



31st March 1999

Dear Colleague

TOWARDS A HEALTHIER SCOTLAND: IMPLEMENTATION

Summary

1. This letter provides guidance to the NHS in pursuing the objectives for better health set out in the White Paper 'Towards a Healthier Scotland', which was launched by the Minister on 17 February.

Background

2. The NHS has a key role in implementing the White Paper. The Government expect a lead from Health Boards; but, as better health will come partly from social, environmental and economic improvement, they need to work in concert with other parts of the NHS, local authorities and other public agencies, employers and trade unions, voluntary organisations and other local groups.

Action

3. Almost all of the action points in the White Paper are relevant to the NHS. The annex to this letter highlights key issues for Health Boards, Trusts and the Management Executive

4. In conjunction with their partners locally - in the NHS and outside - Board General Managers should review and develop their current plans in the light of the White Paper to ensure that progress can be made quickly towards the new health targets. Their plans should be drawn together in the Health Improvement Programme for 2000/01 due to be prepared later this year.

Yours sincerely

SIR DAVID CARTER
Chief Medical Officer

KEVIN WOODS
Director of Strategy and
Performance Management

Addressees

For action:
General Managers, Health Boards
Chief Executives, NHS Trusts
General Manager, CSA
General Manager, State Hospitals
Board for Scotland
Executive Director, SCPMDE

For information:
Chief Executive, HEBS

Enquiries to:

Mrs Joyce Edwards
Health Gain Division
Room 43
St Andrew's House
EDINBURGH EH1 3DG

Tel: 0131-244 2128
Fax: 0131-244 2372

TOWARDS A HEALTHIER SCOTLAND: IMPLEMENTATION IMPLICATIONS FOR THE NHS

1. Many of the action points in the White Paper reinforce messages and initiatives that have already been communicated to the NHS. For example, it underlines the themes of the Priorities and Planning Guidance 1999/2002 which included improving health and tackling inequalities among the strategic aims of the NHS; which confirmed the 3 clinical priorities of cancer, CHD/stroke and mental health; and which added the health of children and young people as an important focus for the NHS. It also underlines the commitment to use Primary Care Trusts to enhance the contribution of primary care services to health improvement; and the need for links between Health Improvement Programmes and Community Plans.

2. In addition, the Tobacco Control White Paper 'Smoking Kills', on which a MEL is currently in preparation, was issued in December 1998; Scotland's enhanced drug misuse strategy 'Tackling Drugs in Scotland: Action in Partnership' was published on 11 March; and the Service is aware of the review of the public health function which is already underway.

3. The White Paper also emphasises the importance of 4 initiatives on which the NHS is already actively engaged;

- Scotland's Health at Work
- Social Inclusion Partnerships
- New Community Schools
- Healthy Living Centres.

4. However, the White Paper also announces some new initiatives and policy directions for the NHS. These include:

- the 4 health demonstration projects for which £15m is being made available for allocation on the basis of bids from local interests.
 - **Starting Well** focusing on the promotion of health and protection from harm in the period leading up to birth and throughout the first 5 years of childhood
 - **Healthy Respect** fostering responsible sexual behaviour on the part of young people with emphasis on the avoidance of unwanted teenage pregnancies and sexually transmitted disease
 - **The Heart of Scotland** focusing on the prevention of heart disease
 - **The Cancer Challenge** adding a screening programme for the early detection of colorectal cancer, plus new measures to combat the cancer-promoting effects of tobacco smoking.
- 3 additional priority health topics: sexual health, accidents, and dental and oral health. Action is already taking place in relation to each of these as part of the

existing Scotland's Health strategy but the White Paper contains some new specific commitments:

- a requirement on Health Boards to develop their approach to fluoridation (on which new guidance is promised requiring Boards to undertake, or commission, a range of measures to gauge public opinion regarding proposals for water fluoridation and to engage the community in the consultation process);
 - a new prevention from birth dental health programme involving registration with a dentist, dental education for all new parents, toothbrushing with a fluoride toothpaste for infants, and advice on how to reduce sugar in the diet of infants;
 - on accidents, ISD is to work with Health Boards and other interests to develop national criteria for data collection.
- CNO is to initiate a review of the contribution made by nurses to improving the public's health, focusing especially on the role of the health visitor, the school nurse and the practice nurse.
 - SNAP is being funded to develop standard guidance on Health Impact Assessment.
 - CSO is to work with key partners to develop the public health component of its research strategy.

5. The Minister announced on 2 March that the Scottish colorectal screening pilot would be based in Tayside/Grampian/Fife. Guidance on the other 3 demonstration projects will be issued very shortly, at which time early expressions of interest will be invited.

6. Taking forward the objectives of the White Paper so as to make progress towards the new health targets set out in Annex A (pages 56-7) and to reduce inequalities in health is a key priority for the NHS. This should be reflected in the Health Improvement Programmes for 2000/01 prepared later this year, and it will be a major part of the performance management process, including the forthcoming round of Accountability Reviews, to take stock of existing activities.

7. The Government intend to establish a group led by the Minister for Health to monitor progress in implementing the White Paper, including evidence of effective local structures and progress, and to ensure that health remains high on the agenda at national and local levels. In addition, the Management Executive, in consultation with representatives of the Service, is considering what further help might be provided to assist the process of implementation and to share good practice.