

# Angus Health Improvement Plan 2009 - 2012



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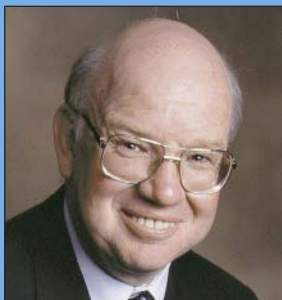


# Foreword

The completion of the Angus Health Improvement Plan (AHIP) represents a significant milestone in progressing from strategies to action in the Angus communities. It reflects the efforts of the Angus Community Planning Partners over a number of years to address health inequalities and promote health improvement.

Our experience in Angus shows that improvements in the health of the population can be achieved by addressing life circumstances that have an effect on health and wellbeing and by creating social environments which facilitate positive lifestyle choices. Through community planning activities the partners in Angus are finding new ways of working with communities and partner organisations to deliver effective and accessible services.

The Angus Community Planning Partnership recognises the complexity of the health improvement agenda and the need to involve community planning partners meaningfully at a number of levels. It also recognises that many partner organisations, while making significant contributions to health improvement and wellbeing, may not consciously perceive that they do so. As a result the process of developing the plan is as important as the plan itself. Through the production of this plan there has been a development of a greater understanding and commitment to the health improvement agenda by the partner agencies. There is a commitment to working together to address the priorities in this Plan in order to improve the health of the population and make a significant contribution to the quality of life of the citizens of Angus.



**David Sawers**  
Chief Executive, Angus Council



**Professor Tony Wells**  
Chief Executive, NHS Tayside

# 1. Introduction

This Angus Health Improvement Plan (AHIP) sets out the three-year strategic framework for health improvement in Angus. A key element of the AHIP is the Action Plan that details specific projects and initiatives and their expected outcomes.

NHS Tayside and Angus Council have a statutory responsibility to work together to agree and produce a HIP for the Angus Council area. This is a significant challenge for both organisations and their partners as Angus has a population of nearly 110,000 who live in a variety of communities with different needs.

This AHIP sets out the major priorities for the partners in Angus and highlights areas where significant change or improvement is required. It also details how we will involve and inform the public and key stakeholders in taking forward the health improvement agenda in Angus.

The Plan sets out the key health and health improvement challenges facing Angus. It is recognised that all the partner agencies currently participate in a wide range of health improvement activities. The Plan is designed to recognise and provide a structure to these activities, and to help work towards measurable outcomes. It has taken a population approach that includes the general public and all the major care groups, including learning disabilities, older people, children and young people and mental health.

It should also be noted however that the AHIP is designed to address the key challenges that we face rather than simply list all of the intended health improvement activities or initiatives. Details of these can be obtained from individual partner agencies.

## 1.1 Improving Health in Angus and Addressing Inequalities and Social Inclusion

The main aim of health improvement is to prevent ill-health by promoting and protecting good health. A varied and complex range of factors impact on our health and wellbeing including education, income, work, environment, physical and mental health, family and community.

There is a clear correlation between health and life circumstances. People living in the most disadvantaged life circumstances experience the poorest health across a range of indicators eg coronary heart disease, diabetes and a healthy life expectancy. Social inclusion is about reducing inequalities between the least advantaged groups and communities and the rest of society by closing the opportunity gap and ensuring that support reaches those who need it most. Health and wellbeing, in all but the poorest

countries, is strongly related to how equal societies are, not how wealthy they are.

Inequality in health means an uneven spread of good health across sections of the population. Lifestyles - as reflected in smoking and drinking patterns, diet and exercise - have a powerful influence on health. These factors are linked strongly to underlying life circumstances such as social class and poverty. Similarly, patterns in the population for conditions such as coronary heart disease, stroke, cancer, mental illness and unwanted teenage pregnancies, which make such significant contributions to Scotland's health deficit, also mirror these inequalities.

This Plan seeks to attack the roots of ill-health in a systematic and co-ordinated manner across the partner agencies and in partnership with individuals and the communities of Angus.



### 1.2 National Policy and Legislative Context

In developing this Plan we have taken into account a number of key local and national documents and Government initiatives as they have a significant bearing on health improvement. These are detailed in Appendix 1.

These policy documents set the direction of travel from a national perspective. This Plan takes these and sets them in the context of locally identified needs and priorities.

### 1.3 Health Improvement, Community Planning and the Angus Single Outcome Agreement (SOA)

The Angus partners have been committed to working together in a Community Planning Partnership for some time. We recognise that Community Planning is an important process for bringing together agencies to deliver collective action to meet the needs of the citizens of Angus.

The Angus Community Plan has three principles – sustainable development,

active citizenship and social inclusion, which underpin the seven priority outcome areas:

- **Demographics**
- **Sustainability**
- **New Business Growth**
- **Engaging Our Communities**
- **Young People**
- **Alcohol**
- **Physical Activity**

The Community Planning Partnership structure established to deliver on these outcome areas is set out in Appendix 2.

The Health Improvement Action Group (HIAG) is tasked with overseeing the Health Improvement Agenda.

The Angus Single Outcome Agreement sets out the outcomes the Angus Community Planning Partnership is committed to achieving. These outcomes reflect local priorities as well as relevant national outcomes agreed in the Concordat and the National Health Efficiency Access and Treatment [HEAT] targets for health services (see Appendix 3).

To facilitate the development and implementation of the health improvement agenda in Angus, a Health Improvement Team (see Appendix 4) has been established comprising officers from the local authority and health. This team is located with the Joint Strategic Support Unit within the Council's Social Work and Health Department. This location helps ensure effective linkages are made with the planning and development of wider health and community care services.

## 2. The Health of the People of Angus

This section of the Plan provides some information on the scale of the health problems facing Angus.

Figure 2 contains a survey of the Health of the Population in Angus.

**Population Profile** - Angus Community Health Partnership (CHP) has an estimated total population of around 110,000. The percentage of the population who are of working age is significantly lower than the Scotland average. Male life expectancy is significantly better than the Scotland average; female life expectancy is above, but not significantly better than, the Scotland average. Currently there are no single reliable and accurate data on the number of ethnic minorities either in Angus or in Scotland. The last census 2001 provides the 0.8% figure for Angus for the non-white ethnic minorities only and so, was a substantial underestimate at the time it was undertaken. It didn't include refugees/asylum seekers, gypsy/travellers as well as white ethnic minorities. Moreover, due to the changing situation of migration between censuses, it is important to note that the population estimates between censuses are only approximations and therefore, the population estimate given in the Angus CHP Health and Wellbeing Profile 2008 is also an approximation. The more accurate data will be available in the next Census 2011 at the earliest.

**Ethnic Minorities** - The situation of migration in Scotland is changing over time and we can also observe dynamic migration flow both in and out of Angus. These incoming migrants are either permanent immigrants or migrant workers coming to Angus to search for work and of these many are coming particularly from Central/Eastern Europe but also other continents, such as Asia and Africa. Angus's ethnic minority population consists of both white and non-white ethnic minorities, many of whom are Chinese, South Asians and African/Caribbean, Irish, gypsy

travellers and refugees/asylum seekers. The diverse ethnic minorities are considered as particularly vulnerable, at risk and potentially hard-to-reach communities, which may have additional and very complex needs.

**Mortality** - All-cause mortality (all ages), and the mortality rate from heart disease (under 75s), are significantly better than the Scottish average. Cancer mortality (under 75s) is amongst the lowest of the 40 Community Health Partnerships (CHPs) in Scotland.

**Substance Use** - An estimated 25.2% of adults smoke, compared to 27.3% in Scotland as a whole. There have been 125 alcohol-related deaths in the last five years, a death rate significantly better than (below) the Scottish average. The proportion of the population hospitalised for alcohol-related and attributable causes is the second lowest of any CHP. The proportion of the population hospitalised for drug-related conditions is also the second lowest of any CHP, over the last three years.

**Ill Health & Injury and Mental Health & Function** - For patients with heart disease, emergency admission patients, multiple admission patients aged 65 years and over, and unintentional injuries among older people in the home, the proportion of the population hospitalised is significantly better (lower) than the Scottish average. Additionally Angus has the second lowest incidence of cancer in Scotland. Expected years of life in good health are 69.4 for males and 72.7 for females (Scotland 66.3 and 70.2 respectively). Angus is either significantly better than or not significantly different to, Scotland for all other mental health and function indicators, with the exception of patients prescribed drugs for anxiety, depression or psychosis where the Angus figure is higher at 8.4% (Scotland 8.1%)

**Social Care and Housing** - In Angus, 10.6% of older people with intensive care needs are cared

for at home, rather than in care homes or geriatric long-stay hospital beds (Scotland 29.2%). Just under 4.0% of older people receive free personal care at home (Scotland 4.8%). At the 2001 Census, lone pensioner households accounted for 16.0% of total households (Scotland 15.0%). The percentage of households assessed as homeless is significantly better (lower) than the Scotland average.

**Education, Employment & Prosperity** - Angus has a significantly better (lower) than average percentage of people living in the 15% 'most deprived' areas of Scotland. This is reflected in the education, employment and prosperity indicators, with the rating significantly better than the Scotland average on all indicators.

**Crime and Environment** - The crime rate in the area is significantly better (lower) than the

Scotland average, as is the rate of assault of hospital patients. Just over 16.0% of the population live within 500m of a derelict site, which is significantly lower than Scotland (27.3%). This is a partly rural area, with 25.2% of the population living in the 15% 'most access deprived' areas in Scotland (Scotland 15.0%).

**Child & Maternal Health** - The percentage of mothers smoking during pregnancy is significantly worse than average (26.8% compared to Scotland 24.3%). Angus is significantly better than, or not significantly different to, the Scotland average for all other child and maternal health indicators for which data are presented. Teenage pregnancies at 6.8 per 1000 13-15 years old is consistent with national average.

ScotPHO – Health & Wellbeing Profiles 2008.



# Angus CHP Health Summary



This chart compares the local value for each indicator to the Scottish average and range for all CHPs.

- Statistically significantly 'worse' than Scottish average
- Statistically not significantly different from Scottish average
- Statistically significantly 'better' than Scottish average
- △ No significance can be calculated



Domain	Indicator	Number	Measure	Type	Scot. Average	'Worst'	Scotland Average	'Best'
Population Profile	1 Population 0-15 years <sup>1</sup>	20,131	18.4	%	18.0			
	2 Population 16-64 years <sup>1</sup>	68,442	62.6	%	65.6			
	3 Population 65+ <sup>1</sup>	20,747	19.0	%	18.4			
	4 Life expectancy - males <sup>3</sup>	n/a	75.3	yrs	73.9			
	5 Life expectancy - females <sup>3</sup>	n/a	79.6	yrs	79.1			
	6 Live births <sup>1</sup>	1,110	10.2	cr2	10.8			
Mortality	7 Deaths all ages <sup>2</sup>	3,859	888.3	sr	745.8			
	8 Early deaths from heart disease (< 75s) <sup>2</sup>	269	65.5	sr	80.3			
	9 Early deaths from cancer (< 75s) <sup>2</sup>	493	121.0	sr	140.8			
	10 Early deaths from stroke (< 75s) <sup>2</sup>	48	10.8	sr	12.4			
Substance use	11 Estimated smokers (16+)	22,199	25.2	%	27.3			
	12 Alcohol related and attributable hospital patients <sup>2</sup>	2,148	550.4	sr	859.7			
	13 Alcohol related deaths <sup>3</sup>	125	20.2	sr	27.4			
	14 Drug related hospital patients <sup>2</sup>	47	17.2	sr	77.6			
Ill Health & Injury	15 Patients registered with cancer <sup>2</sup>	1,780	378.8	sr	420.5			
	16 Heart disease hospital patients <sup>2</sup>	3,225	688.5	sr	710.5			
	17 Stroke hospital patients <sup>2</sup>	672	119.2	sr	126.7			
	18 Emergency admission hospital patients <sup>2</sup>	21,228	5,629.3	sr	6,230.6			
	19 Multiple admission hospital patients aged 65+ <sup>2</sup>	2,387	3,545.5	sr	4,173.3			
	20 Patients prescribed statins	20,675	17.9	%	18.2			
	21 Road traffic accident casualties - all ages <sup>2</sup>	271	85.7	sr	83.7			
	22 Unintentional injuries in the home - patients aged 65+ <sup>2</sup>	1,220	1,984.3	cr	2,170.6			
Mental Health & Function	23 Expected years of life in good health - males <sup>3</sup>	n/a	69.4	yrs	66.3			
	24 Expected years of life in good health - females <sup>3</sup>	n/a	72.7	yrs	70.2			
	25 Patients prescribed drugs for anxiety/depression/psychosis	9,731	8.4	%	8.1			
	26 Self-assessed health 'not good'	8,833	8.1	%	10.2			
	27 Psychiatric hospital patients <sup>2</sup>	864	686.3	sr	791.7			
	28 Deaths from suicide <sup>3</sup>	53	10.6	sr	10.9			
	29 Adults claiming incapacity benefit/severe disability allowance	4,785	5.4	%	7.4			
	30 Adults with limiting long-term illness	20,120	18.6	%	20.3			
	31 Lone pensioner households	7,509	16.0	%	15.0			
	32 Providers of unpaid care > 20 hrs per week	3,099	2.9	%	3.5			
Social Care & Housing	33 Older people 65+ receiving free personal care at home <sup>4</sup>	786	3.8	%	4.8			
	34 Older people with intensive care needs cared for at home <sup>4</sup>	89	10.6	%	28.2			
	35 Households assessed as homeless <sup>4</sup>	786	1.6	%	1.8			
	36 Households in extreme fuel poverty <sup>4</sup>	4,000	7.4	%	5.9			
	37 Average tariff score of all pupils on the S4 roll	1,420	185.4	mean	171.7			
	38 School children registered for free school meals	1,632	10.2	%	15.8			
Education, Employment & Prosperity	39 Primary school attendance	n/a	95.9	%	95.3			
	40 Working age adults without educational qualifications <sup>4</sup>	n/a	10.8	%	13.8			
	41 Population income deprived	12,493	11.5	%	13.9			
	42 Working age population employment deprived	6,721	10.4	%	12.9			
	43 Working age population claiming Jobseekers allowance	1,660	2.6	%	2.8			
	44 Lone parents claiming income support	995	14.5	cr2	19.0			
	45 60+ population claiming pension credit	4,515	16.3	%	19.7			
	46 People living in 15% 'most deprived' areas in Scotland	6,328	5.8	%	15.0			
	47 Crime	3,746	34.5	cr2	53.5			
Crime	48 Assault patients <sup>3</sup>	145	55.5	sr	112.8			
	49 Population within 500 metres of derelict site	17,618	16.1	%	27.3			
Environment	50 Average house price (£s)	3,129	121,797	mean	133,872			
	51 Adults rating neighbourhood as good place to live <sup>4</sup>	n/a	92.0	%	93.0			
	52 People living in 15% 'most access deprived' areas	27,336	25.2	%	15.0			
Child & Maternal Health	53 Teenage pregnancies <sup>2</sup>	n/a	n/a	cr2	41.0			
	54 Mothers smoking during pregnancy <sup>2</sup>	820	26.8	%	24.3			
	55 Low weight live births <sup>2</sup>	55	2.0	%	2.5			
	56 Babies exclusively breastfed at 6-8 weeks <sup>1</sup>	919	27.9	%	27.1			
	57 Immunisation uptake at 24 months - MMR <sup>2</sup>	3,151	92.5	%	90.3			
	58 Immunisation uptake at 24 months - all excl MMR <sup>2</sup>	3,319	97.4	%	96.0			
	59 Child dental health in primary 1	717	62.9	%	54.8			
	60 Child obesity in primary 1	n/a	9.3	%	9.1			
	61 Unintentional injuries in the home - patients < 15 <sup>2</sup>	517	919.6	cr	1,123.5			

- Notes:**
- For presentational purposes, these indicators have been arbitrarily assigned to 'worse' if the proportion is below the Scottish average.
  - Three-year combined number, and 3-year average annual measure.
  - Five-year combined number, and 5-year average annual measure.
  - Data available down to local authority level only.

**Key:**  
n/a = data not available, or cannot be calculated. In addition, where the figures are based on small numbers, range rather than actual number is shown (see technical report for disclosure rules).

cr = crude rate per 100,000 population; cr2 = crude rate per 1,000 population; sr = age-sex standardised rate per 100,000 population; yrs = years; % = percent; mean = average.

See the detailed Definitions and Sources table for indicator information and Technical Report (on the web) for further guidance on interpreting the spine.

## 3. Health Improvement Priorities for Angus

The health improvement priorities identified for Angus are:

1. **Alcohol**
2. **Nutrition and Physical Activity**
3. **Mental Health and Wellbeing**
4. **Sexual Health**
5. **Smoking and Tobacco Control**
6. **Oral and Dental Health**

These local priorities have been agreed on using existing health information and taking into account the national Government priorities.

### 3.1 Alcohol

#### Why is this a priority?

The misuse of alcohol has a major impact on health and wellbeing, contributes to crime, impairs productivity and disrupts family life. Consumption of alcohol has more than doubled since the 1950s; up to 50% of men and 30% of women are drinking over the weekly recommended drinking limits and alcohol problems are estimated to cost the Scottish economy £2.25 billion per year. No single professional group or agency can effectively tackle the effects of alcohol misuse. The Scottish Government will provide leadership but believes that long term sustainable change will only be achieved by working in partnership with a wide range of bodies. The effect on young people is particularly evident and has been the source of widespread concern.

In the autumn of 2008 the Scottish Government consulted on the discussion paper "Changing Scotland's Relationship with Alcohol". The outcome of the consultation will form the basis of strategy and action on alcohol problems nationally and locally. This paper recognised that the consequences of increased consumption of alcohol are widespread. The ill effects are felt by families, communities, employers and the country as a whole. The proposal

is to take a whole population approach in recognition that international evidence is clear that reducing consumption leads to reductions in both short term and long term harm not only to high risk groups but the population as a whole.

Our aims are to:

- Reduce alcohol-related harm in Angus by taking action on major areas as agreed nationally.
- Support communities and agencies to work together.
- Develop strategic and operational capacity and activity.



The Angus Drug and Alcohol Action Team has produced the Angus Drug and Alcohol Strategy based on the national and local priorities outlined above.

Focus on Alcohol Angus "Healthy Happy Communities" project is a community-led social marketing approach to tackle action on alcohol misuse across rural neighbourhoods in Angus. A blend of social marketing, community engagement and rapid improvement methodologies is used.

Our targets are:

**HEAT targets:**

- Achieve agreed number of screenings using the setting-appropriate tool and appropriate alcohol brief intervention, in line with SIGN 74 guidelines by 2010/11

**SOA targets:**

- Maintain the number of alcohol-related hospital discharges at 326/year (0.8% of Scottish total)
- Maintain the number of alcohol-related deaths at 24/year (1% of Scottish total)
- To keep the rate of new individuals reported to the Scottish Drug Misuse Database within 5% of the Scottish average
- To establishing baselines for the number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention in line with SIGN 74 guidelines

### 3.2 Nutrition and Physical Activity

#### 3.2.1 Nutrition

Why is this a priority?

Rapid escalation in obesity prevalence has dramatically increased political and media focus on the need to address this major public health issue with urgent actions required. Due to the scale and complexity of obesity it is now widely acknowledged that no one profession or organisation can address this issue in isolation and an integrated multi-disciplinary, multi-agency approach is required. Currently 60% of adults are overweight or obese and 20% of children. There are distinct health risks associated with overweight and obesity as well as quality of life and mental wellbeing.

Our aim is to:

- Improve the health and nutritional wellbeing of the Angus population by improving their nutritional status.

Prevention and treatment of obesity will be addressed collaboratively by starting to implement the recommendations from Tayside Healthy Weight Strategy 2005 and Best Value Review of Nutrition 2008.

We need to provide a range of weight management interventions for children and young people, and for adults, based on agreed clinical pathways. This will ensure people can access the appropriate evidence-based treatment programmes to help them manage their weight.

There is significant and reliable evidence to show that breastfeeding has important advantages for both the mother and infant and there is now strong evidence that breastfeeding protects babies from excess weight gain, and lowers blood pressure and cholesterol levels in childhood. Improving the experiences new families have with the initiation and continuation of breastfeeding has a long term impact on health outcomes. Breastfeeding interventions designed to support breastfeeding are integral to the Tayside Healthy Weight Strategy 2005 and Best Value Review of Nutrition 2008.

Our targets are:

**HEAT targets:**

- Achieve agreed completion rates for child healthy weight intervention programme by 2010/11
- Increase the proportion of newborn children exclusively breastfed at 6-8 weeks from 26.6% to 33.3%

**SOA targets:**

- To maintain the proportion of obese P1 children at the 5% baseline from 07/08 year until 2010/11
- To maintain the 37.2% rate from 06/07 of new-born children exclusively breastfed at 6-8 weeks until 2010/11

### 3.2.2 Physical Activity

#### Why is this a priority?

Physical activity or more specifically, the lack of it, is an issue which can have a significant effect on the health of the individual, and cumulatively, on the health of our communities. Promoting and encouraging higher levels of physical activity across all generations is a major factor in preventing ill health and creating vibrant communities that are safer to live in and to bring up future generations.

It is essential that physical activity is not looked upon in isolation. It can have a major impact in other areas such as drug and alcohol abuse, weight management and mental health. It should be regarded as a keystone for future developments in building a dynamic place to live.

The main goal therefore is to help improve the health and wellbeing of those who reside in Angus by promoting and developing physical activity in all its shapes and forms.

#### Our aims are to:

- Create a behavioural change in people's attitude towards physical activity recognising its importance in maintaining a balanced and healthy lifestyle.
- Help reduce illnesses associated with obesity such as diabetes, coronary heart disease, respiratory difficulties, back problems and mental health.
- Offer an alternative or partial alternative to normal medicinal treatment(s), thus helping to reduce existing pressures on local primary health care services and, potentially, on hospital waiting lists.
- Help reduce crime and anti-social behaviour.
- Develop vibrant, local economies.
- Develop multi-agency partnership with other major organisations, local planning groups and community groups (including schools,

sport development, clubs and activity groups) to reduce health inequalities and create active communities.

- Empower local communities.

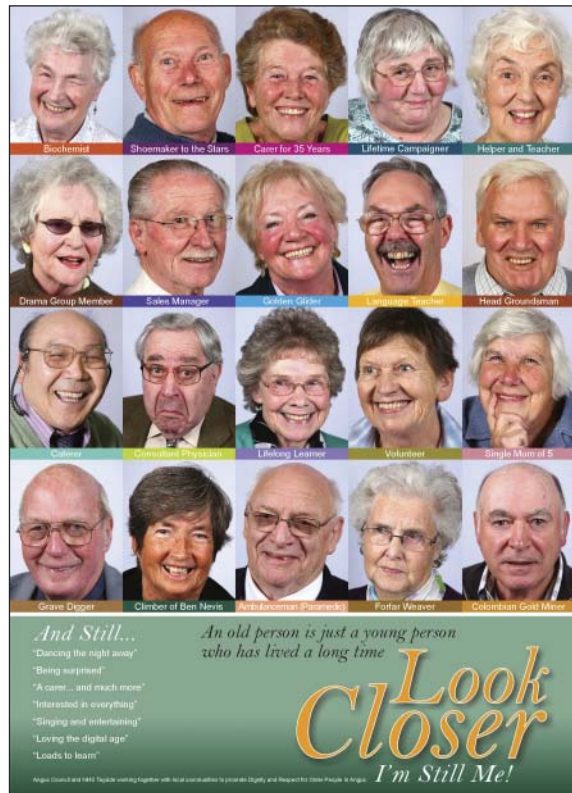
#### Our targets are:

##### HEAT targets

- Achieve agreed number of inequalities-targeted cardiovascular health checks during 2009-2010 (Keep Well programme)

##### SOA targets

- To maintain the proportion of 92% of P6/7 having 1 hour of physical activity per day
- To achieve the proportion of 80% of year S1/2 children having 1 hour of physical activity a day



### 3.3 Mental Health and Wellbeing

#### Why is this a priority?

Mental health and wellbeing plays a large part in determining positive social, health and economic outcomes. This is an area that can be influenced at both an individual and community level, and the people of Angus can achieve positive change in their own mental health and wellbeing by making small changes to their lives. The promotion of mental health improvement can help to address a growing range of problems including obesity, self-harm, suicide and substance misuse.

A reduction in lives lost to suicide is a specific local authority and NHS target which will be met through partnership working to train staff and provide local services to meet the needs of those who may be at risk of suicide.

#### Our aims are to:

“See a Scotland where we all understand that there is no health without good mental health, where we know how to support and improve our own and others’ mental health and wellbeing and act on that knowledge and where our flourishing mental health and mental wellbeing contributes to a healthier, wealthier and fairer, smarter, greener and safer Scotland.” Towards a Mentally Flourishing Scotland, Scottish Government 2008

#### This is to be achieved by:

- Supporting parents and early years
- Supporting children and young people
- Improving working lives
- Positive steps for mental health
- Supporting communities
- Supporting and developing the health and wellbeing of older people
- Supporting and developing education and training programmes in suicide prevention

- Improving the physical health of people with mental illness

#### Our targets are:

##### HEAT targets:

- Reduce suicide rate between 2002 and 2013 by 20% supported by 50% of key frontline staff in mental health and substance misuse services, primary care and accident and emergency being educated and trained in using suicide assessment tools/suicide prevention training programmes by 2010

##### SOA targets:

- To maintain the 10.6 of suicides per 10,000 population from 2006 until the 2010/11
- To maintain the annual rate of increase 8.4% from 2007/08 (n=707) of defined daily dose per capita of anti-depressants until the 2010/11
- To improve access for the number of children/young people who receive a service from Children & Adolescent Mental Health Service (target to be set)

### 3.4 Sexual Health

#### Why is this a priority?

Sexual health in Angus is poor. Sexually Transmitted Infections (STIs) such as Chlamydia are widespread and increasing, while teenage conceptions are amongst the highest in Scotland.

Poor sexual health has significant long-term consequences for health and wellbeing, in addition to the physical and psychological impact of unintended pregnancies and abortion. These include:

- Recurrent STIs
- Unintended pregnancies
- Abortion
- Human Immunodeficiency Virus (HIV)

Sexual health and wellbeing is an important part of overall health and wellbeing. It does not exist in isolation and is closely linked to mental, physical and emotional wellbeing.

“Sexual wellbeing is not just about the absence of disease or unintended pregnancy, but encompasses the positive aspects of relationships and sexuality. Improving sexual wellbeing therefore requires a holistic approach that incorporates personal, social, emotional and spiritual, as well as physical aspects of sexuality.”

(Enhancing Sexual Wellbeing in Scotland:  
A Sexual Health and Relationship Strategy 2004.)

**Our aims are to:**

- Improve the quality, range, consistency, accessibility and cohesion of sexual health services
- Support everyone in Angus, regardless of faith, ethnicity, gender, age or disability, to acquire and maintain the knowledge, skills and values necessary for good sexual wellbeing and thus avoid STIs and unintended pregnancy
- Positively influence cultural and social factors that impact on sexual health
- Promote a positive and open culture towards sex that is based on the principles of self-respect, respect for others and strong relationships.
- Increase support for parents and carers so that they can play a central role in guiding and supporting their children in developing a responsible approach to sexual health and relationships.
- Reduce the incidence of unintended pregnancy and the rate of STIs.
- Build capacity across clinical services and increase access to specialist sexual health services.

- Improve strategic and clinical leadership and governance.
- Reduce health inequalities and ensure that the needs of vulnerable groups are met.
- Reduce the transmission rates of Blood Borne Virus (BBV).

**Our targets are:**

**HEAT target:**

- Reduce teenage conceptions in 13-15 year olds by 20% by 2010

**SOA targets:**

- To reduce teenage pregnancy rate among 13-15 year old females to 5.6% by 2010/11
- To reduce the rate of the Tayside population diagnosed with Chlamydia by 2010/11

### 3.5 Smoking and Tobacco Control

**Why is this a priority?**

Smoking remains the most significant cause of ill-health and premature death in Scotland and contributes to 50% of the inequity in health. Despite the considerable local success of the 2006 legislation which brought significant controls in public places, adult smoking levels, particularly in deprived areas of Angus, remain high. There are continuing concerns over the number of young people smoking and the high rates amongst pregnant women.

The estimated number of smokers in the Angus CHP area was 22,191 in 2003/04 representing 25.2% of the adult population. However, this locality average hides ‘hot-spots’ of smoking eg Central Arbroath, 38.3% and areas where smoking levels are encouragingly low eg Monifieth East, 16.8%. Smoking prevalence therefore is marginally less than both Tayside (26%) and Scotland as a whole (27.2%). The areas with the highest levels of smoking



correspond to the more deprived areas, which almost invariably have a higher prevalence than Tayside as a whole. There was also a prevalence difference between the areas in and around the burgh towns of Angus (around 30% on average) and the more sparsely-populated areas of the rural south (15-19.9%) and the agricultural hinterland up to the northern and western Angus boundaries (20-24.9%).

There are many complex reasons why people take up and continue smoking. It can be due to early role models, the social environment, stress, isolation or poorer health, both physical and mental. Due to the complex causes of smoking and the many factors involved in changing behaviours, no single approach will be successful in tackling the problem. Therefore, the aims and actions in this AHIP period will be strongly cross-cutting and involve many partner agencies. New

funding from the Scottish Government up to 2011 will pump-prime several new initiatives, and with the benefit of increasing evidence base and the likelihood of improved outcomes.

**Our aims are to:**

Improve the health of the people of Angus by reducing the health impact of tobacco with a particular focus on:

- Further development of adult Smoking Cessation Services.
- Continuing to reduce the impact of passive smoking.
- Education and training for interventions and signposting to services.
- Publicity and general-awareness raising regarding tobacco-related harm.

- New initiatives and actions aimed at young people to encourage them not to start smoking.
- A specific incentive scheme aimed at pregnant women who smoke ('Give it up for Baby').
- Work to reduce the availability and attractiveness of tobacco products and support for enforcement measures, such as reducing access to counterfeit and contraband cigarettes.

Our targets are:

**HEAT targets:**

- Through smoking cessation services, support 8% of each NHS Board's smoking population in successfully quitting (at one month post-quit) over the period 2008/09-2010/11

**SOA targets:**

- 1,776 smokers to be in touch with smoking cessation services at 1 month post-quit date by the 2010/11
- or 592 of the adult smoking population (>16 yrs), who quit through smoking cessation services (contact at 1 month post-quit date) in a single year

### 3.6 Oral and Dental Health

**Why is this a priority?**

Successive national oral health surveys have revealed very high levels of dental decay in young children in Scotland, with children from the most disadvantaged communities commonly

demonstrating the highest levels of decay. The problem often starts at a very early age. To tackle the problem requires a partnership between a range of professionals and the parents of young children.

**Our aims are to:**

- Improve the oral health of children in Angus and meet the targets laid out in an Action Plan for Improving Oral Health and Modernising NHS Dental Services in Scotland. (2005)

**Our targets are:**

**HEAT targets:**

- 80% of all 3-5 year old children to be registered with an NHS dentist by 2010/11

**SOA target:**

- To increase the proportion of P1 children to have no signs of dental disease from 62.9% in 07/08 to 65% by 2010/11





## 4. Community Regeneration

In July 2005 the Scottish Executive approved a Regeneration Outcome Agreement (ROA) for Angus which focused on five national priorities of:

- Building strong, safe and attractive communities;
- Getting people back to work;
- Improving health;
- Raising educational attainment;
- Engaging young people.

The programme ran for three years and ended at 31 March 2008.

During the programme a number of initiatives were introduced, some which came under the health priority but also many, which although directly related to other outputs, had an impact on the health of the community. For example, an employability project of condition management was introduced which aimed to get people back to work who were in receipt of Incapacity Benefit. The final annual report from the ROA demonstrated that there were no demonstrable improvements in coronary heart disease or reduction in prescribing for anxiety or depression. However, there were successes in people engaging in smoking cessation services, increasing their physical activity and engaging in healthy weight programmes.

These outcomes are consistent with funding from short term projects; however health improvement takes many years of culture and lifestyle change to have the most impact on long term conditions.

Following on from the ROA, the Scottish Government announced a new funding stream called the Fairer Scotland Fund (FSF). This replaced the previous funding streams within the ROA as well as the Working for Families Project and the More Choices More Chances initiative.

The new fund is primarily aimed at tackling poverty and deprivation across Scotland and

regenerating the most disadvantaged communities.

Angus Council has aligned the work it intends to undertake through the FSF within the SOA and it is clear that, along with the AHIP and other partners' strategic plans, they form essential elements in the overall delivery of the SOA, particularly those aimed at the most disadvantaged communities.

There are four key shared objectives between the AHIP and the FSF and strategic links have been made to ensure work is undertaken in partnership to deliver on these priorities. These include, in particular:

National Outcome	SOA aligned HIP and FSF Targets
National Outcome 6: We Live Longer, Healthier Lives	Deaths per 100,000 population from coronary heart disease and all cancers  Teenage pregnancy rate per 100,000 females aged 13-15  Number of people being prescribed drugs for anxiety, depression and psychosis
National Outcome 7: We Have Tackled the Significant Inequalities in Scottish Society	Number of alcohol-related hospital admissions

A number of FSF projects will form part of the AHIP Action Plan and progress will ultimately be measured through the Angus SOA.

Working will extend beyond priorities and the work of each partner will complement and link with the others in a number of ways at operational level within service and project development and delivery.

## 5. Consultation and Involvement

Many people were involved in developing this Health Improvement Action Plan - by being both directly involved in the planning process and by taking part in consultation events. However, we are aware that our consultation and involvement processes can be improved.

One area we will improve on is community involvement. Since this is a three-year Plan we will involve communities in the annual review of the priorities and in planning to implement actions into the following year.

Specific consultation exercises that have helped shape this Plan include:

- **Alcohol** - The Alcohol and Drugs Action Team carried out consultation during the development of the strategy.
- **Mental Health** - consultation was carried out to respond to the Scottish Government's draft

national strategy. Also, representatives from user and carer organisations are involved in Focus Groups.

- **Obesity/Physical Activity** – There is public involvement and consultation on relevant planning documents and representation on steering groups and planning teams.
- **Smoking Cessation** – Service provision for young people is shaped by regular needs assessments and focus group activity. Regular user feedback is also obtained regarding adult cessation services.
- **Workplace Health** - Staff groups were established and have been involved in deciding actions to undertake as part of Healthy Working Lives.



## 6. Monitoring & Progress Reporting Arrangements

Implementation of the AHIP will be monitored by the Angus Community Planning Partnership.

The HIAG is responsible for the implementation of the actions in the Health Improvement Action Plan. Progress against each action will be monitored by way of the Council's Excelsis performance management tool with reports on progress being considered by the HIAG on a six-monthly basis.

Progress against the agreed outcomes as detailed in the Angus SOA will also be monitored by the HIAG on a six-monthly basis.



## ANGUS HEALTH IMPROVEMENT ACTION PLAN 2009-2012 - Action Plan for HIP 2009-2012

## 1. Alcohol

Action	Timescale	Outcome/Performance Targets	Lead Officer
Pilot The Healthy Happy Communities Project in Kirriemuir and Brechin to support communities to address alcohol related issues within their communities.	31 March 2009	Outcome: Both communities confident and competent to tackle alcohol misuse locally and further. Performance Target: Completion of project 31 March 2009.	Angus Alcohol & Drugs Partnership (Angus ADP)
Support the implementation of the NHS Tayside Alcohol Action Plan.	31 March 2011	The recommendations of the plan have been actioned and completed.	NHS Tayside Public Health Directorate
NHS Tayside Healthy Working Lives Team will deliver Alcohol Awareness Sessions and help workplaces to develop and/or review Substance Misuse Policies within workites across Angus.	March 2012	Increased awareness concerning alcohol issues. Workplaces adopting supportive practices for employees who require support with alcohol issues.	NHS Tayside Healthy Working Lives Team
Explore further partnership opportunities to develop and deliver alcohol training and workforce development activities to support staff to work with clients and service users who use/misuse alcohol.	December 2009	Outcome: Establish through evaluations and training needs analysis a training programme to deliver relevant training for Social Work and Health Staff, Homecare and Augmented Care.	Angus Council Social Work & Health
Develop a range of information resources on alcohol and the effect of alcohol for the cross generational and minority population of Angus.*	March 2009	Increased awareness concerning alcohol issues.	Angus Alcohol & Drugs Partnership (Angus ADP)
Support all Angus schools to become 'Health Promoting Schools'.	March 2012	Increased alcohol awareness within the whole school population.	Angus Council Education Department
Develop brief intervention capacity within the workforce in line with SIGN 74 guidelines.	March 2011	11,495 Adults over 16 will have received an alcohol brief intervention.	NHS Tayside Public Health Directorate

\*Angus ADP (Alcohol & Drug Partnership) will develop a three year drug and alcohol strategy from 2009. This will take account of the national drugs strategy 'The Road to Recovery', the outcome of the national discussion paper 'Changing Scotland's Relationship with Alcohol' and renewed delivery and accountability arrangements for Drug and Alcohol Action Teams

### 2.1 Nutrition Life Stages - Early Years

Early Years - Improve nutrition of women of child-bearing age, pregnant women and children under five within Angus (Focus on disadvantaged areas)			
Action	Timescale	Outcome/Performance Targets	Lead Officer
Breastfeeding – Develop services to promote breastfeeding.	March 2011	Increase the proportion of children exclusively breastfed at 6-8 weeks aiming to meet national target of 33.3% by 2010-2011	Angus Community Health Partnership (Angus CHP)
Promote Nutrition in early years settings.	Funded up to March 2009	Nutrition needs of children under five in early years needs to be included as part of pre- registration of Childminders	Angus Council Education Department

### 2.2 School-aged Children

Schools and school aged children - schools will be a health promoting environment, encouraging children to make informed choices about nutrition to enhance their own and their families' health and wellbeing			
Action	Timescale	Outcome/Performance Targets	Lead Officer
Ensure Local Authority complies with The Schools (Health Promotion and Nutrition) Scotland Act 2007 with regard to school meals and food and drinks served outwith school lunches.	Primary Schools from August 2008	Secondary Schools from August 2009 Increase numbers of children & young people eating healthy, nutritious school meals. <ul style="list-style-type: none"> <li>HMIE reports indicate whether nutrition targets are being met</li> </ul>	Angus Council Education Department
Provide nutrition information/education within schools to a standard consistency and quality.	August 2010	To educate through Curriculum for Excellence the importance of healthy eating and healthy living. To encourage culture change to healthier eating habits <ul style="list-style-type: none"> <li>HMIE reports identify good practice in Angus Schools</li> <li>100% of schools achieve Health Promoting Schools Accreditation</li> </ul>	Angus Council Education Department

Schools and school-aged children - Schools will be a health promoting environment, encouraging children to make informed choices about nutrition to enhance their own and their families health and wellbeing				
Action	Timescale	Outcome/Performance Targets	Lead Officer	
Healthy Weight - Deliver child healthy weight intervention programme by 2010-2011 (H3).	2009-2012	To be agreed following the establishment of a new service to provide treatment programmes to address childhood overweight and obesity across Tayside.	Angus CHP Nutrition and Dietetics Service	
NHST childhood specialist obesity service will be established.	March 2010	Angus children will be referred to this service through the associated pathway.	Angus CHP Nutrition and Dietetics Service	
Carry out a mapping exercise of Paediatric Overweight/Obesity in Angus which will include descriptive epidemiology and existing service provision in Angus childhood obesity.	July 2009	A report completed consisting of an analysis of: a) relevant data and key trends; b) existing service provision and gaps; c) potential needs for future development of services and partnership work; d) potential training needs of diverse personnel working in Angus CHP area.	Health Improvement Team	
Conduct a survey looking at the families perspective of the paediatric overweight/obesity in Angus.	Feb 2010	An analysis report completed and further recommendations made to support decision-making and planning within Angus CHP.	Health Improvement Team	
Monitor heights and weights of Primary 1 and Primary 7 children.	June 2009	Accurate data is collected for P1 and P7 children to allow benchmarking.	Angus CHP	

### 2.3 Communities

Communities - The aim is to develop an Angus-wide awareness of the importance of healthy weight and to enable communities to make healthier food choices and build more physical activity into everyday life				
Action	Timescale	Outcome/Performance Targets	Lead Officer	
Local communities will be supported to address weight management issues within their local areas through focus groups and working with the Patient & Public Partnership Group (PPG) and enhance the range of options for support available.	February 2010	Communities in Angus will feel confident to take ownership and to contribute to addressing weight management issues.	Angus CHP Nutrition and Dietetics Service	
Pilot 'Winning Weigh' group with funding from 'Fairer Scotland', targeting men in Arbroath.	October 2009	Evaluate carefully in order to pursue ongoing funding.	Angus CHP Nutrition and Dietetics Service	
Pilot work with commercial slimming organisation (Scottish Slimmers) through Fairer Scotland targeting areas of deprivation in Arbroath.	October 2009	This is the first time this has been done; Evaluation is key to potential future developments eg monitor update and adherence to programme.	Angus Council Community Planning	

### 2.4 Adults and Work Places

Adults and work places - Good nutrition, being physically active and maintaining a healthy weight play a vital role in the health and wellbeing of adults, contributing to reducing the risk or delaying disease			
Action	Timescale	Outcome/Performance Targets	Lead Officer
<p>Implementation of adult weight management pathway (work plans under development).</p> <p>Identify and train relevant/appropriate personnel who could potentially deliver Level 1 &amp; Level 2 (Winning Weight) interventions of the Tayside Adult Weight Management pathway eg</p> <ul style="list-style-type: none"> <li>• Smoking Cessation Team</li> <li>• Community Pharmacists</li> <li>• Exercise Referral Staff</li> <li>• Voluntary agencies.</li> </ul>	September 2009	<p>There will be an established cohort of personnel identified to deliver Level 1 &amp; Level 2 (Winning Weight) of the Tayside Adult Weight Management Pathway and carry out appropriate training, and will have appropriately trained, competent personnel.</p> <p>Quality assured Winning Weight package available with all personnel facilitating Winning Weight being mentored to ensure confidence and competence to deliver.</p>	<p>Angus CHP Nutrition and Dietetics Service</p> <p>Angus CHP Nutrition and Dietetics Service</p>

### 2.5 Older People

Older People - Good nutrition and being physically active plays a vital role in the wellbeing and health of older people contributing to reducing the risk or delaying disease			
Action	Timescale	Outcome/Performance Targets	Lead Officer
<p>Link with phase three of the Nutrition Standards Project addressing malnutrition in the community.</p>	April 2009 onwards	Outcomes yet to be agreed and finalised.	Angus CHP Nutrition and Dietetics Service

2.6 Physical Activity

Action	Timescale	Outcome/Performance Targets	Lead Officer
Develop an Angus Facilities Strategy.	2012	More people taking an interest in personal fitness and health and participating in some form of physical activity. Completion of Facility Strategy.	Neighbourhood Services (Leisure Services)
Provide a wide range of quality, safe and secure indoor/outdoor facilities, paths and cycleways.	Annual development programme	Encourages alternative use of transport and participation in walking, cycling and riding.	Neighbourhood Services (Leisure Services)
Offer a varied programme of physical activity for people of all ages and abilities within communities and schools.	2012	More adults and young people having the opportunity to participate in new/alternative programmes to suit their age and needs.	Neighbourhood Services (Leisure Services)/Education Department
Create and develop a Play Strategy for Angus.	2009	It will help children: <ul style="list-style-type: none"> <li>• Enjoy better physical, emotional and mental health; develop social skills and responsibility;</li> <li>• Appreciate the environment;</li> <li>• Understand risk and challenge;</li> <li>• Grow identity and self-esteem;</li> <li>• Participate in recreation, arts and culture</li> <li>• Be less likely to offend and engage in anti-social behaviour.</li> </ul>	Education Department
The promotion and development of sports clubs and activity groups throughout Angus.	2012	Improves health of individuals and gives a better quality of life.	Neighbourhood Services (Leisure Services)/Education Department
Provide a coach/helper education training programme for young people leading physical activity and sports groups in the community.	2011	More people of different age groups being involved in sports activities and clubs, in different capacities, including schools and community settings.	Neighbourhood Services (Leisure Services)/Education Department

Action	Timescale	Outcome/Performance Targets	Lead Officer
Develop existing programmes in leisure facilities, schools and outdoor areas through partnership working.	2012	Increases participation levels. Offers options to tackle illness and health problems eg obesity, coronary/pulmonary diseases, mobility, stamina, mental health. Improved opportunities for children and adults with special needs and learning difficulties. Continue to develop the Active Schools programme for school aged children.	Neighbourhood Services (Leisure Services)/Education Department
Maintain and develop opportunities for people living in rural areas. Deliver outreach programmes targeting children and young people. Offer options for adults to participate in group sessions.	2012	Increases participation levels.  Offers options to tackle illness and health problems eg obesity, coronary/pulmonary diseases, mobility, stamina, mental health.	Neighbourhood Services (Leisure Services)/Education Department
Continue to develop effective communication pathways with partners.	2012	Influences policies and plans of wider community agenda and partner agencies. Helps partners to achieve common goals and make best use of resources.	Health Improvement Team
Actively promote physical activity opportunities and benefits in Angus.	2012	Develop promotional material:- at least one new promotional item/campaign per year. Make greater use of pop-up stands and bus advertising.	Health Improvement Team
Offer a range of gentler and mainly seated group exercise opportunities for older people, and others with restricted mobility/other impairments, in community settings across Angus.	2009-2011	Older people/those with restricted mobility are encouraged to participate in physical activity with benefits to their physical, mental and social wellbeing. Adequate numbers of volunteers are trained to enable the service to be extended across Angus.	Health Improvement Team/Angus Gold

Action	Timescale	Outcome/Performance Targets	Lead Officer
Continue to expand the successful Angus Exercise Referral programme.	2012	Secure funding for future years activity Extend categories covered to include back pain and arthritis.	Health Improvement Team
Continue to expand the successful Angus Walking Project with emphasis on more walks in more locations.	2010	Secure funding for the project after 2010. Explore the potential for integrating the Walking Project with other activity based programmes in Angus.	Health Improvement Team
Conduct a survey into Long Term Conditions and Physical Activity in Angus from the perspective of communities/service users/carers.	2011	An analysis report completed and further recommendations made to inform, future decision and planning within Angus CHP.	Health Improvement Team

### 3. Mental Health & Wellbeing

Action	Timescale	Outcome/Performance Targets	Lead Officer
Assess the physical health status of people with a mental ill-health diagnosis.	2009-2012	Improve the physical health of people with long term mental health conditions.	Angus Council Social Work & Health
General Practitioners will conduct medical reviews.	2009-2012	Establish an accurate baseline figure. Establish framework for regular reviews in line with government strategy.	Angus CHP Primary Care Co-ordinator
Angus Walking Project will include people with mental health problems.	July 2009	Increase in service users physical health and social interaction to flourishing mental health status. Measure uptake of project activities and record referral routes.	Health Improvement Team
Reduce harm caused by drugs and alcohol amongst Angus mental health service users.	March 2010	A Corporate Partnership will take forward Commitment 13 of Delivering for Mental Health.	Angus Council Social Work & Health

Action	Timescale	Outcome/Performance Targets	Lead Officer
Development and implementation of local suicide prevention action plan.	March 2010	Continued co-ordination of appropriate suicide prevention provision and a reduction in lives lost to suicide in Angus.	Angus CHP Mental Health Services
Ensure H5 target is met through the delivery of in-house and national suicide prevention training packages.	March 2010	1100 frontline NHS practitioners in Tayside to be trained in suicide prevention measures.	Angus CHP Mental Health Services
Extend community prescribing in Angus. This will give primary care an alternative to prescription of antidepressants for people who present with life problems.	2009-2012	Reduction in rise of antidepressant prescribing; increase in capacity for citizens of Angus to flourish for themselves. Measures: range of activities available for social prescribing, numbers of GPs and other professionals aware of activities, referral rates and uptake.	Angus CHP Mental Health Services
NHS Tayside Healthy Working Lives Team delivers Mentally Healthy Workplace Training and provides Stress/Wellbeing Sessions. Assistance given to workplaces in the development and/or review of Mental Health and Wellbeing Policies.	2009 - 2012	Increased awareness concerning mental health and wellbeing. Workplaces adopting supportive practices with regard to mental health and wellbeing.	NHS Tayside Healthy Working Lives Team
Implement recommendations from 'Towards a Mentally Flourishing Scotland.'	2009-2012	Adapt local action plans for mental health improvement, based on recommendations in Towards a Mentally Flourishing Scotland.	Health Improvement Team
Raise awareness among partners of the contribution made by a wide range of activities to wellbeing, and the contribution that improved wellbeing can make to the achievement of a wide range of outcomes.		Improved partnership working, development of shared outcomes and indicators.	
Support all Angus schools to become 'Health Promoting Schools.'	2009-2011	Increased awareness of Mental Wellbeing across the whole school population.	Angus Council Education Department
Develop a coherent and sustainable Volunteering Action Plan entitled 'Beyond the Trolley Service' focussing on an evidenced based approach to volunteer development in health.	2009 - 2012	Increased use of volunteers within the health service provisions.	Volunteer Centre Angus
Promote dignity and respect for older people through a public awareness-raising campaign and staff training.	2009-2012	Increased awareness of issues affecting mental health and wellbeing in later life.	Health Improvement Team/Angus Gold

**4. Sexual Health**

Action	Timescale	Outcome/Performance Targets	Lead Officer
Augment support for parents and families.	2009-2012	Increase education/information and support services across Angus.	Health Improvement Team
Engage young people through social marketing.	2009-2012	Continued co-ordination of engaging with young people.	Health Improvement Team
Increase access to Sexual Health Services in deprived communities.	2009-2012	Increase awareness of reproductive and sexual health services. Develop sexual health training for parents and families in deprived areas.	Health Improvement Team
Organise multi-agency Sexual Health staff training.	2009-2012	Continued co-ordination of appropriate sexual health and blood borne virus staff training.	Health Improvement Team
Promote and co-ordinate the Tayside Condom Initiative – C Card. Target deprived areas and learning disabilities.	2009-2012	Continued co-ordination of condom distribution schemes.	Health Improvement Team
Organise Sexual Health & BBV Campaigns.	2009-2012	Increase awareness of sexual ill health through local media outlets.	Health Improvement Team
Support all Angus schools to become 'Health Promoting Schools.'	2009-2012	Increase awareness of sexual health across the whole school population.	Angus Council Education Department
Introduce the Sexual Health and Relationships Education (SHARE) programme into the Sex and Relationships (SRE) programme within secondary schools in Angus.	2009-2012	Increase delivery of the SHARE within secondary schools.	NHS Tayside Public Health Directorate

## 5. Smoking and Tobacco Control

Action	Timescale	Outcome/Performance Targets	Lead Officer
Develop the 'Give it up for Baby' smoking in pregnancy incentive scheme project.	2009-2010	50 recruits by the end of March 2009, focussing on deprived areas. 60 new recruits in 2009-2010.	Angus Smoking Cessation Team
Lead the development of smoking cessation services for Angus CHP.	2009-2012	Ensure programme is available across all localities in Angus by March 2009.	Angus Smoking Cessation Team
Launch and maintain a Smoke-Free Homes Initiative.	2009-2012	Meet the current HEAT Target (8% of smokers in the locality to quit at one month – equates to 592 smokers, per annum). Launch and develop this initiative in conjunction with SafeAngus, and involve young people, their parents and local schools, promoting both smoking prevention and cessation. Ensure geographical coverage of whole of Angus.	Angus Smoking Cessation Team
Work with Schools and Young People on smoking prevention and cessation.	2009-2012	Plan and launch a range of new initiatives in schools and in 'out-of-school' settings based on the Scottish Prevention Action Plan.	Angus Smoking Cessation Team /Angus Council Education Department/ NHS Tayside Public Health Directorate
Support and commission advertising and publicity on prevention, cessation, passive smoking and product availability.		Develop cessation support services specific to the needs of young people.  Target local press and broadcast media – aim for monthly coverage as a minimum. Support the annual No Smoking Day Campaign.	Angus Smoking Cessation Team
		Work with Trading Standards on publicity regarding contraband and counterfeit tobacco products and underage sales. Publicise adult cessation services in wide-ranging locations eg dentists, hairdressers, cafes etc.	Angus Smoking Cessation Team

Action	Timescale	Outcome/Performance Targets	Lead Officer
Support the Public Health Directorate Healthy Working Lives Team to deliver Smoking Cessation Workshops and help workplaces to develop and/or review Smoking Policies within worksites across Angus.	2009-2012	Increased awareness concerning smoking issues. Workplaces adopting supportive practices for employees who wish to stop smoking.	NHS Tayside Healthy Working Lives Team/Health Improvement Team
Support the development of the Angus Tobacco Alliance.	2009-2012	Ensure fully representative membership of this partnership organisation in order to endorse and support locality developments on Smoking and Tobacco Control.	Angus Smoking Cessation Team and Partner Organisations
Support all Angus Schools to become 'Health Promoting Schools.'	2009-2012	Increase smoking awareness across the whole school population.	Angus Council Education Department

## 6. Oral and Dental Health

Action	Timescale	Outcome/Performance Targets	Lead Officer
Participation in national preventive programmes including the 'Childsmile' toothbrushing programme in nursery and primary schools, and targeted 'Childsmile' fluoride varnish programme and parent and child education programme.	2009-2012	The latest available data for Angus (2006-07) shows that of P1 children in Angus, 62.9% were caries-free. The Scottish average was 54.8%. Therefore the target set by the Scottish Government to be met by 2010 has already been exceeded.	Angus CHP Community Dental Health Services



# Appendix 1

## National Policy and Legislative Context

In developing this Plan we have taken into account a number of key local and national documents and Government initiatives as they have a significant bearing on health improvement:

**Inequalities in Health: report of a working party. (1980)** Black D, Morris J, Smith C, Townsend London: Department of Health and Social Security – One of the most influential documents in putting inequalities in health on the agenda. Produced evidence that deprivation and ill-health are inextricably linked and that material deprivation is a major determinant of ill-health and death. Also showed that inequalities in health had worsened in the UK despite the establishment of the NHS in 1948. Inequalities did not result from failures in the health care system, but were due to other social inequalities: income and employment, education, quality of housing, diet and the working environment.  
[www.sochealth.co.uk/history/black10.htm](http://www.sochealth.co.uk/history/black10.htm)

**Inequalities in Mortality in Scotland (1981 – 2001)** Leyland AH, Dundas R, McLoone P, Boddy FA. MRC Social and Public Health Sciences Unit Occasional Papers no 16. Glasgow: MRC Social and Public Health Sciences Unit, 2007 – This report combines the use of death records from 1980-2002 with Census data from 1981, 1991 and 2001 to provide a comprehensive picture of the changing patterns of inequalities in mortality in Scotland. It details inequalities by individual socioeconomic circumstances and area deprivation as well as highlighting geographical inequalities. Draws particular attention to widening health inequalities among young men, due to alcohol, drugs, violence and poor mental health. [www.inequalitiesinhealth.com](http://www.inequalitiesinhealth.com)

**Independent Inquiry into Inequalities in Health: (1998)** Acheson Report - Review to identify priority areas for future policy development with a very significant evidence base to support recommended action. Report found that although prosperity has increased in

England, the health gap between social classes had widened since the 1980s, primarily because of the faster rates of improvement in the more affluent groups. Identified five areas for action: breaking the cycle of health inequalities, tackling the major killers, improving access to public services and facilities, strengthening disadvantaged communities and supporting targeted interventions for specific groups.  
[www.archive.official-documents.co.uk/documents/doh/ih/chair.htm](http://www.archive.official-documents.co.uk/documents/doh/ih/chair.htm)

**Towards a Healthier Scotland Scottish Executive (1999)** - The Government's White Paper on Health in Scotland. A shared vision of a healthier Scotland where living and working in better circumstances, with positive influences on lifestyle behaviour, will lead to better health.  
[www.scotland.gov.uk/library/documents-w7/tahs-00.htm](http://www.scotland.gov.uk/library/documents-w7/tahs-00.htm)

**Local Authorities as Health Improvement Organisations (2002)** - This document recognises the crucial role Councils have to play in health improvement. Including accepting health improvement as a 'core' function and developing partners' health improvement activity. This brings added value to the health improvement effort.  
[www.improvementservice.org.uk/health-improvement/](http://www.improvementservice.org.uk/health-improvement/)

**Tayside Health Inequalities Strategy (2003)** – Developed with the three community planning partnerships, the document sets out the association between deprivation and ill-health and provides evidence of efficiency of actions to tackle health inequalities.  
[www.nhstayside.scot.nhs.uk/aboutnhstaycommittees/01nhstaysideBoard/.../Tayside%20Health%20Inequalities%20Strategy.pdf](http://www.nhstayside.scot.nhs.uk/aboutnhstaycommittees/01nhstaysideBoard/.../Tayside%20Health%20Inequalities%20Strategy.pdf)

**Measuring Inequalities in Health Working Group (2003)** – Inequalities in Health. Edinburgh, Scottish Parliament. Group set up to determine the most appropriate indicators to use to monitor progress in tackling health inequalities. Report concentrates on the measurement of health inequalities between socioeconomic groups. Population groups shown as children,

young people, adults and older people. Resulted in 23 explicit targets set in 2004 to reduce health inequalities including smoking during pregnancy, breastfeeding, dental health of children, low birth weight babies, accidents in children, teenage pregnancies, suicides by young men and obesity.

<http://cci.scot.nhs.uk/Publications/2004/03/19045/34233>

#### **Lets Make Scotland More Active**

**(2003/2004)** - A Strategy for Physical Activity – The health effects of an inactive life are serious. Inactivity accounts for over a third of deaths from heart disease and threatens the progress made in this area over many years. Added to this is the disease, disability and poor mental health that come from growing levels of obesity and a lack of physical strength. Physical inactivity has been called the ‘silent killer of our time’.

[www.scotland.gov.uk/Publications/2003/02/16324/17895](http://www.scotland.gov.uk/Publications/2003/02/16324/17895)

#### **NHS as Public Health Organisations (2005)** -

This paper highlights the importance of all parts of the NHS system maximising their contributions to achieving measurable change in determinants of health.

[www.nhsfife.scot.nhs.uk/fifepublichealthdataset/NHS%20Boards%20as%20Public%20Health%20Organisations.doc](http://www.nhsfife.scot.nhs.uk/fifepublichealthdataset/NHS%20Boards%20as%20Public%20Health%20Organisations.doc)

**Delivering for Health (2005)** - This policy signalled a transformational change in the NHS from a service that is primarily focussed on providing care in hospitals to one where care is planned, delivered and evaluated close to people’s homes.

[www.scotland.gov.uk/Publications/2005/11/02102635/26356](http://www.scotland.gov.uk/Publications/2005/11/02102635/26356)

**Health Improvement Challenge (2006)** - This document sets out a framework for action in the form of a Challenge. Concerted action is advised on the following key lifestyle factors - tobacco, alcohol, low fruit and vegetable intake, physical activity levels and obesity. The areas for actions on these five factors are early years, teenage transition, workplace and communities.

[www.scotland.gov.uk/Publications/2003/03/16747/19933](http://www.scotland.gov.uk/Publications/2003/03/16747/19933)

**Health in Scotland 2006** - Annual Report of the Chief Medical Officer – Focus on the significance of the first few years of life as a basis for subsequent health and wellbeing in adulthood. Highlights vital role which education within schools and other settings can play. Violence and impact on health also highlighted.

<http://cci.scot.nhs.uk/Publications/2007/11/15135302/0>

#### **Better Health Better Care - Action Plan**

**(2007)** sets out the Scottish Government’s programme to help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care.

[www.scotland.gov.uk/Topics/Health/Action-Plan](http://www.scotland.gov.uk/Topics/Health/Action-Plan)

**A Healthier Scotland (2007)** – This sets out the Scottish Government’s National Performance Framework to guide public reporting on progress towards achieving the five cross-government strategic objectives – Healthier, Wealthier, Safer, Smarter and Greener.

[www.infoscotland.com/infoscotland/43.html](http://www.infoscotland.com/infoscotland/43.html)

**Single Outcome Agreement (2008)** - Sets out how Angus will deliver services in line with both local needs and national priorities. It brings together key public sector providers to deliver public services in a joined up approach.

[www.scotland.gov.uk/News/Releases/2008/06/30092907](http://www.scotland.gov.uk/News/Releases/2008/06/30092907)

**Angus Drug & Alcohol Strategy (2008)** - Sets the direction for the development, delivery and review of services for those experiencing difficulties from substance misuse. The strategy also addresses prevention, education, enforcement and control issues.

[www.drugmisuse.isdscotland.org/dat/cap/2007\\_08/Angus.pdf](http://www.drugmisuse.isdscotland.org/dat/cap/2007_08/Angus.pdf)

**Fairer Scotland (2008)** - Improving Lives, Regenerating Communities – The Scottish Government expects that Community Planning Partnership will provide evidence of accelerated impact on collective investment for those

vulnerable groups and individuals in the greatest need. Half of all Angus activity will take place in Arbroath. [www.improvementservice.org.uk/community-planning/community-planning/news/fairer-scotland-fund-event—16-january-2008.html](http://www.improvementservice.org.uk/community-planning/community-planning/news/fairer-scotland-fund-event—16-january-2008.html)

**Healthy Eating, Active Living (2008)** – Scottish Government – An action plan to improve diet, increase physical activity and tackle obesity 2008-2011.  
[www.scotland.gov.uk/Publications/2008/06/20155902/0](http://www.scotland.gov.uk/Publications/2008/06/20155902/0)

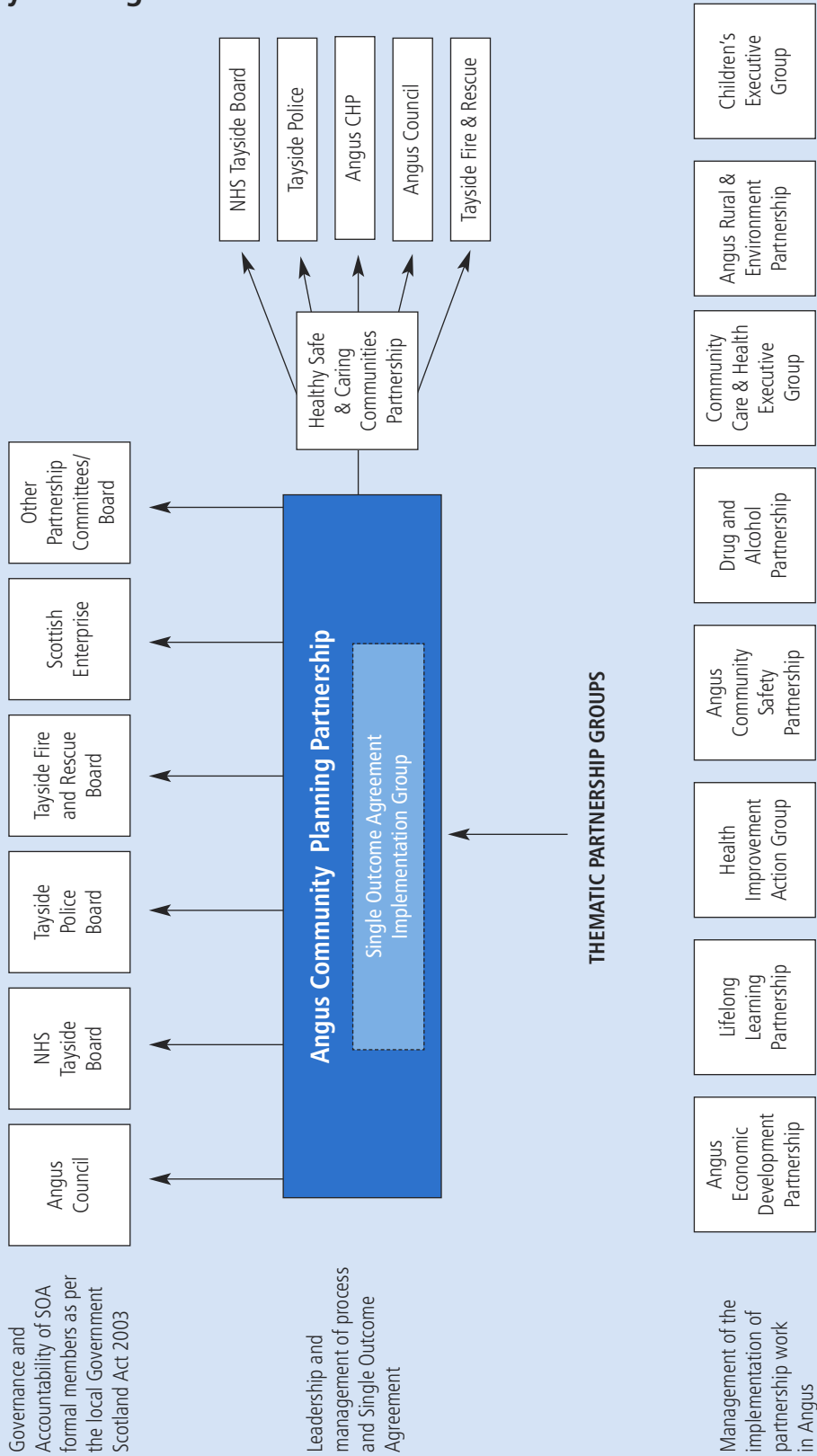
**Equally Well (2008)** – Scottish Government – Report of the Ministerial task force on health inequalities. Health is improving, but not fast enough for the poorest sections of our society. Health inequalities remain our greatest challenge.  
[www.scotland.gov.uk/Publications/2008/06/09160103/0](http://www.scotland.gov.uk/Publications/2008/06/09160103/0)

**Energising Lives: A guide to promoting physical activity in primary care NHS Scotland (2008)** – NHS Health Scotland – This guide provides an evidence base for promoting physical activity. It offers support to Primary Care professionals and patients.  
[www.healthscotland.com/uploads/documents/7545-Energising%20Lives.pdf](http://www.healthscotland.com/uploads/documents/7545-Energising%20Lives.pdf)

These policy documents set the direction of travel from a national perspective. This Plan takes these and sets them in the context of locally-identified needs and priorities.

# Appendix 2

## Community Planning Structure



## Appendix 3

### Health Efficiency Access and Treatment (HEAT) and Single Outcome Agreement (SOA) for Angus

#### Alcohol and Drugs

##### HEAT Target

- Achieve agreed number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention; in line with SIGN 74 guidelines by 2010/11

##### Angus SOA Targets

- To maintain the number of alcohol-related hospital discharges at 326/year (0.8% of Scottish total)
- Maintain the number of alcohol-related deaths at 24/year (1% of Scottish total)
- To keep the rate of new individuals reported to the SDMD within 5% of the Scottish average
- To establish target for the number of screenings using the setting-appropriate screening tool and appropriate alcohol brief intervention in line with SIGN 74 guidelines

#### Children and Young People

##### HEAT Target

- There is no HEAT target. However NHS Tayside will produce a local corporate objective regarding children and young people

##### Angus SOA Targets

- All Angus schools to be accredited as "Health Promoting Schools" by 2011
- To improve access for the number of children/young people who receive a service from Children & Adolescent Mental Health Service (target to be set)

#### Mental Health and Well-being

##### HEAT Target

- Reduce suicide rate between 2002 and 2013 by 20% supported by 50% of key frontline staff in mental health and substance misuse services, primary care, and accident and emergency being educated and trained in using suicide assessment tools/suicide prevention training programmes by 2010

##### Angus SOA Targets

- To maintain the 10.6 of suicides per 10,000 population from 2006 until 2010/11
- To maintain the annual rate of increase 8.4% from 2007/08 (n=707) of defined daily dose per capita of anti-depressants until the 2010/11

### **Oral and Dental Health**

#### HEAT Target

- 80% of all 3-5 year old children to be registered with an NHS dentist by 2010/11

#### Angus SOA Target

- To increase the proportion of P1 children to have no signs of dental disease from 62.9% in 07/08 to 65% by 2010/11

### **Physical Activity**

#### HEAT Target

- Reduce mortality from Coronary Heart Disease among under 75s in deprived areas. There will also be an NHS Tayside corporate objective on physical activity

#### Angus SOA Target

- Maintain the proportion of 92% of P6/7 having 1 hour of physical activity a day
- To achieve the proportion of 80% of year S1/2 children having 1 hour of physical activity a day

### **Sexual Health and Relationships**

- There is no HEAT target for this but it is a critically important priority for NHS Tayside. It will be a corporate objective for 2008/09

#### Angus SOA Targets

- To reduce teenage pregnancy rate among 13-15 year old females to 5.6% by 2010/11
- To reduce the rate of the Tayside population diagnosed with Chlamydia by 2010/11

### **Smoking**

#### HEAT Target

- Through smoking cessation services, support 8% of each NHS Board's smoking population in successfully quitting (at one month post quit) over the period 2008/09 – 2010/11

#### Angus SOA Targets

- 1,776 smokers to be in touch with smoking cessation services at 1 month post quit date by the 2010/11
- or 592 of the adult smoking population (> 16 yrs), who quit through smoking cessation services (contact at 1 month post-quit date) in a single year

## Appendix 4

### Angus Health Improvement Team 2009

Name	Designation	Remit	Tel No.	Email
Freda Stewart	Health Improvement Partnership Manager	Lead for Health Improvement Team with overall lead for development of Health Improvement Plan (HIP) Sexual Health Lead	01307 474814	freda.stewart@nhs.net
Bill Edwards	Senior Health Promotion Officer	Smoking & Tobacco Control	01307 474818	bill.edwards@nhs.net
Kenny Grewar	Smoking Cessation Co-ordinator	Smoking & Tobacco Control	01241 430303	kenny.grewar@nhs.net
Hazel Donald	Smoking Cessation Worker	Smoking & Tobacco Control	01241 430303	hazeldonald@nhs.net
Ethel O'Donnell	Smoking Cessation Specialist Worker (12 hours)	Smoking & Tobacco Control	01241 430303	ethelodonnell@nhs.net
Aileen Tait	Senior Health Promotion/Improvement Specialist	Over 50s, Homelessness, Migrant Workers	01307 474820	aileen.tait@nhs.net
Margaret Winton	Senior Health Promotion Officer	Strategic Support for Health Improvement activities, Mental Health & Wellbeing and Physical Activity	01307 476495	margaret.winton@nhs.net
Richard McIntosh	Senior Specialist BBV & Sexual Health	Sexual Health, Blood Borne Viruses Focus on Alcohol Angus – Healthy, Happy Communities Collaborative Project Management	01307 474823	rmcintosh@nhs.net
Jervis Browne	Principal Environmental Health Officer	Obesity/Nutrition	01307 473362	BrownJW@angus.gov.uk
Zelda Matthewson	Consultant in Public Health	Children and Young People support in Public Health for Angus CHP	01382 436978	zelda.mathewson@nhs.net
Margo Sinclair	Healthy Ageing Co-ordinator	Support for over 50s	01307 466859	SinclairM@angus.gov.uk
Gillian McFarlane	Weight Management Co-ordinator	Establishment of Adult Weight Management programme	01307 376494	gmcfarlane@nhs.net

Name	Designation	Remit	Tel No.	Email
Pamela Brown	Angus Walking Co-ordinator	Co-ordinate and train Walk Leaders across Angus	07881 478366	pamelabrown4@nhs.net
Anna Maria Kaczmarek	Public Health Officer	Information support to Angus CHP	01307 474816	akaczmarek@nhs.net
Gail Forrest	Mental Health & Wellbeing Co-ordinator	Implement Suicide Prevention Strategy and develop Local Action Plan	01307 474824	ForrestGF@angus.gov.uk
Kirsty McLean	Planning Officer (Health Improvement)	Increase health improvement capacity within Angus Council Lead implementation of Healthy Working Lives	01307 474815	McLeanKM@angus.gov.uk
Julie Bell	Development Worker (Healthy Working Lives)	Implement Healthy Working Lives across Angus Council	01307 474823	BellJA@angus.gov.uk
Vacant	Project Leader (Healthy Happy Communities)	To support communities with children under 5 to provide the best nutritional start for their children		
<b>Administrative Staff</b>				
Moira Stirling	Team Administrator & PA to Freda Stewart		01307 474821	moira.stirling@nhs.net
Rebecca Torrie	Clerical Officer	½ time post Healthy Working Lives ½ time post Choose Life	01307 474822	TorrieR@angus.gov.uk
Irene Fyfe	Clerical Assistant (12 hours)	Smoking & Tobacco Control	01307 476496 (Mon) 01241 430303 (Fri)	irene.fyfe1@nhs.net
Shelley Johnston	Clerical Officer	½ time post Choose Life	01307 476496 (Wed, Thurs & Fri am)	JohnstonS@angus.gov.uk
Alison Ogilvie	Clerical Officer	4 hours per week (Wed mornings)		

\*\* Health Improvement Team Members attend Community Local Area Partnerships (LAPs) held regularly within local areas within Angus to offer Health Improvement advice when required

\* Vacant posts currently undergoing Council recruitment/grading procedure



