceived barriers should be on changes in culture and practice, rather than to structures.

**Recommendation/Key Statement 2 – The Scottish Government and the Local Government Improvement Service will develop proposals for a capacity-building resource for CPPs. This resource will be available later in 2010 and will support CPPs to develop their ability to work across organisational and budgetary boundaries to deliver shared local outcomes, with a focus on implementation of the three social policy frameworks.**

NHS Boards are accountable to Scottish Ministers. This includes each Board's contribution to community planning and the delivery of shared local outcomes as a critical dimension of its overall performance. With this in mind, Boards' 2010/11 Local Delivery Plans demonstrate their contribution, beyond the delivery of national priorities and targets, to shared local outcomes in the Scottish Government priority areas of health inequalities, early years, tackling poverty and economic recovery. The Scottish Government will continue to work with NHS Boards to develop this approach and will monitor performance through Boards' self assessments and Annual Reviews.

The NHS Quality Strategy includes the NHS's specific contribution to prevention, early intervention and health improvement, as well as its wider contribution to local shared outcomes as articulated in SOAs. The NHS is the universal public service for children under the age of 3. So it is critical to implementing the three social policy frameworks, through providing person-centred and effective services to children and their families. As the NHS Quality Strategy is finalised in the light of consultation with key partners, appropriate performance measures will be introduced.

## Workforce

The public sector workforce is a key component in delivering the Task Force's vision of more integrated public services. Individual staff need to be able to respond to the complex health and social circumstances of their service users and adapt their approach accordingly. This is consistent with the recommendation in *Equally Well* about the need to think and work increasingly across organisational boundaries and share values, knowledge and skills with those in related professions. These shifts in cultures and practice need to be replicated at management and organisational levels to ensure new behaviours are fully supported.

The Task Force heard how these expectations were being implemented. NHS Education for Scotland are developing proposals to embed inequalities-sensitive practice across the health workforce as part of its plans to support NHS staff to respond to the requirements of the Patient Rights Bill. In relation to the early years workforce, the creation of a new early years qualification by Robert Gordon University will assist working across organisational boundaries and increase the scope for shared, flexible deployment of staff between professional groups. More widely, work is also underway within the Modernisation of Nursing in the Community Board to explore the scope to develop a more structured, tiered approach using the differing skills of qualified professionals and trained support workers.



### **Third Sector**

In stressing the importance of effective community planning, the Task Force agreed that there is a greater part to be played by the third sector within CPPs. The Task Force was also aware of the risks to third sector funding of the tight financial climate, and heard evidence about these risks from the Poverty Alliance.

The third sector is making real progress in organising itself to participate in community planning through third sector interfaces, which replace the councils of voluntary service, volunteer centres and other intermediaries. Furthermore, the development of new business models, such as social enterprise, will also provide opportunities to maximise early intervention and expand community based approaches. The increased use of community benefit clauses in procurement provides opportunities to better recognise the strengths of the third sector as a delivery agent.

The Task Force endorses the value of the third sector in planning and delivering innovative and inspired ways of supporting people. Organisations in the third sector often find ways to reach deep into communities. This includes involving and empowering people with multiple needs, whom universal services sometimes find hard to reach. Individuals, families and communities need to be fully engaged in the process of public service transformation that is necessary to tackle inequalities. The Task Force was clear that grass roots organisations supporting the most vulnerable people and communities should be treated fairly when difficult local decisions about funding are made.

***Recommendation/Key Statement 3 – CPPs should fully involve the third sector in the planning and delivery of the transformational change in service delivery, which is necessary to make progress towards early intervention and the other principles of the three social policy frameworks. This involvement should reflect the crucial role of the third sector in supporting the most vulnerable people and communities, and in delivering the integrated working necessary to maximise the impact of early intervention approaches.***

## 6. *EQUALLY WELL* TEST SITES

The creation of a small number of test sites was an important aspect of the model of change set out in *Equally Well*. The *Equally Well* Implementation Plan, published in December 2008, announced details of eight test sites, established to explore ways of putting the *Equally Well* recommendations into practice locally.

The test sites are neither short-term projects nor pilot studies. They are the beginning of a mainstream change process, where local community planning partners can improve both the reach and impact of their local services. The reflection below from Steven Wray, the East Lothian test site co-ordinator, captures this aspiration:

“We have created a space for change – a space that needs to be nurtured and developed. This has been done by generating commitment and involvement from the most senior people in local services and from local politicians; by engaging people with the fundamental injustice described by the statistics of health inequality; by creating leadership by identifying and supporting champions in services and community organisation; by supporting learning about how to tackle inequality and improve health.”

### **Test Site Approach**

The test site approach recognises the complexity of the challenge posed by health inequalities. The test sites have adopted approaches, such as the use of simple rules, which draw on complexity science. This means seeking to understand and respond to health and other inequalities as ‘wicked’ rather than ‘tame’ problems.

“A ‘Wicked Problem’ is more complex than complicated – that is, it cannot be removed from its environment, solved, and returned without affecting the environment. Moreover, there is no clear relationship between cause and effect. Such problems are often intractable.”

**Professor Keith Grint**  
**ESRC Seminar Series, Mapping the public policy landscape,**  
**Leadership in the public sector in Scotland, 2009**

The simple rules approach recognises and accepts that the answers are not readily available. Therefore, test sites require space and freedom to try things out. So instead of creating multiple rules and managing people too tightly, the test sites have given staff permission to experiment and use their professional skills and instincts. Examples of simple rules agreed by test sites include:

- We will try to do different things and do things differently;
- We will decide the innovations we want to progress and try to avoid the need to repeatedly seek approval for testing ideas and approaches;
- We will not be afraid of making mistakes or experiencing 'failure', but rather learn from them and try new approaches;
- We will seek out and celebrate successes, however small.

### **Shared Learning**

While each test site is focussed on a particular aspect of health inequalities, there are many opportunities for shared learning between the test sites. The Scottish Government has supported this through creating a learning network which allows test sites to share ideas and solutions for overcoming common barriers.

This shared learning approach includes implementing ideas developed from elsewhere in the test site network. This is a particularly relevant given *Equally Well's* focus on addressing the full range of issues that impact on an individual's life circumstances.

A good example of this is the collaboration between the Glasgow City test site on developing healthy, sustainable neighbourhoods and the Fife test site on anti-social behaviour and under-age drinking. This is captured in this blog post below, from Mark Steven, the Fife test site co-ordinator:

"It was a case of East meets West yesterday as members of the Fife *Equally Well* test site were hosted by Glasgow City Planning test site. The focus of the visit was the common issues and work plans being undertaken by the two sites with environmental and young people themes to the fore. We got a great insight into the way some sites had been transformed from magnets for anti social behaviour to well used public space that the local community took pride in and responsibility for. The key to this success seemed to be really good community engagement and good project partnerships with all the key services involved at the earliest stage."

This approach has been supported by the creation of dedicated action learning sets made up of people from across the test site network. The action learning sets allow the frontline change agents to challenge each other and to problem solve together in a supported facilitated environment.

Furthermore, the creation of a social networking site allows those involved in the test sites to share their ideas, successes and frustrations on an ongoing basis, through mechanisms such as blogs and video diaries. The site is freely accessible beyond the test site community, so offers a useful mechanism for sharing the learning emerging from the test sites more widely.

For more information on test sites, visit: <http://equallywell.ning.com/>

## Early Progress

Highlights of progress to date across the test sites include:

- Children's dental services realigned in **East Lothian** to provide local services in more disadvantaged areas. Plans for robust testing of school readiness and attachment support. The spread of the East Lothian work into neighbouring Midlothian.
- Alcohol diversion scheme and Mobile Alcohol Intervention Team for young people in **Fife**. These are intended to step in early and prevent people developing serious problems with alcohol.
- A joined-up approach to reduction of tobacco use in **Whitecrock**, including teaching across the curriculum, adapting cessation support and increased sales enforcement.
- Staff from the NHS, social work and housing across **Lanarkshire** referring service users to an employability phone and support service. *Health Works*, the review of the Scottish Government's healthy working lives strategy includes recommendations to extend this approach to staff across Scotland.
- City planners from **Glasgow** working with deprived communities on step changes to building healthy sustainable neighbourhoods and reducing health inequalities in the city.
- A new community service hub in **Govanhill** bringing frontline partners together to help work on community challenges.
- Engaging with local people in **Stobswell** in Dundee to identify mental wellbeing indicators and priorities encompassing a wide range of determinants. Development of a mental health literacy programme and social prescribing scheme to support service providers and the community to address these.
- **Rattray** Primary School opening its facilities to early years services to reduce barriers between the school environment and the most vulnerable families in the community. This is intended to help break the cycle of increased family need and children entering school with developmental and social inequalities.

## Evaluation

In order that emerging lessons are learned both locally and more widely, an evaluation framework has been designed for the test site programme. It involves:

- **Local evaluations** by each test site of their service redesign and impact. Full evaluation reports will be produced by April 2011.
- **A National Overview Evaluation** by ODS Consultancy. The purpose of this evaluation is to learn from the cross-cutting issues encountered across the test sites network, such as partnership working, community engagement, embedding change. A full report will be available in April 2011, and there will be regular 'Learning Notes' produced throughout key stages of the evaluation which will be made widely available.

**Recommendation/Key Statement 4 – The Scottish Government should continue to support the test sites beyond the initial two year period announced in *Equally Well*. This will include continuation of the learning network model, as well as modest financial support beyond 2010/11 for purposes such as local change management and evaluation.**

## 7. DELIVERING CHANGE

The learning emerging from the test sites – on effective partnership working across CPPs, service redesign and innovation within existing resource and effective community engagement – will provide important lessons on effective local delivery arrangements more widely. This chapter builds on these themes to consider how this national change agenda should be delivered in the light of the challenging public financial climate.

Our approach to tackling health inequalities, set out in Chapter 4, stresses the need to focus attention on the underlying causes of health inequalities. Our model for delivering change is therefore predicated on an early intervention strategy as a means of preventing future poor health.

Early intervention can take many forms. Action in children's early years is the most fundamental and effective form of early intervention. Key elements include countering the short- and longer-term negative impacts of poverty, neglect and stress in very early life; attachment between an infant and his or her primary carer; establishing neural networks in the brain which affect essential areas of understanding such as language development, emotional control, hearing and social skills. These points were stressed in the recent Strategic Review of Health Inequalities in England, *Fair Society, Healthy Lives*, led by Professor Sir Michael Marmot:

“Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being – from obesity, heart disease and mental health, to educational achievement and economic status. To have an impact on health inequalities we need to address the social gradient in children's access to positive early experiences. Later interventions, although important, are considerably less effective where good early foundations are lacking.”

The Task Force agreed that the Scottish Government should work with COSLA to explore how best, within the terms of the Concordat, to improve the level of information about local implementation of the *Early Years Framework*.

There are many other effective ways of preventing future problems and crises at each of the life stages, and thus reducing health inequalities. The Task Force is clear that this means continuing to support the full range of preventative services, focussing not only on the early years, but also on areas such as family support, education and learning support, employability services, drugs and alcohol services, community policing and services targeted at vulnerable groups such as looked after children and offenders.

The three social policy frameworks make clear that early intervention presents the most effective route for breaking intergenerational cycles of disadvantage, in terms of delivering both better outcomes and improved cost efficiency.

### **Shifting Resources**

Implicit in this approach is the need to redirect existing resource from crisis intervention to crisis prevention. This essentially means targeting resources towards those services which respond to the bottom and middle tiers of the 'sense of coherence' triangle described in Chapter 4.

This is a transformational agenda that would be demanding in a time of economic prosperity, and so is especially challenging within the current fiscal environment. However, the economic climate and the severity of the squeeze on public expenditure make this agenda all the more important.

The Task Force recognised that, since the publication of *Equally Well*, the global economy has experienced a significant shock and downturn. In addition to the impact of this recession on health and other social outcomes, the projected public finance environment has changed considerably, with public spending expected to fall sharply. This creates a challenge for the Task Force insofar as its initial approach to tackling inequalities was based on relatively well-resourced and effectively targeted intervention.

Funding pressures have already started to take hold in 2010/11 and it is widely recognised that the next three year Spending Review for 2011-14 will be very difficult for the whole of the public sector. Forecasters have also predicted that, based on assumptions about future UK public spending, while Scottish Government expenditure may begin to grow slowly in 2014/15, it may not return to 2009/10 levels in real terms until as late as 2022/23.

The Task Force wishes to inform the Scottish Government's spending plans for the years 2011-14. In preparation for this, an Independent Budget Review has been commissioned by Scottish Ministers to conduct a review of public expenditure in Scotland. It will report by the end of July 2010. The purpose of the Independent Budget Review is to inform public and Parliamentary debate about the challenges and choices which will exist in a significantly constrained public spending environment.

In recognition of the importance of influencing this debate about future spending decisions, Dr Harry Burns, Chief Medical Officer for Scotland, presented to the Independent Budget Review the implications of evidence now available about how deprivation and other chronic stress lead to poor life outcomes and inequalities, starting from children's earliest experiences.

The Task Force agreed that a number of approaches are needed to respond to the financial situation in a way that both balances the books, and maintains and develops the early intervention approach. The Task Force accepted that there can only be sufficient new emphasis on early intervention if there is a shift in resources that are currently invested elsewhere, as well as continued improvement in joint working between delivery partners. Although such a shift will need to take place over time, it is essential that early action is taken to place a higher priority on prevention and early intervention than may previously have been the case. This will inevitably require difficult choices for the Scottish Government and the rest of the public sector, although the public debate about the financial outlook is also driving discussion about the case for transformational change across a range of public services.

On maximising the impact of resources available locally, improved integrated working offers a number of solutions in terms of both services designed around the needs of the user and cost efficiency. Examples of this are already evident, such as the Scottish Government and COSLA's work to facilitate a shift in the balance of care. This involves redirecting resource from the acute sector to community settings, focussing on early intervention to prevent the need for crisis responses. This agenda has already delivered real successes. More recently, this work has



focussed on the Integrated Resource Framework, which is designed to facilitate resource flow within and between health and social care systems and is being tested in a number of Health Board and Council areas across the country.

It is also clear that, notwithstanding current funding pressures, there are considerable mainstream public resources available across CPPs that need to be utilised as effectively as possible. Measures such as shared services and pay restraint will be part of the answer in extracting maximum value. The Task Force also recognised that there are efficiencies to be made across the public sector through more innovative and imaginative approaches to delivering services and through improved leadership. The learning emerging from the *Equally Well* test sites, as well as the evidence available from other local projects, will make an important contribution to this agenda.

However, the Task Force also heard that efficiencies through improved integration and innovative service redesign are unlikely to completely bridge the gap between available resource and demand for services. If early intervention is to be prioritised, this will involve disinvestment in some areas of service provision over time, with an acceptance of the attendant risks.

Public support is required for the early intervention message, along with increased understanding of the difficult investment choices around public services. It will be particularly important to point to the risks and opportunity costs of this agenda: more money spent upstream means less money available to spend on crisis intervention. However, a focus on early intervention also carries the potential to support the long-term sustainability of universal service provision and improvement of outcomes for service users.

***Recommendation/Key Statement 5 – Tackling inequalities requires transformational change. Consistent and courageous leadership is needed from the Scottish Government and COSLA to ensure the most effective use of the available resource, nationally and locally, in order to make progress towards early intervention and the other principles of the three social policy frameworks.***

***Recommendation/Key Statement 6 – The Scottish Government and COSLA should contribute to transformational change by putting ‘building blocks’ in place to promote more flexible and effective allocation of effort and resource, namely:***

- Ensuring that the early intervention agenda is taken into account in the Scottish Government’s decision-making about resource allocation as part of the forthcoming Spending Review.
- Tools, such as the Integrated Resource Framework, to illustrate how funding streams can be used most effectively to deliver shared outcomes.
- More evidence-based outcomes frameworks and contribution analysis information that will: help the full range of community planning partners determine respective activities to deliver those outcomes; allow short and medium-term progress to be identified and managed; and help evidence the connections between *Equally Well* and the contribution being made by other central and local government initiatives to the full range of National Outcomes.
- Ensuring learning emerging from the *Equally Well* test sites, and other examples of effective local projects, is shared nationally. Spreading what works quickly, through peer learning and challenge, must be central to the whole public sector mindset of the future.

## Engaging Communities

The Task Force agreed with Poverty Alliance activists that service users and communities need to be fully engaged in the process of public service transformation. This point was also echoed by the young people who spoke to the Task Force as part of the Young Scot consultation. They stressed the need to consult young people locally about issues that affect them. Increased use of technology, as a familiar and engaging approach for young people, would be particularly effective.

The Task Force heard that many public agencies had effective mechanisms in place for engaging their local communities in decisions about local services. There is increased use of techniques such as co-creation and co-production. NHS Tayside's *Health Equity Strategy: Communities in Control* is a good example of this, with its commitment "to build on existing confidence and resilience and rebuild aspiration...by supporting communities to take control of their environment and the services that surround them".

However, there is not yet a consistent pattern of local engagement, particularly when tough funding decisions are required and vulnerable groups can feel they are losing valued local services. Consistent and meaningful community engagement will increase peoples' sense of control over the range of local services which they use and on which they depend. It therefore makes an important contribution to promoting the sense of coherence described in Chapter 4. Open communication and acknowledgement of the impact of difficult decisions require continuing attention by funders and commissioners of services.

The Scottish Government has supported the two year *Meeting the Shared Challenge* Programme to encourage local funders to build in community-led approaches to their efforts to improve health and wellbeing and reduce inequalities. Such an approach encourages communities experiencing disadvantage and poor health outcomes to identify what is important to them about their health and wellbeing and to take the lead in identifying and implementing solutions.

**Recommendation/Key Statement 7 – The Scottish Government will provide continued central support in 2010-11 to build capacity in both communities and public services to promote the community-led health approach. This will help develop local services that are both efficient and effective in tackling underlying causes of health inequality.**

Meaningful engagement recognises the benefit that can be gained by mobilising the assets that communities themselves represent. This means a shift from a culture of clienthood to one of active citizenship whereby people expect less from the state and more from themselves, their families and their communities. This shift in culture will be the guiding theme of a possible future Inspiring Scotland project on community wellbeing, with an emphasis on groups within communities supporting each other.

The exchange of experience between Poverty Alliance activists and Scottish Government policy makers was valuable for both. It gave policy makers insight into the local impact of their work and provided activists with helpful information about current initiatives and services.

**Recommendation/Key Statement 8 – New ways of consulting end-users should be built into national policy making. These should complement efforts that CPPs and other local partnerships are already making to involve communities and the third sector in their decision-making.**



## 8. ADDITIONAL ACTION

As part of the review, the Task Force identified a number of areas where it wished to receive information on ongoing or new action that would further build on the *Equally Well* recommendations. These areas are:

- Early years.
- Health of looked after children.
- *Curriculum for Excellence*.
- The impact of the recession on persistent poverty and long-term unemployment.
- Offenders' health, with a particular focus on alcohol, drugs and violence.
- The impact of climate change on health inequalities.

In considering which areas to review further, the Task Force was guided by the potential impact of the recession, as well as the update it received on the latest evidence relating to health inequalities. This update report is available on the *Equally Well* Review pages of the Scottish Government website: [www.scotland.gov.uk/Topics/Health/health/Inequalities/inequalitiestaskforce/ewreview](http://www.scotland.gov.uk/Topics/Health/health/Inequalities/inequalitiestaskforce/ewreview).

Each of these areas makes an important contribution to the outcomes required to build the sense of coherence described in Chapter 4. The early years and education are important factors in building comprehensibility. The focus on vulnerable groups, such as looked after children, the long-term unemployed and offenders, recognises the particular needs of these groups in building coherence. Finally, the review provided an opportunity to consider the potential impact of climate change measures, as a key Scottish Government priority, on health inequalities.

The Task Force considered each of the areas listed above during the course of the review. This is reported more fully in an annex to this report which is available on the *Equally Well* Review pages of the Scottish Government website: [www.scotland.gov.uk/Topics/Health/health/Inequalities/inequalitiestaskforce/ewreview](http://www.scotland.gov.uk/Topics/Health/health/Inequalities/inequalitiestaskforce/ewreview).

As part of these discussions, the Task Force agreed both to endorse ongoing activity, as well as to support new work. This chapter sets out the key additional recommendations and statements the Task Force wished to make to give added impetus to the vision for tackling inequalities.

## Early Years

**Recommendation/Key Statement 9** – The Task Force agreed:

- an early years pathfinder approach should be established to promote the integration of front-line services. The pathfinder should take a whole systems approach to implement rapid change in a CPP area. The approach should build on local early years activity already underway to derive active learning and identify any barriers to progress nationally that need to be removed.

## Health of Looked After Children

**Recommendation/Key Statement 10** – The Task Force:

- stressed the importance of NHS Boards ensuring the provision of healthcare and health improvement services to looked after children;
- agreed to endorse the new Looked After Children and Young People Strategic Implementation Group's (LACSIG) programme of work to build greater co-operation between partners and a shared sense of responsibility for the outcomes of looked after children.

## Curriculum for Excellence

**Recommendation/Key Statement 11** – The Task Force:

- endorsed *Curriculum for Excellence* as a key vehicle for improving the life chances of children and young people and contributing to reducing health inequalities. The Task Force welcomed the focus on health and wellbeing within the *Curriculum for Excellence*, but also noted the importance of literacy and numeracy skills in increasing young peoples' long-term prospects, particularly around future employability;
- agreed that developing a new approach to partnership working between education practitioners, health and other professionals should be a key focus for delivering the health and wellbeing outcomes within the *Curriculum for Excellence*. This should include considering how the learning from the forthcoming evaluation of the Health and Wellbeing demonstration projects can support delivery of *Curriculum for Excellence*.

## The Impact of the Recession on Persistent Poverty and Long-term Unemployment

**Recommendation/Key Statement 12** – The Task Force agreed:

- the need to prioritise and sustain public services which directly support the most vulnerable people, both to maximise their income and to enter or maintain employment where appropriate. In developing national policy and in its partnership role with the wider public sector, Scottish Government should ensure that the approach enshrined in the UK Equality Act is well supported to enable public bodies to meet the requirements of the socio-economic duty;
- that the Scottish Government should initiate early discussions with the incoming UK Government on welfare benefits and tax credits. The UK benefits and tax credits system should promote the prevention and early intervention agenda, incentivising more strongly participation in the labour market and supporting better those with disabilities who could be helped to work;
- that NHS Boards and other public sector organisations should look to mainstream successful approaches to income maximisation and financial inclusion, such as those developed by NHS Greater Glasgow and Clyde in 2010.

## Offenders' Health

**Recommendation/Key Statement 13** – The Task Force agreed to:

- continue with the work underway in the context of the *Reducing Reoffending* programme, which sets offender health issues in the wider context of all the actions needed to ensure improved community reintegration of those who offend;
- support cross-agency partnership to develop new 'community reintegration' units for women offenders nearing the end of their prison sentences in Aberdeen and Inverness prisons, which offer opportunities to develop and trial a range of supportive health interventions;
- support the development of community payback orders tailored to women's needs.

## Offenders' Health – Alcohol

**Recommendation/Key Statement 14** – The Task Force agreed to support a range of work on addressing alcohol misuse among offenders, including:

- working through Community Justice Authorities and local partners to deliver continuity of support at local level, developing integrated care pathways for offenders with alcohol problems supported by information sharing protocols;
- using the development period for the new NHS target on access to substance misuse treatment services to ensure that plans are in place to meet the needs of offenders on community sentence and at the point of transition between custody and community.

## Drugs

**Recommendation/Key Statement 15** – The Task Force agreed:

- that each Alcohol and Drug Partnership should continue to develop locally appropriate services, making use of dedicated Scottish Government support where required. This should also involve collaborating with Child Protection Committees and others to ensure that the needs of children affected by substance misuse are met;
- to support the proposed review of the Throughcare Addictions Service, which offers wraparound support to offenders with addiction issues being released from prison.

## Violence

**Recommendation/Key Statement 16** – The Task Force agreed:

- that the Scottish Government, working with national partners including the Violence Reduction Unit, should continue to support local partnerships in developing and implementing programmes to prevent and tackle violence, building on the early successes of the Community Initiative to Reduce Violence (CIRV) in Glasgow. The Scottish Government's role should focus in particular on supporting the identification and dissemination of good practice.

## The Impact of Climate Change

**Recommendation/Key Statement 17** – The Task Force agreed:

- that both climate and health benefits can be realised in the Scottish Government's approaches to climate change mitigation and adaptation. Action must include measures to protect the most vulnerable groups of people, and avoid widening health and other inequalities.

## 9. REVIEWING PROGRESS

***Recommendation/Key Statement 18*** – The Task Force agreed to reconvene in the first half of 2012 to review national and local progress against its recommendations. This approach will continue to be integrated across the three social policy frameworks. The next review will draw on cross-sector work by the programme boards for the *Early Years Framework/GIRFEC* and tackling poverty.

# 10. RECOMMENDATIONS AND KEY STATEMENTS

No.	Recommendation/Key Statement
<b>Implementing <i>Equally Well</i></b>	
1	Action should continue at Scottish Government and local level on all of the <i>Equally Well</i> recommendations, recognising the need, within the current financial climate, to identify local priorities to maximise the impact of scarce resources.
<b>Community planning</b>	
2	The Scottish Government and the Local Government Improvement Service will develop proposals for a capacity-building resource for CPPs. This resource will be available later in 2010 and will support CPPs to develop their ability to work across organisational and budgetary boundaries to deliver shared local outcomes, with a focus on implementation of the three social policy frameworks.
3	CPPs should fully involve the third sector in the planning and delivery of the transformational change in service delivery, which is necessary to make progress towards early intervention and the other principles of the three social policy frameworks. This involvement should reflect the crucial role of the third sector in supporting the most vulnerable people and communities, and in delivering the integrated working necessary to maximise the impact of early intervention approaches.
<b><i>Equally Well</i> test sites</b>	
4	The Scottish Government should continue to support the test sites beyond the initial two year period announced in <i>Equally Well</i> . This will include continuation of the learning network model, as well as modest financial support beyond 2010/11 for purposes such as local change management and evaluation.
<b>Shifting resources</b>	
5	Tackling inequalities requires transformational change. Consistent and courageous leadership is needed from the Scottish Government and COSLA to ensure the most effective use of the available resource, nationally and locally, in order to make progress towards early intervention and the other principles of the three social policy frameworks.

No.	Recommendation/Key Statement
6	<p>The Scottish Government and COSLA should contribute to transformational change by putting ‘building blocks’ in place to promote more flexible and effective allocation of effort and resource, namely:</p> <ul style="list-style-type: none"> <li>• Ensuring that the early intervention agenda is taken into account in the Scottish Government’s decision-making about resource allocation as part of the forthcoming Spending Review.</li> <li>• Tools, such as the Integrated Resource Framework, to illustrate how funding streams can be used most effectively to deliver shared outcomes.</li> <li>• More evidence-based outcomes frameworks and contribution analysis information that will: help the full range of community planning partners determine respective activities to deliver those outcomes; allow short and medium-term progress to be identified and managed; and help evidence the connections between <i>Equally Well</i> and the contribution being made by other central and local government initiatives to the full range of National Outcomes.</li> <li>• Ensuring learning emerging from the <i>Equally Well</i> test sites, and other examples of effective local projects, is shared nationally. Spreading what works quickly, through peer learning and challenge, must be central to the whole public sector mindset of the future.</li> </ul>
<b>Engaging communities</b>	
7	<p>The Scottish Government will provide continued central support in 2010/11 to build capacity in both communities and public services to promote the community-led health approach. This will help develop local services that are both efficient and effective in tackling underlying causes of health inequality.</p>
8	<p>New ways of consulting end-users should be built into national policy making. These should complement efforts that CPPs and other local partnerships are already making to involve communities and the third sector in their decision-making.</p>
<b>Early years</b>	
9	<p>The Task Force agreed:</p> <ul style="list-style-type: none"> <li>• An early years pathfinder approach should be established to promote the integration of front-line services. The pathfinder should take a whole systems approach to implement rapid change in a CPP area. The approach should build on local early years activity already underway to derive active learning and identify any barriers to progress nationally that need to be removed.</li> </ul>
<b>Health of looked after children</b>	
10	<p>The Task Force:</p> <ul style="list-style-type: none"> <li>• stressed the importance of NHS Boards ensuring the provision of healthcare and health improvement services to looked after children;</li> <li>• agreed to endorse the new Looked After Children and Young People Strategic Implementation Group’s (LACSIG) programme of work to build greater co-operation between partners and a shared sense of responsibility for the outcomes of looked after children.</li> </ul>

No.	Recommendation/Key Statement
<b>Curriculum for Excellence</b>	
11	<p>The Task Force:</p> <ul style="list-style-type: none"> <li>• endorsed <i>Curriculum for Excellence</i> as a key vehicle for improving the life chances of children and young people and contributing to reducing health inequalities. The Task Force welcomed the focus on health and wellbeing within the <i>Curriculum for Excellence</i>, but also noted the importance of literacy and numeracy skills in increasing young peoples' long term prospects, particularly around future employability;</li> <li>• agreed that developing a new approach to partnership working between education practitioners, health and other professionals should be a key focus for delivering the health and wellbeing outcomes within the <i>Curriculum for Excellence</i>. This should include considering how the learning from the forthcoming evaluation of the Health and Wellbeing demonstration projects can support delivery of <i>Curriculum for Excellence</i>.</li> </ul>
<b>Persistent poverty and long-term unemployment</b>	
12	<p>The Task Force agreed:</p> <ul style="list-style-type: none"> <li>• the need to prioritise and sustain public services which directly support the most vulnerable people, both to maximise their income and to enter or maintain employment where appropriate. In developing national policy and in its partnership role with the wider public sector, Scottish Government should ensure that the approach enshrined in the UK Equality Act is well supported to enable public bodies to meet the requirements of the socio-economic duty;</li> <li>• that the Scottish Government should initiate early discussions with the incoming UK Government on welfare benefits and tax credits. The UK benefits and tax credits system should promote the prevention and early intervention agenda, incentivising more strongly participation in the labour market and supporting better those with disabilities who could be helped to work;</li> <li>• that NHS Boards and other public sector organisations should look to mainstream successful approaches to income maximisation and financial inclusion, such as those developed by NHS Greater Glasgow and Clyde in 2010.</li> </ul>
<b>Offenders' health</b>	
13	<p>The Task Force agreed to:</p> <ul style="list-style-type: none"> <li>• continue with the work underway in the context of the <i>Reducing Reoffending</i> programme, which sets offender health issues in the wider context of all the actions needed to ensure improved community reintegration of those who offend;</li> <li>• support cross-agency partnership to develop new 'community reintegration' units for women offenders nearing the end of their prison sentences in Aberdeen and Inverness prisons, which offer opportunities to develop and trial a range of supportive health interventions;</li> <li>• support the development of community payback orders tailored to women's needs.</li> </ul>

No.	Recommendation/Key Statement
<b>Offenders' health – alcohol</b>	
14	<p>The Task Force agreed to support a range of work on addressing alcohol misuse among offenders, including:</p> <ul style="list-style-type: none"> <li>• working through Community Justice Authorities and local partners to deliver continuity of support at local level, developing integrated care pathways for offenders with alcohol problems supported by information sharing protocols;</li> <li>• using the development period for the new NHS target on access to substance misuse treatment services to ensure that plans are in place to meet the needs of offenders on community sentence and at the point of transition between custody and community.</li> </ul>
<b>Drugs</b>	
15	<p>The Task Force agreed:</p> <ul style="list-style-type: none"> <li>• that each Alcohol and Drug Partnership should continue to develop locally appropriate services, making use of dedicated Scottish Government support where required. This should also involve collaborating with Child Protection Committees and others to ensure that the needs of children affected by substance misuse are met;</li> <li>• to support the proposed review of the Throughcare Addictions Service, which offers wraparound support to offenders with addiction issues being released from prison.</li> </ul>
<b>Violence</b>	
16	<p>The Task Force agreed:</p> <ul style="list-style-type: none"> <li>• that the Scottish Government, working with national partners including the Violence Reduction Unit, should continue to support local partnerships in developing and implementing programmes to prevent and tackle violence, building on the early successes of the Community Initiative to Reduce Violence (CIRV) in Glasgow. The Scottish Government's role should focus in particular on supporting the identification and dissemination of good practice.</li> </ul>
<b>The impact of climate change</b>	
17	<p>The Task Force agreed:</p> <ul style="list-style-type: none"> <li>• that both climate and health benefits can be realised in the Scottish Government's approaches to climate change mitigation and adaptation. Action must include measures to protect the most vulnerable groups of people, and avoid widening health and other inequalities.</li> </ul>
<b>Reviewing progress</b>	
18	<p>The Task Force agreed to reconvene in the first half of 2012 to review national and local progress against its recommendations. This approach will continue to be integrated across the three social policy frameworks. The next review will draw on cross-sector work by the programme boards for the <i>Early Years Framework/GIRFEC</i> and tackling poverty.</p>





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## ANNEX TO THE REPORT OF THE EQUALLY WELL REVIEW

### SUMMARY OF ADDITIONAL ACTION ENDORSED BY THE TASK FORCE

#### *Early Years*

1. In addition to the Chief Medical Officer's presentation on the underlying causes of health inequalities, there is a range of evidence emerging which only serves to highlight further the importance of the early years as the key forum for tackling inequalities. Key elements include the short and longer-term negative impacts of poverty, neglect and stress in very early life; the importance of attachment between an infant and his or her primary carer; the importance of the earliest years in establishing neural networks in the brain which affect essential areas of understanding such as language development, emotional control, hearing and social skills.

2. There is also evidence around the benefits from high quality early interventions to offset the potentially negative consequences of adversity in a child's earliest years, securing both short term benefits (such as increased readiness to learn in schools and other learning settings and the establishment of positive behaviours), as well as longer-term benefits, into adulthood, in relation to achievement and attainment in learning; health; employment; criminality; and substance misuse. Economists have estimated the long-term social return on investment in the early years as being between 3:1 and 7:1.

#### *Action Underway*

3. The *Early Years Framework* emphasises the importance of helping parents, families and communities to develop their own solutions, using high quality public services as required. It seeks to shift the focus of these services from intervention when problems have materialised or become entrenched, towards a stronger emphasis on early intervention. Community Planning Partnerships (CPPs) have prioritised implementation of the *Early Years Framework* in their current Single Outcome Agreements (SOAs). Similarly, NHS Boards' Local Delivery Plans include details of Boards' contribution to shared local outcomes in the Scottish Government priority areas, including early years. These steps should support the development of integrated local approaches which can secure the best use of available resources in the current tight financial climate.

4. The Task Force heard of action that the Scottish Government was leading to support implementation of the *Early Years Framework*:

- The *Play Talk Read* social marketing campaign has been launched. It emphasises the importance of the home-learning environment and encourages parents and other carers to value positive interactions with their child during the first years through simple, free, fun activities. The campaign, which will run for a number of years, has been positively evaluated and has been shown to have reached 90% of the target audience.
- The *Go Play* Programme, administered by Inspiring Scotland, has been launched with funding of £4m over 2 years. It aims to increase opportunities for children aged 5-13 years to engage in free play activities, contributing to mental and physical health outcomes and building social cohesion. *Go Play* targets specific local

authority areas where children are least likely to have opportunities to develop through play and will improve the infrastructure of the play sector at local, regional and national levels.

- A Scottish Government/COSLA/Third Sector Data and Indicators Group for early years has been working on a meaningful, manageable and robust set of indicators against which progress towards key national and local outcomes can be assessed.
- A multi-agency Research Into Practice Group has been established. In response to feedback from local partners, the Group was created to provide more information from the centre on research evidence and evaluations of national and local programmes. As well as avoiding duplication of effort and sub-optimal use of scarce resources, better dissemination of “what works” information from the centre would lead to local partners basing local implementation on the best available evidence and practice.

5. The *Getting It Right for Every Child* approach is the “how” by which the *Early Years Framework* should be delivered. GIRFEC aims to improve working across the boundaries of education, social work, health, police and the third sector so that the child and family experience one team to support them. GIRFEC focuses on the needs of each child as a whole, by adopting an approach that is based on partnership, shared language and common tools. It is supported by a single system for identifying, assessing, and planning to address children’s needs. Evidence from the Highland Pathfinder shows that the GIRFEC approach delivers better outcomes for children across a range of measures. Furthermore, by streamlining services and reducing bureaucracy across delivery partners, resources can be released and redirected to frontline services.

#### *Further Action*

6. Whilst these measures will all assist in implementing the *Early Years Framework*, the Task Force also heard that there was a lack of consistent, clear and transparent information across CPPs about action on the early years. Additional information would assist in informing the joint governance arrangements for the *Early Years Framework*, as well as in reassuring Ministers and Parliament that progress is being made.

**7. The Task Force agreed that the Scottish Government should work with COSLA to explore how best, within the terms of the Concordat, to improve the level of information about local implementation of the *Early Years Framework*.**

8. Success in terms of implementing the *Early Years Framework* and delivering improved outcomes for children, families and communities is largely dependant on local actions by community planning partners, notably local government and the NHS. The Task Force heard of the continued need for Health Boards and Local Authorities to plan, invest for and deliver better integrated early years services, building in particular on the substantial resources already invested in universal health and education services.

9. The Task Force agreed that there was a need to demonstrate the gains and efficiencies that can be made through integrating early years service delivery and securing a “whole system” approach to the provision of services aimed at early intervention. The Task Force also recognised the importance of identifying ways of

overcoming perceived barriers to integrated working, especially the frequently-cited challenges arising from the different governance and accountability arrangements for Health Boards and local authorities. It recognised that the need for such approaches is more urgent than ever in view of the funding pressures facing the public sector. Scottish Government officials are exploring options for delivery sites with a number of external delivery partners, with a view to reaching agreement on location as soon as possible.

**10. The Task Force agreed:**

- **An early years pathfinder approach should be established to promote the integration of front-line services. The pathfinder should take a whole systems approach to implement rapid change in a CPP area. The approach should build on local early years activity already underway to derive active learning and identify any barriers to progress nationally that need to be removed.**

11. The Task Force also heard of plans to make use of the legislation in the Public Services Reform Bill recently passed by the Scottish Parliament to deliver a more streamlined and focussed approach to the inspection of children's services. Taking the model of child protection inspections, this will involve devising integrated children's services inspections (covering for example, early years, pre-school, looked after children and child protection) which would be outcome focussed and multi-agency. The inspections will examine ways in which service providers in a CPP work together to improve outcomes for individual children.

12. The Task Force received information on the UK Child Poverty Act, which introduces measures to commit the UK Government to the eradication of child poverty, and places strategic and reporting duties on the UK Government and the devolved administrations. The Scottish Government aims to produce its strategy in response to the Act by the end of 2010. The strategy will build on the *Early Years Framework* and the findings of this review.

***Looked After Children***

13. The Task Force heard that outcomes for looked after children are consistently poorer than their non-looked after peers. Whilst statistical evidence on the health of looked after children is limited, the studies and research that do exist tell us that this group of approximately 15,000 children and young people consistently experience high levels of alcohol and drug use; high rates of teenage pregnancy; significant levels of mental health issues; high levels of suicide and self-harm; and poor oral health.

**14. The Task Force:**

- **stressed the importance of NHS Boards ensuring the provision of healthcare and health improvement services to looked after children.**

15. The reasons for these poorer health outcomes are complex and individual in nature. However, there are strong links between the factors which can lead to a child becoming looked after and issues relating to the early years and early intervention which have been raised elsewhere in this report. These include the impact of poor parenting, which may have resulted in neglect or mental/physical abuse, and the result of late or ineffective intervention by statutory services when support for the family at an earlier stage may have averted subsequent crises.

16. It therefore follows that implementation of the *Early Years Framework*, in keeping with GIRFEC principles, will help secure improved outcomes for looked after children.

#### *Action Underway*

17. The Task Force heard of a number of initiatives designed to improve the care system in Scotland:

- An anti-stigma campaign to demonstrate the positive impact of care
- The Moving Forward in Kinship and Foster Care strategy to improve fostering and promote the use of friends and families as carers.
- Improved planning for permanence as set out in the Adoption Act.
- Implementations of the recommendations of the National Residential Child Care Initiative on the provision of good quality residential care.

#### *Further Action*

18. The improvement agenda for looked after children will be led by the new Looked After Children and Young People Strategic Implementation Group (LACSIG). The LACSIG will be led by the Scottish Government and include representation from COSLA, NHS and key partners from the looked after and children's services sector.

#### **19. The Task Force:**

- **agreed to endorse the new Looked After Children and Young People Strategic Implementation Group's (LACSIG) programme of work to build greater co-operation between partners and a shared sense of responsibility for the outcomes of looked after children.**

#### **This includes:**

- **During 2010/11, follow up the Chief Executive Letter to Health Boards on Looked After Children to further develop the strategic role of nominated Directors with responsibility for looked after children.**
- **By Summer 2010, commission a programme to support learning on effective health role within residential care as part of Glasgow City Council's Enhanced Residential Care programme.**
- **A Throughcare and Aftercare Improvement Programme, launched in April 2010, to support local authorities to improve the service they provide to young people leaving care.**

- **By Spring 2010, commission a national training programme for elected members, Health Boards and community planning partners to embed the principle of corporate parenting within services.**
- **During 2010/11, ensure that Health Board assessments of the physical, mental and emotional health needs of looked after children and young are co-ordinated with any educational support plans, and other assessments, in accordance with GIRFEC principles.**
- **By Autumn 2010, identify further research requirements to understand the health needs of a young person as they make their journey through care.**

### ***Curriculum for Excellence***

20. *Curriculum for Excellence* is now being introduced across Scotland for the learning of all 3-18 year olds. It aims to raise standards of learning and teaching and equip children and young people with the skills they will need for a future in a fast changing world. *Curriculum for Excellence* places a particular emphasis on knowledge and skills which are essential to children's learning and health. These key areas - Literacy, Numeracy and Health and Wellbeing - are now the responsibility of *all* teachers and practitioners working with young people.

21. This is a radical approach. It will be challenging for the teaching profession since it requires new ways of working. It calls for support from local agencies and professions beyond schools, and new approaches to joint working locally.

### **The Task Force:**

- **endorsed *Curriculum for Excellence* as a key vehicle for improving the life chances of children and young people and contributing to reducing health inequalities. The Task Force welcomed the focus on health and wellbeing within the *Curriculum for Excellence*, but also noted the importance of literacy and numeracy skills in increasing young peoples' long term prospects, particularly around future employability.**

### ***Action Underway***

22. In this new approach, responsibility for health and wellbeing falls to a far broader group of practitioners than had previously been involved in delivering Personal and Social Education. This suggests a need for a substantial programme of professional training and support. Given the new approaches required to support the delivery of health and wellbeing within the curriculum and the challenges this presents, teachers and partner agencies need to work together to develop a common understanding of the cross-curriculum requirements of the health and wellbeing agenda. This needs to be progressed at the local level with the focus on developing mutually supportive approaches which will secure the delivery of the *Curriculum for Excellence* experiences and outcomes to all children and young people.

23. The Task Force heard about the Learning and Teaching Scotland work plan for delivering such a programme for education practitioners. It includes:

- Increased engagement with local authority quality improvement officers on the delivery of health and wellbeing experiences and outcomes.
- Support for specific groups of teachers and support workers, particularly in early years centres and primary schools, to develop the necessary skills and understanding to deliver experiences and outcomes.
- The review and further development of a „Support for Staff“ area on the *Curriculum for Excellence* website through which practitioners and leaders/managers can raise questions and discuss concerns.
- Further development of health and wellbeing input on LTS website and GLOW, the world's first national intranet for education which is open to teachers, learners, parents, school administrators, managers and local authorities.
- Support the development of the health and wellbeing national assessment process including quality assurance of the range of existing health and wellbeing materials.
- Development of continuous professional development for health and wellbeing practitioners to be delivered at the Scottish Learning Festival and other events.

24. The Task Force also heard about work underway to embed the lessons of the Activity Agreement pilots, where local partnerships develop tailored packages of learning and support for the most vulnerable young people, in the universal offer of 16+ Learning Choices to all young people from December 2010.

25. Information was also provided on links with the wider provision of support to children and young people. Work is underway to develop a unifying framework bringing together all of the frameworks providing support to children and young people in learning, including *Additional Support for Learning, More Choices, More Chances*, GIRFEC and the role of universal, targeted and specialist health provisions.

26. In implementing *Curriculum for Excellence* effectively, to ensure that all children and young people are able to become successful learners, confident individuals, effective contributors and responsible citizens, learning environments must be peaceful and positive. A range of approaches such as nurture groups, restorative practices, individualised learning packages, and partnership working with other agencies is used to achieve this. The Scottish Government funds the Positive Behaviour Team to promote and embed these approaches across Scotland.

#### *Further Action*

27. In addition to developing the capacity of education practitioners to deliver the health and wellbeing outcomes, the Task Force heard about the need to make better use of support available from other professionals within local partnerships. The Task

Force was particularly interested in the use of appropriate role models to promote key health messages to children and young people.

## **28. The Task Force:**

- **agreed that developing a new approach to partnership working between education practitioners and other professionals should be a key focus for delivering the health and wellbeing outcomes within the *Curriculum for Excellence*.**

**This should include:**

- **Development of school-based approaches, at a local level, where community planning and school colleagues work together to prioritise and plan relevant elements of learning and teaching which respond to the local health and wellbeing needs of the school community.**
- **Considering how the learning from the forthcoming evaluation of the Health and Wellbeing demonstration projects can support delivery of *Curriculum for Excellence*.**
- **Using health professionals with experience of evaluating health improvement programmes to support teachers and other providers, at the local level, in assessing learning within health and wellbeing.**

## ***The Impact of the Recession on Persistent Poverty and Long-term Unemployment***

29. The Task Force heard evidence that recession does not widen the risk of poverty; it increases it for those people already most at risk of becoming poor, becoming poorer or remaining in poverty for longer. Primarily, this means unskilled workers and the long-term unemployed who are furthest from the job market - particularly those who are disproportionately represented in the long-term unemployed, including disabled people and some ethnic minority groups. In addition, there is some evidence from labour market statistics to suggest that young people aged 16–24 and those aged 50+ have been particularly affected by the recent increase in unemployment.

30. Available Scottish and UK-level evidence suggests that the key areas of focus to reduce impacts of the recession on the most vulnerable groups should be:

- those who are furthest from the labour market (those in long-term unemployment and those who are unskilled), because the „displacement“ effect of the recession (increased competition for fewer jobs) may drive them into poverty, or further into poverty. This highlights the importance of employment and employability initiatives.
- the indirect impact of recession (the likelihood of additional pressure on public services) on the people who are unable to work, but who depend on certain public services for a decent standard of living. Financial inclusion, welfare and benefits advice services are particularly important in times of recession.



## Action Underway

31. UK-wide evidence shows that employment is the best route out of poverty, (and remaining out of poverty), for those who can work. The Task Force heard about current measures to promote employability and employment opportunities which were proving effective both through mainstream services and targeted interventions. Many of these are included in the Scottish Government's Economic Recovery Plan and they include:

- Partnership Action for Continuing Employment (PACE) partnerships, the multi agency „rapid reaction“ force involving businesses and other organisations affected by the recession
- European Social Funding, including £16 million for Community Planning Partnership initiatives to support and prepare people for work in Glasgow, Dundee, East Ayrshire, Fife, Inverclyde, North Ayrshire, North Lanarkshire, Renfrewshire, South Lanarkshire, West Dunbartonshire and West Lothian. Supported Employment test sites which are funded and supported by the Scottish Government and aimed at supporting people with complex needs, such as disabilities, into work. The evaluation and learning from these will be key to informing future policy on „what works“.
- The mainstreaming of the work of the *Equally Well* test site in Lanarkshire.

32. The Task Force also heard about targeted financial inclusion and income maximisation approaches. In particular, building on existing Healthy Start success in Glasgow, the Scottish Government has already begun funding an additional initiative in the NHS Greater Glasgow and Clyde area (funding totals just under £860,000 for 2010/11). This will maximise income and promote financial inclusion for the most vulnerable families and children through mainstream public services. It also aims to establish a model that can be adopted across all NHS Boards in Scotland, and to provide the evidence necessary to direct and drive change.

### 33. The Task Force agreed:

- **that NHS Boards and other public sector organisations should look to mainstream successful approaches to income maximisation and financial inclusion, such as those developed by NHS Greater Glasgow and Clyde Valley in 2010.**

The value of peer learning (so that „what works“ in one area can be modified and adjusted as needed for other areas) will be key.

## Further Action

34. The recently published Strategic Review of Health Inequalities in England, *Fair Society, Healthy Lives* makes the link between poverty and poor health, and that a decent standard of living is essential for a healthy life. *Fair Society, Healthy Lives* advocates a number of changes to address health inequalities, through reform of welfare benefits and tax credits. *Achieving Our Potential* outlines what the Scottish Government can do to tackle poverty and inequality within its devolved powers, including the critical roles of income maximisation, financial inclusion and capability.

**35. The Task Force agreed that the Scottish Government should initiate early discussions with the incoming UK Government on welfare benefits and tax credits. The UK benefits and tax credits system should promote the prevention and early intervention agenda, incentivising more strongly participation in the labour market and supporting better those with disabilities who could be helped to work.**

36. The Task Force also heard about the need to protect employment, financial inclusion, welfare and benefits advice services, which are crucial for supporting the most vulnerable during recession. The Scottish Government is currently considering how strategic planning and budgeting can take socio-economic disadvantage into account in a systematic way. The Scottish Government will produce guidance on how this can be done most effectively at both national and local level, including advice on appropriate methods for this, such as impact assessment tools.

**37. The Task Force agreed:**

- **the need to prioritise and sustain public services which directly support the most vulnerable people, both to maximise their income and to enter or maintain employment where appropriate. In developing national policy and in its partnership role with the wider public sector, Scottish Government should ensure that the approach enshrined in the UK Equality Act is well supported to enable public bodies to meet the requirements of the socio-economic duty.**

### ***Offenders' Health***

38. *Equally Well* recognised that action to improve the health and wellbeing of offenders will contribute to the Task Force priority to reduce inequalities associated with alcohol, drugs and violence. Offenders tend to experience high levels of substance misuse, as well as poor levels of general mental and physical health.

39. The number of women offenders in the criminal justice system, particularly the number in prison, has risen sharply and disproportionately to the total prisoner population over the last ten years. Women offenders in particular tend to have complex problems which are not very responsive to interventions targeted on a single form of behaviour. Their needs demand an approach which addresses past trauma, as well as providing appropriate networks to reduce the likelihood of reoffending. It is, therefore, important that services are tailored to address the mental health of women offenders.

40. The health and wellbeing of offenders impacts not only on their individual life circumstances, but also on the wider health of families. The intergenerational impact of offending is clear. Approximately 15,500 children in Scotland lose a parent to prison per year. This impacts on the health, social and educational prospects of these children. Investment in early intervention for children, therefore, needs to be complemented by a focus on improving the life prospects of the most disadvantaged parents.

## Action Underway

41. The Task Force heard about a number of developments that have taken place since the publication of *Equally Well* to improve offenders' health. The *Reducing Reoffending* programme is taking an early intervention approach by focussing on: action before sentencing; community penalties; custodial sentence management; young offenders; and community reintegration. The programme works across the Scottish Government to improve interventions for offenders in areas such as drugs, alcohol, learning, skills, employment and housing.

42. In health terms, the *Reducing Reoffending* programme aims to ensure access to mainstream services, either as part of their community disposal or on release from prison. These aims will be assisted by the transfer of the responsibility to provide primary healthcare services to prisoners from the Scottish Prison Service to NHS Boards. This transfer is anticipated to take place by the end of 2011 and will help improve the continuity of care between the prison setting and the community on release, particularly in the acknowledged high need areas of drug and alcohol addiction and mental ill health.

43. The Task Force also heard about the developing role of Community Justice Authorities (CJAs). The CJAs aim to target services to reduce reoffending and to ensure close co-operation between community and prison services to aid the rehabilitation of offenders and to provide local solutions to local issues.

44. The Scottish Government has agreed a number of proposals in response to the disproportionate rise in the female prison population. This includes the transfer of a small number of female prisoners coming to the end of their sentences from Cornton Vale Prison to units in Aberdeen and Inverness prisons to better assist community reintegration.

### 45. The Task Force agreed to:

- continue with the work underway in the context of the *Reducing Reoffending* programme, which sets offender health issues in the wider context of all the actions needed to ensure improved community reintegration of those who offend;
- build on the role of the Community Justice Authorities as a catalyst for local action – with a stress on ensuring that their next 3 year plans, covering the period 2011–2014, adequately reflect health issues;
- take forward the action already agreed by the Scottish Government on women offenders, in particular:
  - Cross agency partnership to develop new 'community reintegration' units for women offenders nearing the end of their prison sentences in Aberdeen and Inverness prisons, which offer opportunities to develop and trial a range of supportive health interventions; and
  - Development of community payback orders tailored to women's needs.

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

### *Action Underway - alcohol*

46. *Changing Scotland's Relationship with Alcohol: A Framework for Action* was published in March 2009. The Framework for Action outlines a package of measures to help reduce consumption and to encourage more responsible drinking across the population. These policies will contribute to addressing health inequalities.

47. This includes the introduction of minimum pricing. Given the link between consumption and harm and the evidence that affordability is one of the drivers of increased consumption, addressing price is an essential component of the Scottish Government's long-term strategic approach to tackling alcohol misuse.

### *Further Action - alcohol*

48. In connection with its interest in the health of offenders, the Task Force also heard about further work required to address alcohol misuse among this group. 45% of offenders are likely to have an alcohol problem on admission to prison, compared to 16% of the general Scottish male population. The important and apparently growing link between alcohol and offending in particular is underlined by the recently published SPS prisoner survey for 2009. This showed that 50% of prisoners admitted being drunk at the time of their offence, compared with 40% in 2005.

**49. The Task Force agreed to support a range of work to addressing alcohol misuse among offenders, including:**

- **To take forward work to improve the evidence base on 'what works' in relation to alcohol interventions with offenders, whose problems tend to be more complex and intractable than those of the population as a whole;**
- **continue with the work underway in the context of the Reducing Reoffending programme, which sets offender health issues in the wider context of all the actions needed to ensure improved community reintegration of those who offend;**
- **working through Community Justice Authorities and local partners to deliver continuity of support at local level, developing integrated care pathways for offenders with alcohol problems supported by information sharing protocols;**
- **using the development period for the new NHS target on access to substance misuse services to ensure that plans are in place to meet the needs of offenders on community sentence and at the point of transition between custody and community.**

### *Action Underway – drugs*

50. In relation to drug misuse, the Task Force was reminded that Scotland has a long-standing and serious drug problem. An estimated 52,000 people are problem drug users; 40-60,000 children are affected by the drug problem of one or more

parent; and there were 455 drug-related deaths in 2007. This has a significant impact on individuals, families and society – with an estimated economic and social cost of £2.6 billion per annum.

51. The Task Force heard about the significant developments that have taken place over the past 18 months, since the publication of the national drugs strategy *The Road to Recovery*, including:

- A new HEAT target for access to drugs services, backed by significant additional funding.
- A new delivery framework for local action on alcohol and drugs, with new Alcohol and Drug Partnerships established across Scotland.
- The recruitment of a new group of “National Support Co-ordinators” working with those local partnerships.
- A new Recovery Consortium established to develop and promote understanding of how best services can genuinely support recovery from problem drug use.

52. Alcohol and Drug Partnerships are now more closely aligned within CPPs. This is intended to help ensure effective and integrated planning and commissioning of services and to help connect local action to reduce health inequalities with the aims of local drugs and alcohol strategies.

53. *The Road to Recovery* also includes targeted actions to improve circumstances for children affected by parental substance misuse. These actions cover improved identification, assessment, risk assessment, information sharing and capacity of support services to identify and support children at risk. This includes work to develop the relationship between the key strategic bodies – namely Alcohol and Drug Partnerships and Child Protection Committees - responsible for co-ordinating local activity across children’s and adults’ services, with a focus on ensuring that adult services also recognise and deliver improved outcomes for affected children.

#### *Further Action - drugs*

54. Further work is necessary to develop the Throughcare Addictions Service, which provides support for prisoners within prison and for the six weeks following release by ensuring that those willing and assessed as suitable are referred to treatment services and encouraged to attend their appointments. There are varying levels of service from local authorities across the country and there is no clear method of identifying whether prisoners are linked into services within a reasonable timeframe. A review of the Throughcare Addictions Service, in parallel with the development of drug and alcohol waiting times HEAT target, will ensure better transition and reintegration of this hard-to-reach group. This work will also dovetail with the programme to transfer prison health services to the NHS.

**55. The Task Force agreed:**

- **that each local Alcohol and Drug Partnership should develop appropriate services, making use of dedicated Scottish Government support where required. This should also involve collaborating with**

**Child Protection Committees and others to ensure that the needs of children affected by substance misuse are met;**

- **to support the proposed review of the Throughcare Addictions Service, which offers wraparound support to offenders with addiction issues being released from prison.**

*Action Underway - violence*

56. *Equally Well* identified violence as a significant source of inequality. The death rate from assault in the most deprived areas is 4 times that of the Scottish average and over 10 times that in the least deprived areas. The homicide rate in Glasgow is 3 times the Scottish average and twice that of London.

57. As part of the violence prevention strategy set out in *Equally Well*, the Scottish Government has been working in close partnership with the Violence Reduction Unit (VRU). The Task Force heard about a VRU project working with gang members in the east end and north of Glasgow. The Community Initiative to Reduce Violence (CIRV) provides gang members with a range of support services and diversionary projects in an effort to change their behaviour.

58. Following intelligence gathering, gang members are approached by CIRV street level workers with the offer of help to find an alternative to the gang lifestyle. They are then invited to attend a self-referral session, along with a number of individuals from different gangs, where they are addressed by a senior police officer, an A&E consultant, members of their community and the parent of a victim, amongst others. They are presented with a choice: stop the violence and seek help, or face the consequences. Those who choose the former are then given the freephone number of a “one stop shop” where they are given help to access education, health services, careers advice, social services and diversion.

59. Evaluation of the first year of CIRV has been very positive. 368 gang members have actively engaged in the scheme, with an average 49.2% reduction in violent offending by those participating. There has been a 20% reduction in violent offending even amongst the gang members who have refused to participate. CIRV has helped over 100 clients access employment and education opportunities, including 60 new jobs created through a partnership bid to the UK Future Jobs Fund.

*Further Action - violence*

60. Plans for the future of CIRV include linking in with the wider “Positive Parenting Programme” which aims to improve parenting support across Glasgow. The programme helps parents to create a supportive and stable family life, teach their children the skills they need to get along with others, deal positively with problem behaviours and take care of themselves as a parent. The VRU, along with NHS partners, is developing a specific project to deliver this support to young parents in the same areas of Glasgow where CIRV is operating.

61. The Task Force also heard of the intention to mainstream CIRV into local services in Glasgow, as well as the role that the VRU is playing within the *Equally Well* test site network to share its expertise in violence reduction.

**62. The Task Force agreed:**

- **that the Scottish Government, working with national partners including the Violence Reduction Unit, should continue to support local partnerships in developing and implementing programmes to prevent and tackle violence, building on the early successes of the Community Initiative to Reduced Violence (CIRV) in Glasgow. The Scottish Government's role should focus in particular on supporting the identification and dissemination of good practice.**

### ***The Impact of Climate Change***

63. The Task Force also heard about new work to consider links between climate change and health inequalities. Predicted changes to the Scottish climate over the coming decades include warmer summers, wetter winters and more extreme events including flooding. Potential health effects from these changes include increased respiratory disease from worsening air quality and increases in infections that are associated with warmer weather. Flooding also has adverse effects on health including traumatic injuries, infections due to disruption of water and sewerage and mental health disorders. Conversely, temperature rises could reduce cold-related winter deaths. All of these effects are likely to impact differentially on the most disadvantaged communities. In addition, the effects of climate change in other parts of the world could impact on Scotland, for example if displaced people move to Scotland, or food production is disrupted.

64. The Scottish Government has set ambitious targets for carbon reduction and has a programme of work to reduce emissions and adapt to the effects of climate change. Many of the actions being taken will have positive impacts on health. For example, measures to reduce emissions by reducing car use could encourage physical activity, and improvements in home insulation could reduce both energy use and fuel poverty.

**65. The Task Force agreed:**

- **that both climate and health benefits can be realised in the Scottish Government's approaches to climate change mitigation and adaptation. Action must include measures to protect the most vulnerable groups of people, and avoid widening health and other inequalities.**