

# Corporate Policy and Strategy Committee

10.00am Tuesday 6 August 2013

## Health, Inequality Framework and Action Plan - Referral from the Health, Wellbeing and Housing Committee

Item number	7.7
Report number	
Wards	All

### Links

Coalition pledges	See attached report
Council outcomes	See attached report
Single Outcome Agreement	See attached report

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# Terms of Referral

## Health Inequality Framework and Action Plan

### Terms of referral

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On 18 June 2013, the Health, Wellbeing and Housing Committee considered a report seeking approval for a strategic and integrated approach to reducing health inequality which had been developed through community planning. The Framework and Action Plan had been developed by the Edinburgh Community Health Partnership through its Health Inequality Standing Group.

The Health, Wellbeing and Housing Committee agreed:

- 1) To endorse the Framework and Action Plan to tackle health inequality proposed by the Edinburgh Community Health Partnership through its Health Inequality Standing Group.
- 2) To refer the Framework and Action Plan to the Corporate Policy and Strategy Committee for consideration of contributions to reducing health inequality through the Council's service planning.
- 3) To consider progress reports on the Action Plan in due course.

### For decision/action

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The Health, Wellbeing and Housing Committee has referred the attached report to the Corporate Policy and Strategy Committee for consideration of contributions to reducing health inequality through the Council's service planning.

### Background reading / external references

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Health, Wellbeing and Housing Committee 18 June 2013

### Links

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<b>Coalition pledges</b>	See attached report
<b>Council outcomes</b>	See attached report
<b>Single Outcome Agreement</b>	See attached report
<b>Appendices</b>	Report by the Director of Health and Social Care

# Health, Housing and Wellbeing Committee

10am, Tuesday, 18 June 2013

## Health Inequality Framework and Action Plan

Item number

Report number

Wards

All

### Links

Coalition pledges

[P8](#), [P11](#), [P12](#), [P13](#), [P14](#), [P17](#), [P25](#)

Council outcomes

[CO7](#), [CO8](#), [CO9](#), [CO10](#), [CO11](#), [CO12](#), [CO13](#), [CO14](#), [CO15](#)

Single Outcome Agreement

[SO1](#), [SO2](#), [SO3](#), [SO4](#)

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# Executive summary

## Health Inequality Framework and Action Plan

### Summary

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- This report recommends endorsement of a strategic and integrated approach to reducing health inequality, which has been developed through community planning. The Framework and Action Plan have been developed by the Edinburgh Community Health Partnership, through its Health Inequality Standing Group.
- The Framework and Action Plan seek to coordinate practical work on the Capital Coalition Pledge and main outcomes of the Single Outcome Agreement, as set out in this report. Integrated effort with other partnerships in the city is proposed, within the clear objectives and outcomes of the framework.
- The Action Plan already guides investment of targeted funds from the Council and NHS Lothian, and sets priority outcomes for support from wider service planning and partnership action.
- Further work on performance measures is proposed and will link to the development of the Community Plan and Single Outcome Agreement to enable progress reporting to the Edinburgh Partnership and Council committees.

### Recommendations

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It is recommended that the Committee:

1. endorses the Framework and Action Plan to tackle health inequality proposed by the Edinburgh Community Health Partnership, through its Health Inequality Standing Group
2. refers the Framework and Action Plan to the Corporate Policy and Strategy Committee for consideration of contributions to reducing health inequality through the Council's service planning
3. agrees to consider progress reports on the Action Plan in due course.

## Measures of success

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- The Framework sets out key outcomes and headline indicators, linked to the Edinburgh Community Plan (Single Outcome Agreement).
- The Action Plan provides priority health inequality outcomes and measures of the level of intervention and of impacts for specific groups and communities.
- Strong linkage to the planning for preventive approaches required from the Community Planning Partnerships in the new guidance on Single Outcome Agreements.

## Financial impact

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The report has no direct financial impact, proposing an integrated and strategic approach to reducing health inequality as part of preventive action across the city, which will guide both targeted budgets and main service planning by the Council and by partners. This has the potential to reduce expenditure by mitigating serious impacts on individuals, families and communities.

## Equalities impact

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The Council and community planning approaches to preventing and reducing health inequality will have a direct impact on equalities groups in the city, and will support the City Community Plan (Single Outcome Agreement) and Council strategic outcomes and pledges. The partnership framework and integrated action plan will help the development of the Council Equalities Scheme to focus on health inequality and complement existing joint work by the Council and the Edinburgh Partnership to meet legal equalities duties.

## Sustainability impact

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A strategic approach to inequality is an essential element in social sustainability, which supports environmental and economic sustainability for the city. Specific outcomes to reduce health inequality, such as improvement to achieve healthy environments will have a direct contribution to sustainability.

## Consultation and engagement

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The Health Inequality Standing Group engaged with stakeholders at all levels in the city and in particular with community organisations, through consultation in 2011, which developed the Framework's objectives and outcomes. The Action Plan has been developed through the Standing Group and includes links to all partners, Neighbourhood Partnerships, service users and the third sector. Task groups for each priority have representatives from different sectors. The Framework and Action Plan have been reported to Edinburgh Community Health Partnership as the strategic body within community planning and will continue to be reviewed regularly to ensure that they continue to contribute effectively to the Edinburgh Community Plan (Single Outcome Agreement) 2013-16.

## Background reading / external references

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- Edinburgh Partnership Poverty and Inequality Theme Group: Report to Communities and Neighbourhoods Committee 7 May 2013
- Poverty and Inequality Theme Group: Progress Report Edinburgh Partnership Executive, 20 November 2012, Item 2.3
- Single Outcome Agreements: joint [guidance](#) for Community Planning Partnerships
- Audit Commission in Scotland report on health inequalities in December 2012 (report on this agenda)
- Scottish Index of Multiple Deprivation (SIMD – December 2012)
- NHS Health Scotland protocols
- Equally Well – Report of Ministerial Group on Health Inequality

## Health Inequality Framework and Action Plan

### 1. Background

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- 1.1 Significant socio-economic inequalities in Edinburgh are strongly linked to unequal health outcomes, reflecting the UK's position as a comparatively unequal country, as well as economic problems. Local action for prevention and reduction of inequality is vital and some improvements have been seen in Edinburgh, but have not been successful in countering underlying UK, Scottish and city factors. High average figures for wealth and income in the city mask continuing inequality.
- 1.2 Inequalities in health and wellbeing are the basis for a wide range of social and health problems, which call for complex and expensive responses in the public sector generally, and particularly in health, education, justice and caring services. Policy and action have to cover the full range of services and sectors in order to increase health and wellbeing, which rest on interconnected factors across citizens' lives. The Audit Commission in Scotland's report on health inequalities in December 2012 concluded that "Reducing health inequalities requires effective partnership working across a range of organisations. However, there may be a lack of shared understanding among local organisations about what is meant by 'health inequalities' and greater clarity is needed about organisations' roles and responsibilities."
- 1.3 Joint strategies and action plans on poverty and inequality have been in place in Edinburgh for some years, and are being reviewed through community planning, the Capital Coalition pledges and strategic planning in the Council.
- 1.4 In Edinburgh the strategy to tackle health inequality meets one of four main outcomes in the Single Outcome Agreement. It is based on fairness in social and economic opportunities, and aims to reducing both the gap between the most advantaged and least advantaged; and the gradient in the health of all citizens, improving everyone towards the best standard of health available.
- 1.5 Continued priority is needed for preventive work, with urgent attention to current risks such as the impact of Welfare Reform on the key factor of a healthy standard of living for high risk groups.

## 2. Main report

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- 2.1 The Framework and Action Plan will make a key contribution to the Edinburgh Single Outcome Agreement 2012-15. Based on city-wide consultation, which has adapted national principles and objectives to the situation in Edinburgh, the Framework is based on fairness in social and economic opportunities. Its basic principles are to reduce both the gap between the most and least advantaged in the city, and the gradient in the health of all citizens, improving everyone's wellbeing towards the best standard possible.
- 2.2 Reducing health inequality is an important contributor to the reduction in health and social problems, which require intensive help from family and social networks and from public services, and which reduce economic strength. The Action Plan targets preventive actions, including urgent attention to current risks, such as the impact of Welfare Reform on the healthy standard of living for high risk groups. In relation to life expectancy, for example, the Audit Scotland report estimates that improving the death rate in the most deprived groups in Scotland towards the average would bring economic gains of around £10 billion (at 2002 prices), and double that if the gap could be closed to the level in the least deprived areas.
- 2.3 The Action Plan provides an opportunity to bring the relevant organisations together locally and to take the lead in tackling health inequalities. The Audit Commission noted that "many public sector bodies and professionals contribute to reducing health inequalities; it is not just the responsibility of health services. Councils have a major role through their social care, education, housing, criminal justice, leisure and regeneration services.
- 2.4 The Action Plan proposes six strategic health inequality objectives drawn from the Marmot report and adapted to Edinburgh through a city engagement exercise. The Plan calls for all city and local partnerships to contribute to the outcomes, as indicated in the Table 1 in the Framework and Action Plan at Appendix 1). The Community Health Partnership and Health and Social Care Partnership will have a lead role for three objectives, and contribute significantly in others. Other strategic partnerships will be asked to lead on three objectives.

### **Targeted Funding**

- 2.5 The priority outcomes identified for each objective already guide the investment of resources targeted at health inequality from Edinburgh partners, and should help to focus contributions from mainstream



services. Strong partner support, including Council services, is needed to achieve this integrated approach.

- 2.6 The targeted resources provide direct investment in preventive services, including responses to groups at high risk of health inequality: disabled people, families with children, people with mental health problems, households in unemployment or working poverty and people at risk of offending.
- 2.7 Maintaining a healthy standard of living for all is a clear priority for more equal health, and a major risk to this outcome is posed by Welfare Reform. Benefit changes and lower resourcing add additional risks, such as potential loss of income and homelessness. Through the Action Plan, the Health Inequality Standing Group has contributed an increase in preventive action, such as money and debt advice to complement broader action by the Council and partners in the city.
- 2.8 The partnership's programme of direct, preventive action targeted through the Action Plan uses Council funding (£1.5m in 2012-13) and NHS Lothian funding through the community and voluntary sectors to address the health inequality outcomes. Evaluation of the programme in 2011-12 demonstrated a valuable and diverse range of activities, benefiting over 34,000 people and meeting over 70% of the targets set. The HISG has prioritised areas, which are not the subject of other partnership or joint groups in the city. Effective funding leverage attracted £3.44 for every £1 from the Council budget. The funded organisations added approximately 25% to the hours worked through volunteering, with total financial and social value estimated at £600,000.

### **Performance measurement**

- 2.9 Measuring progress in preventive action across such broad topics and on health measures influenced by multiple factors is a difficult technical issue. The Audit Commission report in December 2012 recommended that community planning "seeks to build robust evaluation, using all available data and including outcome measures and associated costs, into local initiatives aimed at reducing health inequalities"; and that Single Outcome Agreements "should include clear outcome measures for reducing health inequalities, which demonstrate impact, and improve the transparency of their performance reporting."
- 2.10 Health measures of life expectancy have been included in the Single Outcome Agreement, and these headline measures are incorporated in the Plan. Work is under way in the SOA Development Group and Health Inequality Standing Group to develop more detailed measures based on the action plans for health inequality. It is vital these are able to incorporate action through mainstream health and Council services and relevant measures of their impact.

### 3. Recommendations

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It is recommended that the Committee:

- 3.1 endorses the Framework and Action Plan to tackle health inequality proposed by the Edinburgh Community Health Partnership through its Health Inequality Standing Group
- 3.2 refers the Framework and Action Plan to the Corporate Policy and Strategy Committee for consideration of contributions to reducing health inequality through the Council's service planning
- 3.3 agrees to consider progress reports on the Action Plan in due course.

#### **Peter Gabbitas**

Director of Health and Social Care

### Links

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<b>Coalition pledges</b>	<p>P8 - Make sure the city's people are well-housed, including encouraging developers to build residential communities, starting with brownfield sites</p> <p>P11 - Encourage the development of co-operative housing arrangements</p> <p>P12 - Work with health, police and third sector agencies to expand existing and effective drug and alcohol treatment programmes</p> <p>P13 - Enforce tenancy agreements (council and private landlord) with a view to ensuring tenants and landlords fulfil their good conduct responsibilities</p> <p>P14 - Strengthen Council housing allocation policy to give recognition to good tenants and to encourage responsible tenant behaviour and responsibilities</p> <p>P17 - Continue efforts to develop the city's gap sites and encourage regeneration</p> <p>P25 - Introduce a "living wage" (currently set at £7.20) for Council employees, encourage its adoption by Council subsidiaries and contractors and its wider development</p>
<b>Council outcomes</b>	<p>CO7 - Edinburgh draws new investment in development and regeneration</p> <p>CO8 - Edinburgh's economy creates and sustains job opportunities</p> <p>CO9 - Edinburgh's residents are able to access job opportunities</p>

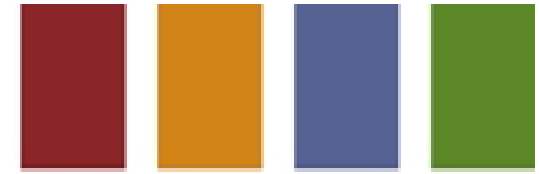
CO10 - Improved health and reduced inequalities  
CO11 - Preventative and personalised support in place  
CO12 - Edinburgh's carers are supported  
CO13 - People are supported to live at home  
CO14 - Communities have the capacity to support people  
CO15 - The public is protected

**Single Outcome Agreement**

SO1 - Edinburgh's economy delivers increased investment, jobs and opportunities for all  
SO2 - Health and wellbeing are improved in Edinburgh and there is a high quality of care and protection for those who need it  
SO3 - Edinburgh's children and young people enjoy their childhood and fulfil their potential  
SO4 - Edinburgh's communities are safer and have improved physical and social fabric

**Appendices**

Appendix 1: Integrated Framework and Action Plan for Tackling Health Inequality



THE EDINBURGH PARTNERSHIP

# INTEGRATED FRAMEWORK AND ACTION PLAN TO TACKLE HEALTH INEQUALITIES

2013 – 2016

Prepared by the Health Inequalities Standing Group  
of Edinburgh Community Health Partnership

April 2013

## INTEGRATED FRAMEWORK AND ACTION PLAN TO TACKLE HEALTH INEQUALITIES

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	<b>(HI 3) Create and develop healthy and sustainable places and communities</b>	
	<b>(HI 4) Strengthen the role and impact of ill-health prevention</b>	
	<b>(HI 5) Give every child the best start in life; and enable all children and young people to maximise their capabilities and have control over their lives</b>	
	<b>(HI 6) Create fair employment and good work for all</b>	

## PREFACE

The Edinburgh Partnership believes that the health and wellbeing of citizens across the city should not be subject to inequalities based on socio-economic status, protected characteristics, area of residence, or barriers to social and economic participation. It accepts that health inequalities can only be changed for the better by reducing the wider inequalities in the city. Tackling health inequalities is one of the Partnership's four high level outcomes to make Edinburgh a "thriving, successful and sustainable capital city in which all forms of deprivation and inequality are reduced".

The Health Inequalities Standing Group directs the strategic planning, development and delivery of actions to improve health and to reduce health inequalities in the city on behalf of the Community Health Partnership and Edinburgh Partnership. It reports to Edinburgh Community Health Partnership, which will be replaced by the new Health and Social Care Partnership. This document outlines:

- An integrated framework for tackling health inequalities in Edinburgh.
- Detailed action plans to meet objectives for which the lead lies with the Health Inequalities Standing Group, or significant contributions are already agreed.

The framework and plan address the high level outcome in the Single Outcome Agreement that *Edinburgh's citizens have improved health and wellbeing, with reduced inequalities in health.*

The health inequalities framework is based on the understanding that health inequalities are mainly caused by social and economic inequality. They can only be reduced through an integrated strategy and joint action to reduce inequality and deprivation as a whole through more equity of opportunity for people across the city. The framework covers a full range of intervention, including major areas which will require leadership from other strategic partnerships in community planning.

Partnerships have shown willingness to interlink in this way, but further discussion will be needed on specific outcomes and interventions. The action plan currently focuses on the objectives where the Health Inequalities Standing Group has agreed to make significant contributions and/or to lead the partnership interactions. Preventive and mitigating actions funded through the Standing Group already match the priorities in the Plan, but we believe that a more integrated response across services and actions in the city will bring real change to the level of inequality.

This Framework is for all citizens in Edinburgh affected by unequal health and all those working to reduce the impact of inequality on the health of individuals and groups in the city. The target audiences include:

- Citizens and community leaders, including neighbourhood partnerships
- current and future service users
- carers, parents and families of children or adults for whom services are provided;

- voluntary and private sector partners and providers;
- all statutory partner agencies
- members of the Edinburgh Partnership, strategic partnerships including the Compact Group, and other executive and consultative fora.

## HEALTH INEQUALITIES IN EDINBURGH

Although overall health has improved, and life expectancy is increasing, there are significant inequalities in the health experiences of different groups of people. Poorer health and earlier deaths affect poorer people – those who face social and economic barriers or disadvantages such as lower status, lack of employment or low pay. This affects the groups with “protected characteristics” under equalities legislation including older people, those from ethnic minorities, people with disabilities and different sexual orientations. Residents in local areas with multiple factors of this kind also suffer worse health.

As a result, there is up to 15 years difference in life expectancy between people living in different communities and areas in the city of Edinburgh. For almost every health indicator, there is a gradient showing progressively poorer health with decreasing affluence.

## WHAT IS NEEDED TO REDUCE HEALTH INEQUALITIES?

Evidence shows clearly that health inequalities reflect underlying social inequalities, and preventive action will ultimately depend on change toward a fairer society offering more equality of opportunity. To address and reduce health

inequalities through a preventive approach requires three types of action:

- Actions that **mitigate** or reduce the severity of the health and social consequences of social inequalities. People who are socially disadvantaged have higher health needs and the level of service provision should reflect that.
- Actions that help individuals and communities **resist** the effects of inequality on health and wellbeing. These include targeted health improvement activities, community development activities that increase social capital in deprived areas, and improvements to the physical environment in deprived areas.
- Actions that **undo** the underlying structural inequalities in power and resources. These comprise provision of high quality universal services including education, housing, and employment, and economic policies that support social mobility and prevent high wage differentials.

Professor Sally McIntyre (Director of the Institute of Health and Wellbeing at Glasgow University) has identified that the key policy areas where action is most likely to reduce social and health inequalities are employment, income and education.

Interventions should be targeted in proportion to the level of ill health. As there is a gradient of progressively poorer health with reducing affluence, actions to reduce health inequalities cannot target *only* the most deprived areas. Actions to reduce

health inequalities need to take all three of the following approaches:

- Improving health of the worst off or the most disadvantaged through targeted programmes
- Closing the gap - Closing the health gaps between the most affluent and the most deprived
- Reducing the gradient - Reducing the slope or gradient in health across all groups

It is clear that no single strategy is sufficient to reduce health inequalities, and concerted efforts are required across many partners. All public services, especially health and social care services, have a responsibility to ensure they are proportionate to the higher levels of need of more disadvantaged communities.

The Edinburgh Community Health Partnership has held the key role in addressing health inequality, and this will pass to its successor, the new Health and Social Care Partnership, including the responsibility to ensure all its services are delivered equitably. The community planning links to health inequality are shown in Appendix 1 to this report.

The *Fair society, healthy lives* report, chaired by Sir Michael Marmot, developed the following evidence based priority objectives designed to mitigate, resist and undo inequalities:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention

### DEVELOPING THE EDINBURGH FRAMEWORK

The Health Inequalities Standing Group has led policy on health inequalities and targeted activities for improving health and reducing inequality in the city since 2007. In 2011, recognising the breadth of action needed to reduce health inequalities, it set out to develop a strategic framework to reducing health inequalities in Edinburgh. It used the objectives set out in the Marmot report and adapted these to the Edinburgh context following city wide consultation using an online survey, events, written submissions and meetings with stakeholder groups. Consultation responses accepted the broad framework of the Marmot objectives with a number of adaptations to the needs and policy context in Edinburgh, including clearer identification of actions for adults alongside those for children and young people.

**Table 1** below shows the adapted framework and the lead partnership for each strategic objective. The Health Inequalities Standing Group will seek to contribute to each priority objective, and in particular will seek to co-ordinate and support work under objectives 1-3 of the framework.



## IMPLEMENTING THE FRAMEWORK

Action on the full range of objectives will be undertaken through the integrated community planning network for the city, including both strategic and local partnerships and direct action by city partners. Links will be sought by the Health Inequalities Standing Group to ensure a comprehensive approach to the objectives and overall vision for tackling health inequalities. Overall accountability is to the Edinburgh Partnership as part of its Single Outcome Agreement.

For each priority outcome, The Health Inequalities Standing Group will seek to identify a lead partner or an identified task group. The lead roles will be to seek to ensure that all agencies remain focussed on delivering positive impacts and improving these outcomes for health. This may challenge a wide range of plans and services to address health inequalities outcomes, and to identify and develop approaches which tackle inequality. The responsibility for ensuring actions are taken remains with the individual agencies in the city, especially direct partners.

The Health Inequalities Standing Group will seek to ensure actions meet the overall principles for tackling inequality set out by the Scottish Government:

- Investment and services address the root causes of long-standing concentrated multiple deprivation, not only alleviate its symptoms
- Early intervention in vulnerable communities to address emerging problems as quickly as possible

- Effective joint working between community planning partners, to include links to the third and private sectors
- Focused action on improving employability and linking residents to employment opportunities as a key means of extending opportunity and tackling high levels of local deprivation
- Community empowerment, so that local communities become more resilient, can deliver change themselves and influence and inform the decisions made by community planning partners
- Investing in what works whether delivered by public, voluntary or community organisations
- Acting on both the gap and the gradient i.e. improving outcomes for the communities and individuals suffering the worst inequality, and reducing the inequality gradient for everyone across the city
- Testing all actions for their impact on unequal outcomes

This Framework and Action Plan is for all citizens in Edinburgh affected by unequal health and all those working to reduce the impact of inequality on the health of individuals and social groups in the city. Overall accountability is to the Edinburgh Partnership Single Outcome Agreement, through the strategic role of Edinburgh Community Health Partnership, and in due course the Health and Social Care Partnership. Charts in [Appendix 1](#) show how health inequalities fit into community planning and the Edinburgh Single Outcome Agreement, including the golden thread from the City's community plan to practical action to tackle inequalities in health. Tackling health inequalities is a vital part of one the

city's four high level Single Outcome Agreement outcomes, contributing to the vision for the city as set out in the Agreement diagram below. Continuing discussions with Edinburgh's strategic and neighbourhood partnerships are essential so that actions are linked and complementary.

## **STRATEGIC OBJECTIVES AND OUTCOMES**

The strategic objectives in [Table 1](#) will build on the framework consultation and existing joint work. Local action is a key to effective progress and links to the Neighbourhood Partnerships and community organisations will be crucial for each objective.

The Edinburgh Partnership is currently working to identify broader outcomes to reduce poverty and inequality, and actions that the city can take to achieve them. The current outcomes on poverty and inequality mapped by this group are in [Appendix 1](#). This work through the Partnership's Poverty and Inequalities Theme Group will be crucial to undo the social inequalities that underlie health inequalities.

The Health Inequalities Standing Group used the Framework to define the priority outcomes to be sought from activities funded from the Council's Health Inequalities Third Party Grants programme in 2013/14. The outcomes selected, and their links to the Framework, are shown in [Table 2](#). These will be refined in future years. Within these outcomes, the Health Inequalities Standing Group has selected priorities for its own action which best complement the effort from other partnerships or joint group, and will continue to have task groups leading work on these issues: Food and Health, Physical Activity, Social Capital, Healthy Environments and

Community Health Initiatives. The other outcomes will continue to be led by other partnerships, though significant contributions will be made through the Health Inequalities Standing Group where appropriate. The task group structure of the Standing Group was considered at a special meeting in preparing this Plan, and will be kept under review to support these objectives. Information about the Standing Group and the agencies represented on it can be found in [Appendix 2](#).

## **MEASURING SUCCESS**

Regular reporting will be provided on progress with each of the strategic objectives. The lead officers or task groups will be asked to ensure information is provided on:

- progress achieved towards the strategic objective; and
- future action required to secure further progress and improvement.

An important challenge to achieve this is to test all actions for their impact on unequal health outcomes.

## **REVIEWING THE APPROACH**

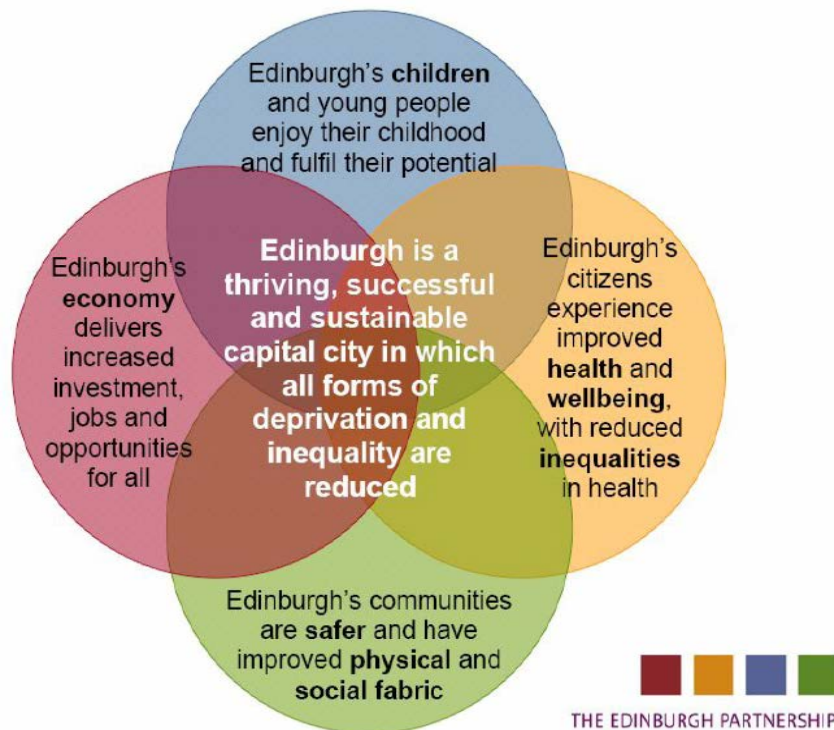
This framework and action plan will continue to be regularly reviewed to ensure that they continue to contribute strongly to the Single Outcome Agreement (SOA) 2013-16 and its central vision. The diagram below makes clear that the current key outcomes are inter-related, requiring this flexibility and continuous integration of planning.

A major change will be the creation of joint services through the Edinburgh Health and Social Care Partnership, which will replace the current Community Health Partnership. The future

partnership responsibility for health inequality and the pattern of reporting and interchange with community planning will be considered as part of this major organisational change.

New guidance for Single Outcome Agreements was issued by the Scottish Government in December 2012. This identifies health inequalities and physical activity as key priorities, and also stresses the importance of preventive approaches. The health inequalities framework forms a key part of the response to this guidance in Edinburgh. Further policy developments will be considered as the framework and action plans are reviewed.

Edinburgh SOA Vision and high level outcomes



**MAKING EFFECTIVE USE OF OUR RESOURCES**

Agencies and partnerships have committed to work collaboratively to deliver the plan. As noted above, major changes are under way to integrate health and social care services and the new Health and Social Care Partnership in Edinburgh will play a key role this work. It will be important for all health and social care services to be provided proportionately to need. The new partnership will provide the opportunity for greater integration of work to reduce inequality across these service areas. As future budget levels become clear, the capacity to achieve the strategic objectives and priority outcomes will depend on all partners examining opportunities to configure services to reduce inequality as a significant preventative outcome. This may include sharing staff, resources and buildings, and evaluation of services and their impacts to support preventive action.

A further fundamental change is the move toward a whole systems approach which facilitates services which are self directed by their users. This is designed to knit effectively with preventive approaches to improve physical and mental health and reduce unequal outcomes.

Increasingly, the new Partnership will make decisions about resource allocation on the basis of an evaluation of the extent to which outcomes and quality of services to reduce health inequalities are improving.

**TABLE 1: SHARED OBJECTIVES FOR HEALTH INEQUALITIES – THE EDINBURGH FRAMEWORK**

Strategic Objectives	Key Partnerships
1. Enable people in Edinburgh to maximise their capabilities and have control over their lives	Community Health/ Health and Social Care Partnership Lead Role Community Learning & Development Partnership Compact Partnership Alcohol and Drugs Partnership Mental Health Forum Economic Development Partnership Neighbourhood Partnerships
2. Create and develop healthy and sustainable places and communities	Community Health/ Health and Social Care Partnership Lead Role Community Safety Partnership Compact Partnership Neighbourhood Partnerships
3. Strengthen the role and impact of ill-health prevention	Community Health/ Health and Social Care Partnership Lead Role Alcohol and Drugs Partnership Mental Health Forum Sexual Health Project Board Community safety Partnership Violence against Women Partnership Neighbourhood Partnerships

Strategic Objectives	Key Partnerships
4. Ensure a healthy standard of living for all	Economic Development Strategic Partnership Lead Role Community Health/ Health and Social Care Partnership Community Safety Partnership Registered Social Landlords and CEC Housing City Housing Strategy Implementation Group Neighbourhood Partnerships
5. Give every child the best start in life; and enable all children and young people to maximise their capabilities and have control over their lives	Children's Partnership Lead Role Community Learning & Development Partnership Compact Partnership Neighbourhood Partnerships
6. Create fair employment and good work for all	Economic Development Strategic Partnership Lead Role Joined up for Jobs Strategy Group Low Pay Group Welfare Reform Strategic Group Trades Unions Housing Strategy Group Neighbourhood Partnerships

The Health Inequalities Standing Group has agreed criteria for investment to address the strategic health inequalities objectives. At present the plan addresses the first four objectives, to all of which it makes direct contributions, and proposes to take a lead role for the first three. The Group has identified eleven priority outcomes for these four objectives, which are shown in [Table 2](#) below. . It can readily be seen that the range of actions to achieve these priority outcomes involves other partnerships alongside the Community Health/ Health and Social Care Partnership. The outcomes will be kept under review, and further outcomes will be added by lead partnerships which may call for actions by the Community Health Partnership or Health and Social Care Partnership

In December 2012 new guidelines for Single Outcome Agreements were issued by the Scottish Government. These are being considered in the community planning system and may result in changes to the Edinburgh Agreement. This framework and action plan will take account of such changes in due course. The Guidance does confirm that health inequalities continues as one of six core policy areas to be covered by Single Outcome Agreements, linking this specifically to physical activity, which is one of the main priorities identified in this Plan.

The Guidance also stresses the importance of preventive approaches and this is strongly associated with the action to reduce unequal health outcomes set out in this Plan. Again, further developments of the city policy and specific plans for

prevention will be taken into account for the Framework and Action Plan in due course.

**TABLE 2: STRATEGIC OBJECTIVES AND PRIORITY OUTCOMES USED IN 2013/14 FUNDING ROUND**

<b>Strategic Objectives</b>	<b>Health inequalities Priority Outcomes 2013/14</b>
<p><b>HI 1:</b> Enable all adults to maximise their capabilities and have control over their lives (Also direct contribution to: HI 2 )</p>	<p>(1) Increased social capital among disadvantaged people: reduced social isolation; increased community participation and volunteering (2) Community capacity building for disadvantaged people, communities of place and interest</p>
<p><b>HI 2:</b> Create and develop healthy and sustainable places and communities</p>	<p>(3) More disadvantaged people live in healthy environments and use greenspace</p>
<p><b>HI 3:</b> Strengthen the role and impact of ill-health prevention by increasing preventative Interventions and improving take-up of treatment services</p>	<p>(4) Increased participation in physical activity: including walking, cycling, dance, active travel, gardening (5) Increased number of disadvantaged people eat healthily; increased number of people know how to cook healthy food and how to eat healthily on a budget (6) Reduced rate of increase in level of obesity among disadvantaged people; (7) Reduced prevalence of smoking among disadvantaged people (8) Reduced damage to physical and mental health from misuse of alcohol, drugs and associated violence (9) Reduced levels of anxiety and depression (10) Improved sexual health and reducing the damage to physical and mental health from sexual abuse</p>
<p><b>HI 4:</b> Ensure a healthy standard of living for all</p>	<p>(11) Groups at risk of poor health outcomes have increased incomes due to improved access to income maximisation services and advice on problem debt levels</p>



## ACTIONS TO DATE

Contributions from mainstream services and the targeted funding for tackling health inequalities should integrate to make a real impact on reducing health inequalities. The Health Inequalities Standing Group has used the targeted funds available to support activities that meet the outcomes listed in Table 2.

Evaluation of relevant action and statistical indicators can contribute to an assessment of the extent to which we have met the targets set out in the plan.

The first year of operation of targeted health inequalities actions toward the shared objectives under this framework was 2011-12, when the criteria were derived from the framework, which was then under consultation. An evaluation report for 2011-12 showed that over 34,000 contacts were made by the funded agencies. Over 200 targets were agreed with the agencies and 72% of these were exceeded or met, with a further 23% of targets being partially met. Only 5% of targets were not met.

Targeting was also clearly effective in concentrating resources on the HISG priorities, with over 40% of the targets aimed at the outcomes for increasing social capital among disadvantaged people, reduced social isolation and increased community participation. A further 15% in each case was awarded for healthy eating and for increased physical activity. As the priority of improved environment and green space priority was at an early stage of development by the Task

Group, only 3% of targets addressed this in 2011-12. Though the objective of a healthy standard of living is led by other partnerships, the HISG recognised the importance of maximising incomes for the poorest people and targeted 12% of its programme in supporting community advice services. Through the outcomes identified in 2013/14, this was increased to respond to the risks to vulnerable groups from welfare changes.

A report on the programme in 2012-13 will follow the collection of monitoring reports and data in 2013. Future reporting will seek information from wider actions by mainstream services and through strategic and neighbourhood partnerships.

The Edinburgh Compact is an important link for its social and community roles such as the city's Volunteering Strategy. Voluntary work plays a huge role in the provision of services which can help reduce health inequalities. In 2011/12 the organisations which received Council funding as part of the Health Inequalities programme provided some 353,000 hours of work by paid staff and over 87,000 hours were given by volunteers, adding about a quarter to the capacity of the services. This demonstrates the reliance which is placed on volunteers, without whom many of the services would not be provided.

## FORWARD ACTION PLANS

Set out in the following pages is a detailed list of actions which the Health Inequalities Standing Group and partners will undertake, with measures which will be used to assess progress with each of the strategic objectives and priority outcomes. For each strategic or longer term outcome, the partnership has used logic modelling and other approaches to define realistic steps in the short or medium term. Targets in the three year plan period would be seen as short term.

Headline measures for the whole strategy are aligned to the National Wellbeing Indicators and the main outcome measures for the Edinburgh Single Outcome Agreement.

For each measure the Plan seeks to show a baseline performance or milestone to judge performance, depending on the availability of information and the timescale to achieve change. Where possible targets for improvement are set in the three year plan period. Further information is provided on resources needed to achieve change.

This plan recognises that to achieve long term change means significant joint action and new attention to health inequalities impacts from a range of mainstream services in different sectors. The partnership guides investment in preventive actions to reduce health inequalities through direct funding, but these alone can not achieve the major changes to reduce health inequalities.

The Standing Group will prioritise development work on more appropriate measures to assess meaningful outcomes for

reducing health inequalities in the long term. We will continue to use existing measures of the extent of inequalities to measure progress with specific strategies, and to apply smaller scale measures to assess our performance in achieving the priority outcomes through specific actions.

The Health Inequalities Standing Group will address methods to obtain regular feedback from local communities and communities of interest about how well we are doing in meeting their needs and in achieving our priority outcomes.

Developing new measures and the means to record, gather and report on them will be a key task going forward for the Partnerships and joint-agency groups that support and deliver improved services to reduce health inequalities.

As work on the plan continues, changes may be required to make sure that the Health Inequalities Standing Group comprises the right partners and key contacts, and that outcomes are addressed by the subgroup structure and lead partners and officers. This includes looking at local arrangements to ensure the Partnership has the ability to assess its performance at the local, as well as at the city level, through Neighbourhood Partnerships and other links.



## See Part 2 for HEALTH INEQUALITIES ACTIONS 2013-16

### Part 2 Contents

#### Headline Health inequalities Indicators

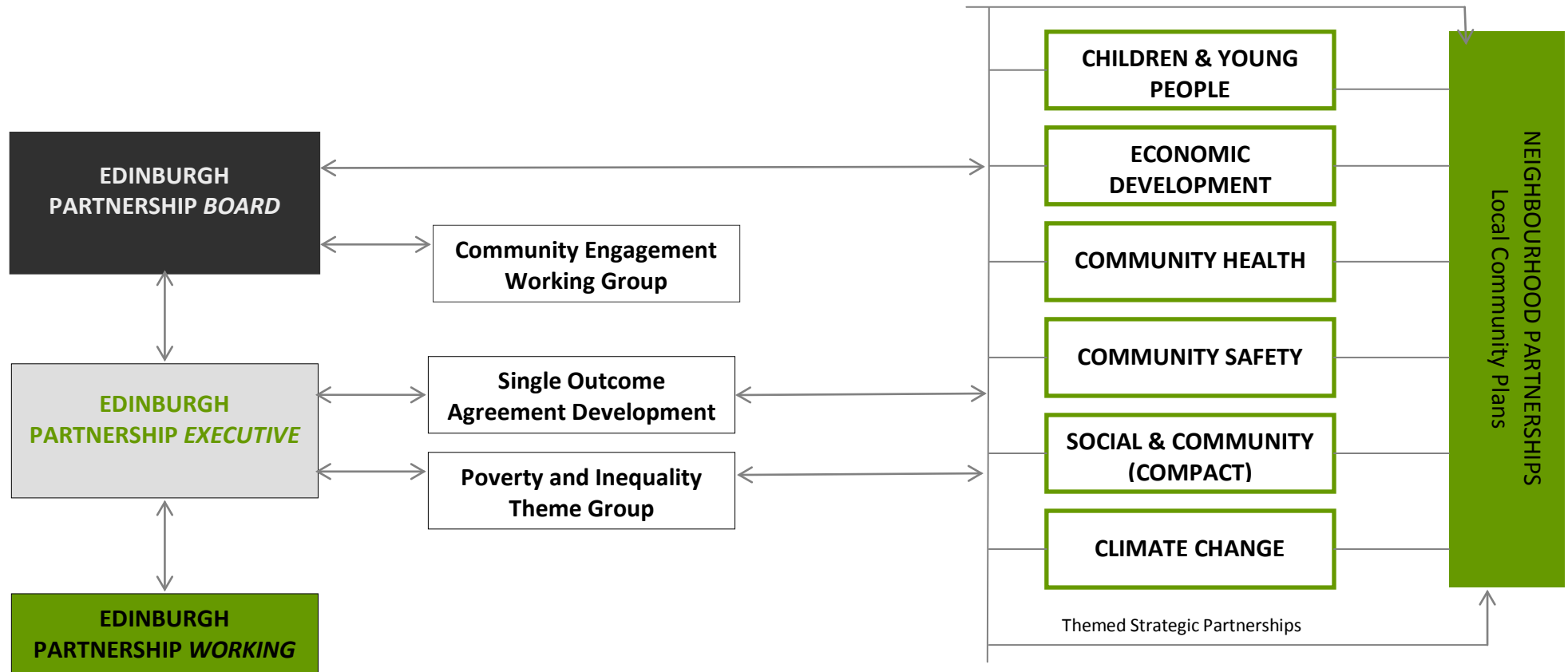
#### Indicators for Health inequalities Objectives:

- (HI 1) Enable people to maximise their capabilities and have control over their lives
- (HI 2) Ensure a healthy standard of living for all
- (HI 3) Create and develop healthy and sustainable places and communities
- (HI 4) Strengthen the role and impact of ill-health prevention
- (HI 5) Give every child the best start in life; and enable all children and young people to maximise their capabilities and have control over their lives
- (HI 6) Create fair employment and good work for all

## APPENDIX 1 – COMMUNITY PLANNING MAPS – WHERE HEALTH INEQUALITIES FIT

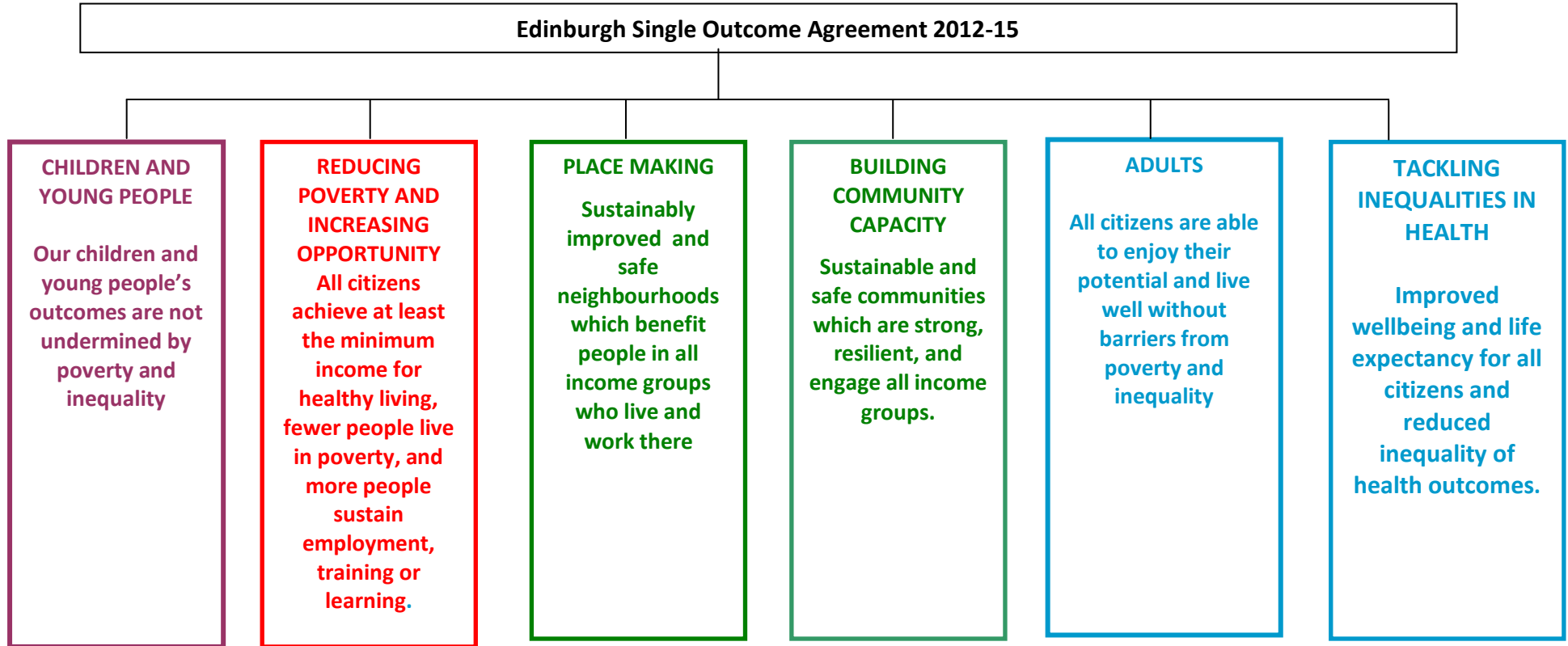
**Chart 1: The Edinburgh Partnership Structure:**

The Partnership provides an over-arching framework helping to strengthen, co-ordinate and simplify partnership working in the city.

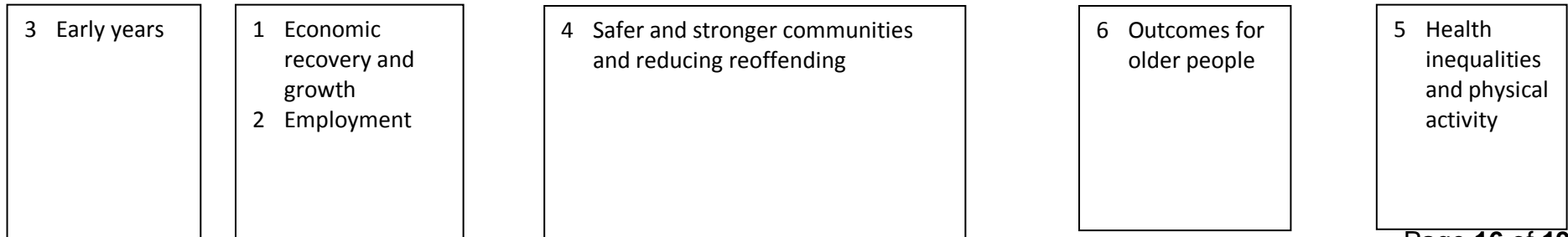


**APPENDIX 1 – COMMUNITY PLANNING MAPS – WHERE HEALTH INEQUALITIES FIT**

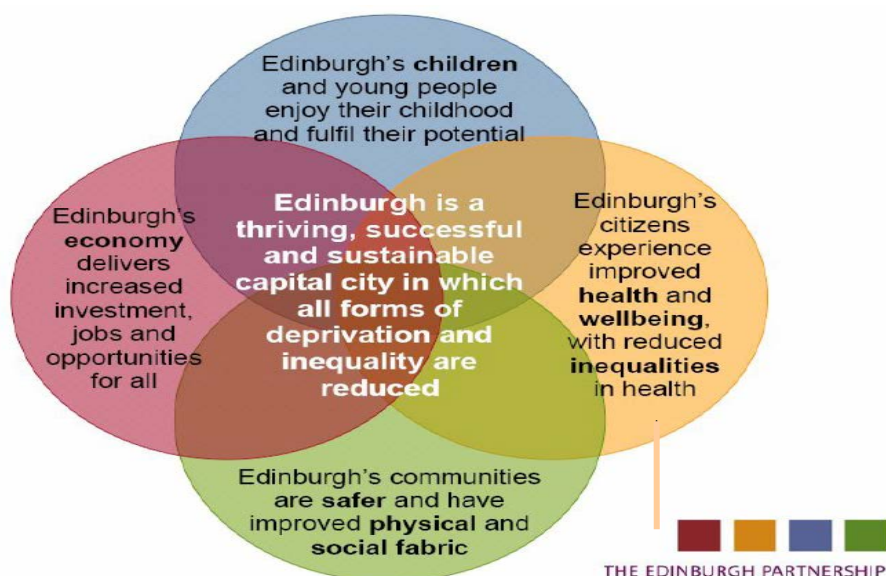
**Chart 2: Policy Map Outcomes for Poverty and Inequality (at March 2013) and Scottish Core Policy Outcomes**



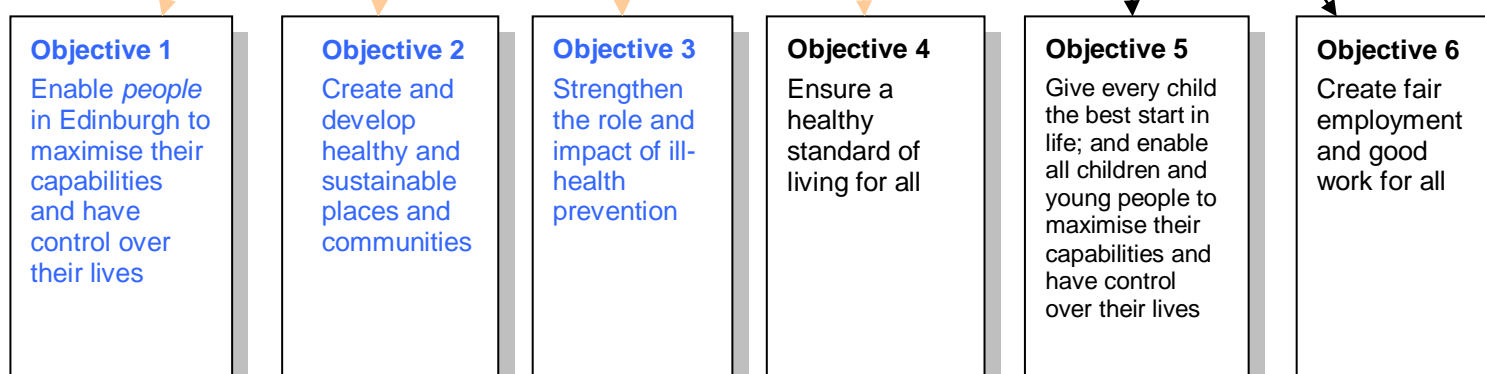
**Scottish Government – Six Core Policy Areas (December 2012 Guidance on Single Outcome Agreements)**



## APPENDIX 2: HOW THE HEALTH INEQUALITIES STANDING GROUP WORKS



### Health Inequalities Framework Edinburgh Community Health Partnership/ Health and Social Care Partnership



**Outcomes**  
 (1) Increased social capital among disadvantaged people: reduced social isolation; increased community participation and volunteering  
 (2) Community capacity building for disadvantaged people, communities of place and interest

**Outcomes**  
 (3) More disadvantaged people live in healthy environments and use greenspace

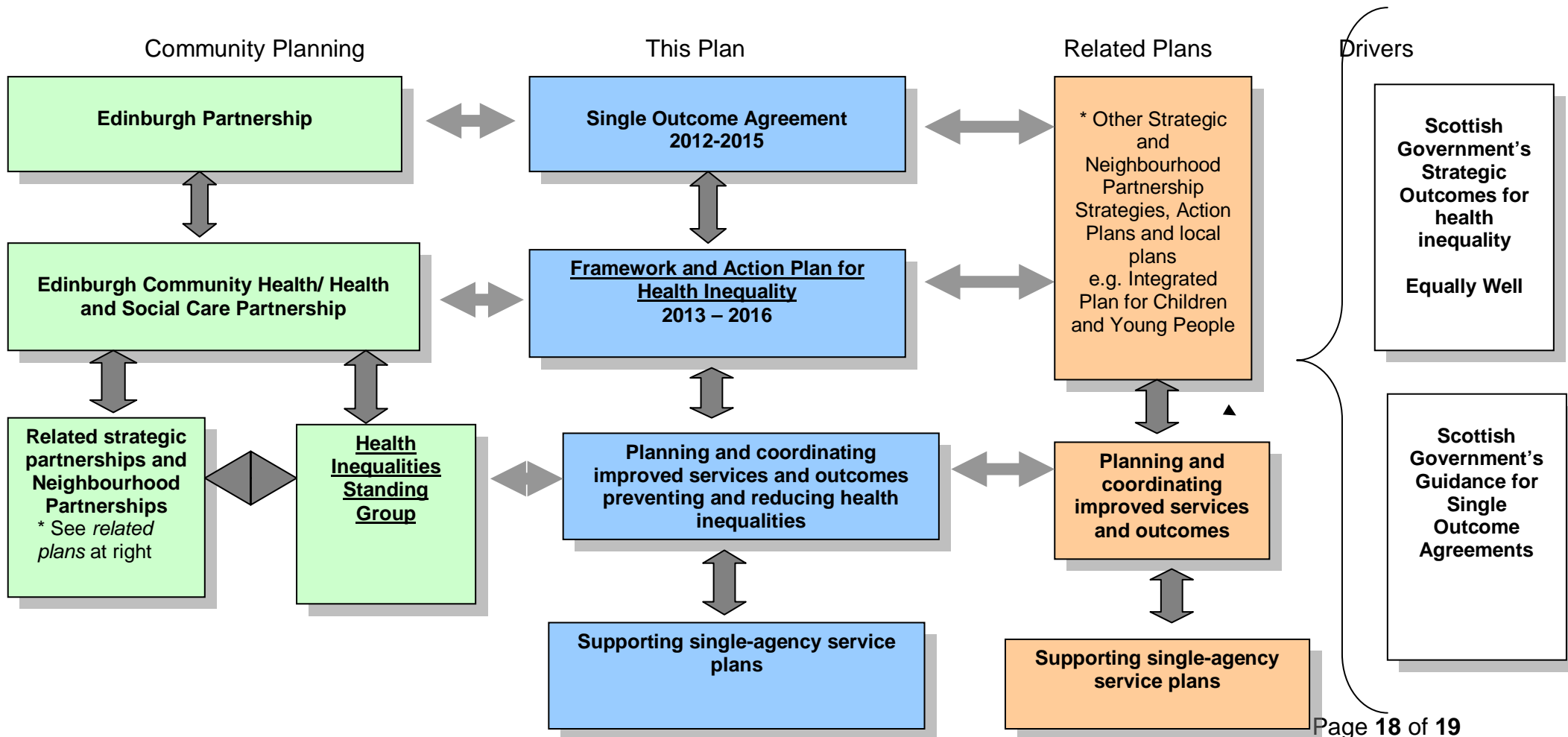
**Outcomes**  
 (4) Increased participation in physical activity: including walking, cycling, dance, active travel, gardening  
 (5) Increased number of disadvantaged people eat healthily; increased number of people know how to cook healthy food and how to eat healthily on a budget  
 (6) Reduced rate of increase in level of obesity among disadvantaged people  
 (7) Reduced prevalence of smoking among disadvantaged people  
 (8) Reduced damage to physical and mental health from misuse of alcohol, drugs and associated violence  
 (9) Reduced levels of anxiety and depression  
 (10) Improved sexual health and reducing the damage to physical and mental health from sexual abuse

**Outcomes**  
 (11) Groups at risk of poor health outcomes have increased incomes due to improved access to income maximisation services and advice on problem debt levels

## APPENDIX 2: HOW THE HEALTH INEQUALITIES STANDING GROUP WORKS

**Chart 4: How the Health Inequalities Standing Group and Action Plan link to the Single Outcome Agreement, to other Plans and to Joint-Agency Groups**

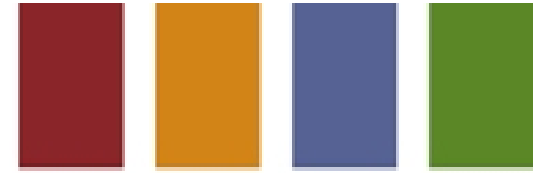
The diagram below shows the structure and relationship between the Edinburgh Partnership, the Community Health/ Health and Social Care Partnership and its subgroups alongside the external drivers and the planning landscape around the Integrated Plan for tackling health inequalities.



## APPENDIX 2: HOW THE HEALTH INEQUALITIES STANDING GROUP WORKS

**Table 3: EDINBURGH HEALTH INEQUALITIES STANDING GROUP MEMBERS**

Margaret Douglas (Co Chair)	Depute Director of Public Health	Lothian NHS Board
Paul Hambleton (Co Chair)	Social Strategy Manager	Health and Social Care, City of Edinburgh Council
Louise Wright	Social Inclusion Team Manager	Health and Social Care, City of Edinburgh Council
Suzanne Lowden	Policy Officer	Health and Social Care, City of Edinburgh Council
Willie Hardie	Forum Member	North Public Partnership Forum, Edinburgh Community Health Partnership
Glenda Watt	A City for All Ages	Health and Social Care, City of Edinburgh Council
Stephanie-Anne Harris	Strategic Development Manager, Culture and Sport	Corporate Governance, City of Edinburgh Council
David Bruce	Senior Education Manager (Community Services)	Children and Families, City of Edinburgh Council
Colin Murray	Development Worker	EVOC
Lesley Blackmore	Strategic Development Manager	Lothian Community Health Projects Forum
Lesley Boyd	Health Inequalities Manager	Edinburgh East & Midlothian CHP's & REHAS
Moyra Burns	Health Promotion Manager	Lothian Health Promotion Service
Harriet Eadie	Director of Volunteer Centre	Edinburgh Volunteer Centre
Nick Smith	Joint Programme Manager, Alcohol and Drugs	Health and Social Care, City of Edinburgh Council
Vacant	Senior Health Promotion Specialist (Food & Health)	NHS Lothian Health Promotion Service
David White	Assistant General Manager	Edinburgh Community Health Partnership
John Palmer	Public Health Practitioner	Edinburgh Community Health Partnership
Sarah Burns	South Edinburgh Neighbourhood Manager	Services for Communities, City of Edinburgh Council



THE EDINBURGH PARTNERSHIP

# INTEGRATED FRAMEWORK AND ACTION PLAN TO TACKLE HEALTH INEQUALITY

2013 – 2016

(Action Tables)

Prepared by the Health inequality Standing Group  
of Edinburgh Community Health Partnership

April 2013

**SEE PART 1 FOR:**

**Foreword**

**The Integrated Plan For Reducing Health Inequality In Edinburgh**

**Our Strategic Outcomes**

**Shared Objectives For Health Inequality**

**Health Inequality Priority Outcomes**

**How Have We Done?**

**What Improvements Do We Need To Make?**

**Making Effective Use Of Our Resources**

**How Will The Partnership Deliver The Outcomes In The Plan?**

**Health Inequality Actions 2013-16 - How Do We Measure Success?**

**Headline Health Inequality Indicators**

**PART 2: ACTION PLAN TO TACKLE HEALTH INEQUALITY:**

<b>Table 1: Strategic Objectives and Priority Outcomes</b>	<b>3</b>
<b>Health Inequality Headline Indicators from the Single Outcome Agreement</b>	<b>4</b>
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<b>Strategic Objective 2 - Create and develop healthy and sustainable places and communities</b>	<b>16</b>
<b>Strategic Objective 3 - Strengthen the role and impact of ill-health prevention</b>	<b>21</b>
<b>Strategic Objective 4 - Ensure a healthy standard of living for all</b>	<b>33</b>
<b>Strategic Objective 5 - Give every child the best start in life; and enable all children and young people to maximise their capabilities and have control over their lives</b>	<b>36</b>
<b>Strategic Objective 6 - Create fair employment and good work for all</b>	<b>37</b>



**TABLE 1: HEALTH INEQUALITY: STRATEGIC OBJECTIVES AND PRIORITY OUTCOMES**

<b>Strategic Objectives</b>	<b>Health Inequality Priority Outcomes</b>
<p><b>HI 1:</b> Enable people to maximise their capabilities and have control over their lives (Also direct contribution to: HI 2 )</p>	<p>(1) Increased social capital among disadvantaged people: reduced social isolation; increased community participation and volunteering (2) Community capacity building for disadvantaged people, communities of place and interest</p>
<p><b>HI 2:</b> Create and develop healthy and sustainable places and communities</p>	<p>(3) More disadvantaged people live in healthy environments and use greenspace</p>
<p><b>HI 3:</b> Strengthen the role and impact of ill-health prevention by increasing preventative Interventions and improving take-up of treatment services</p>	<p>(4) Increased participation in physical activity: including walking, cycling, dance, active travel, gardening (5) Increased number of disadvantaged people eat healthily; increased number of people know how to cook healthy food and how to eat healthily on a budget (6) Reduced rate of increase in level of obesity among disadvantaged people; (7) Reduced prevalence of smoking among disadvantaged people (8) Reduced damage to physical and mental health from misuse of alcohol, drugs and associated violence (9) Reduced levels of anxiety and depression (10) Improved sexual health and reducing the damage to physical and mental health from sexual abuse</p>
<p><b>HI 4:</b> Ensure a healthy standard of living for all</p>	<p>(11) Groups at risk of poor health outcomes have increased incomes due to improved access to income maximisation services and advice on problem debt levels</p>

## PART 2: HEALTH INEQUALITY ACTION PLAN 2013-16

### HEADLINE HEALTH INEQUALITY INDICATORS

Edinburgh's Single Outcome Agreement with the Scottish Government highlights key indicators of health inequalities which provide a high level picture of progress in this area. Indicators with an "IS" number feature in the Improvement Service's list of approved community planning indicators for use at local level.

#### ALL STRATEGIC OBJECTIVES AND PRIORITY OUTCOMES

HEADLINE INDICATORS Performance measures (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value	TARGETS	Timescale	Inputs / resources required
<b><u>General health inequalities outcomes</u></b>					
Male life expectancy at birth (IS 6.2.27)		77.2			
Female life expectancy at birth (IS 6.2.27)		81.8			
Gap in male life expectancy at birth between the most deprived areas of the city and the remainder of the city		9.2 years			
Gap in female life expectancy at birth between the most deprived areas of the city and the remainder of the city		5.1 years			
Ratio of premature mortality rate between the 15% most deprived areas of the city and the city as a whole (IS 6.2.29 overall rates)		1.98			

## Headline Indicators

HEADLINE INDICATORS Performance measures (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value	TARGETS	Timescale	Inputs / resources required
<b><u>HI 2: Healthy and sustainable places and communities</u></b>					
Proportion of the housing stock in social rented sector passing the Scottish Housing Quality Standards (IS 6.2.49)		75% (March 2012)			
<b><u>HI 3: role and impact of ill health prevention</u></b>					
Percentage of 15 year olds who are regular smokers		13% (2010)			
Percentage of 15 year olds who have taken drugs in the last month		11% (2010)			
Percentage of 15 year olds drinking once a week or more		18% 2010			
Rate of alcohol-related hospital discharge – acute and chronic conditions		2,899 (2010/11)			
Perceptions of local drug dealing/drug use in neighbourhoods		10%			
% of P1 pupils who are obese		8.9% (school year 2009/10)			

## Headline Indicators

HEADLINE INDICATORS Performance measures (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value	TARGETS	Timescale	Inputs / resources required
<b><u>HI 4: Healthy standard of living</u></b>					
Median earnings for residents living in the local authority area who are employed (IS 6.2.8)	I (2011)	£526.60 (2011)			
Percentage of the population (aged 16-64 years) in receipt of out of work benefits (IS 6.2.11)		12.2% (May 2011)			
Percentage of the population who are income deprived (IS 6.2.12)		7.2% (2009)			
Percentage of children living in households dependent on out of work benefits		19.5% (April 2011)			



## STRATEGIC OBJECTIVE 1

Enable people to maximise their capabilities and have control over their lives:

**Priority Outcome 1:** Increased social capital among disadvantaged people: reduced social isolation; increased community participation and volunteering

**Priority Outcome 2:** Community capacity building for disadvantaged people, communities of place and interest

The Community Health Partnership has set this objective based on the Marmot framework, with an adjustment to ensure separate attention to young people and adult age groups (strategic objective 6) which was suggested in consultation.

The priority outcomes for this objective are to increase social capital among disadvantaged people, to reduced social isolation, and increase community participation. This interlinks with community capacity building for disadvantaged people, communities of place and interest. These outcomes are inevitably interconnected and this range of activity also contributes directly to the objective to create and develop healthy and sustainable places and communities.

### Contribution to Scottish Government National Outcomes

The local priority outcomes for health inequality directly contribute to the delivery of National Outcomes 6, 7, 9 and 14. Visit the Scottish Government [website](#) for further information on National Outcomes:

- 6 We live longer, healthier lives
- 7 We have tackled the significant inequalities in Scottish society
- 9 We live our lives safe from crime, disorder and danger
- 14 Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it

## Strategic Objective 1 – Outcomes 1 and 2

Among city strategies, the Volunteering Strategy is particularly relevant to this objective and the opportunity to be involved in voluntary work is very productive for adults to reach their potential. The outcome is supported by the strategy's aim that *volunteering continues to be recognised and promoted for its positive contribution to strengthening and improving the improving health and well-being and reducing inequalities in Health.*

### Priority Outcome 1:

Increased social capital among disadvantaged people: reduced social isolation; increased community participation and volunteering

The Health Inequalities Standing Group (HISG) has set a priority to maintain a community health initiative in each deprived area of the city. A key approach to maintain this provision is to fund core activities identified below. This project infrastructure aims to ensure community development activities that increase social capital and build capacity to achieve better health outcomes. The initiatives undertake targeted services for other health inequality objectives which are identified and funded separately.

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value	Performance measures & Targets	Timescale	Inputs / resources required
<b>Core community health actions</b>			Headline Indicators		
<ul style="list-style-type: none"> <li>A community development approach to working with individuals and communities to identify and seek to address needs</li> <li>Development/outreach work to build links and networks within the community</li> </ul>	HISG CHI Development group	50%  82%  24%	<ol style="list-style-type: none"> <li>percentage of people feeling they have an influence over how local services are run (EPS October 2011)</li> <li>percentage of people feeling that their local area is a place where people from</li> </ol>		These figures are not available disaggregated by deprivation level

Strategic Objective 1 – *Outcomes 1 and 2*

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value	Performance measures & Targets	Timescale	Inputs / resources required
			<p>different backgrounds can get on well together (EPS October 2011)</p> <p>3. Percentage of respondents saying they had given unpaid help in the last year (EPS 2011)</p> <p>4. reciprocity and trust – trusting other people (statistics due summer 2012 from NHS Lothian survey, and hope to get each year from addition to questionnaire for EPS)</p>		

Strategic Objective 1 – Outcomes 1 and 2

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value	Performance measures & Targets	Timescale	Inputs / resources required
<b>Health Initiatives in all identified areas of deprivation</b>					
<u>Core Community Health Actions</u> <ul style="list-style-type: none"> <li>Development of an effective community development approach for vulnerable geographically areas and communities of interest</li> <li>Build confidence and community resilience through targeted interventions</li> <li>Link with mainstream services on health issues and outcomes</li> </ul>	HISG CHI Funders Group  HISG CHI Development Group  8 local projects and 4 community flats		Maintain action in all local areas  Performance measures from funding agreements	2015	Grant funding and staff time
<b>Number of community health actions in target areas</b>					
<u>SOCIAL CAPITAL ACTIONS</u>					
Partner with Services for Communities/ Community Engagement to run two city-wide events themed on Social Capital aimed at NP Health & Wellbeing subgroup members	Social Capital Working Group	Events agreed, plans in place	2 events per year	Ongoing	Staff time
Provide a series of local	Social Capital	Events	5 seminars over	Ongoing	Staff time, funding allocation from HISG



Strategic Objective 1 – Outcomes 1 and 2

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value	Performance measures & Targets	Timescale	Inputs / resources required
seminars and staff sessions to increase recognition among event participants of the importance of social capital, how to maintain and increase it; and measure the increase.	Working Group	agreed, plans in place	2013 and 2014		
Establish effective partnerships across departments to work on developing social capital initiatives	Social Capital Working Group	Presentation to annual CEC CLD conference May 2013  Strategic links	To be developed	ongoing	Staff time to develop presentations and establish links to current relevant strategies
Provide set of <b>Social Capital outcomes</b> which can be used by organisations when: <ul style="list-style-type: none"> <li>• submitting applications</li> <li>• assessing applications</li> <li>• submitting project reports</li> </ul>	Social Capital Working Group	Integrated action plan on outcomes.	Seek approval of outcomes for use in a variety of settings by 2014/15 grant round	2014/15	Staff time to explore which organisations might use the outcomes, develop in partnership, gain HISG approval, ensure outcomes are available, used and reported on
<b>Social Capital Toolkit</b>					
Evaluate, revise & up-date simple, user-friendly Toolkit for use by service providers.	Social Capital Working Group	Toolkit evaluated	Completed toolkit on web platform	Summer 2014	Staff time
Provide training for organisations on use of the Toolkit, with particular focus on	Social Capital Working Group	Training agreed	To be developed	Ongoing	Staff time, funding allocation from HISG

Strategic Objective 1 – Outcomes 1 and 2

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value	Performance measures & Targets	Timescale	Inputs / resources required
<p>staff and management committees of community health initiatives (CHIs) in deprived areas.</p> <p>Develop mainstream capacity to provide training on use of the Toolkit and how to develop social capital</p>	<p>Social Capital Working Group</p>	<p>Training for trainers agreed</p>	<p>To be developed</p>	<p>Ongoing</p>	<p>Staff time, funding allocation from HISG</p>
<p><b>Volunteering actions:</b></p>					
<ul style="list-style-type: none"> <li>• Increase awareness and implementation of “Inspiring Volunteering Edinburgh – Building on Success” the Edinburgh Volunteering Strategy and Action Plan for 2012-2017</li> <li>• Ensure Volunteering is promoted by the health community as a route to improve health and well-being - promotional campaign across care and health professionals is organised</li> <li>• Take account of the pattern of volunteering as a contribution to Health Inequality grant and contract programmes.</li> </ul>			<ul style="list-style-type: none"> <li>- 55% increased physical health and well-being</li> <li>- 35% increased “fitness levels”</li> <li>- 25% decreased dependence on alcohol or drugs</li> </ul> <p>Social Capital</p> <ul style="list-style-type: none"> <li>• 75% increased number of contacts</li> <li>• 65% increased friendships</li> </ul>	<p>2016</p> <p>2016</p> <p>2016</p> <p>2016</p> <p>2016</p>	<p>Volunteering - Health &amp; Wellbeing – survey of volunteers to provide:</p> <ul style="list-style-type: none"> <li>- % agreed that their “mental health and well-being” had increased as a result of their volunteering</li> <li>- % agreed that their “fitness levels” had increased</li> <li>- % agreed that their “dependence on alcohol or drugs” had decreased</li> </ul> <p>Friendships and social networks (“Social Capital”)</p> <ul style="list-style-type: none"> <li>• % agreed that number of contacts that they can call on had increased</li> <li>• % agreed that their range of friendships had increased</li> <li>• % agreed that their support and information</li> </ul>

Strategic Objective 1 – Outcomes 1 and 2

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value	Performance measures & Targets	Timescale	Inputs / resources required
			<ul style="list-style-type: none"> <li>• 65% increased support networks</li> <li>• 55% increased social gatherings</li> </ul>	<p>2016</p> <p>2016</p>	<p>networks had increased</p> <ul style="list-style-type: none"> <li>• % agreed that their participation in social gatherings had increased</li> </ul>
Increase preventive services which reduce dependency on care and support			Use measures gathered for main HSC performance framework		
Carer support services to facilitate informal caring			Use measures gathered for main HSC performance framework		
Numbers of adults operating personal budgets			Use measures gathered for main HSC performance framework		
Successful transitions to new benefit system with minimum disruption to family and community life			Use measures gathered for main HSC performance framework		
Increased community learning for key skills			<p>Increased literacy and numeracy</p> <p>Increased financial management skills</p>		

Strategic Objective 1 – Outcomes 1 and 2

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value	Performance measures & Targets	Timescale	Inputs / resources required
Increased employability action			NEET measures		
ACTIONS THROUGH THE <a href="#">Compact Partnership</a>					
ACTIONS THROUGH THE <a href="#">Alcohol and Drug Partnership</a>					
Work through the Mental Health Forum is set out in the Joint strategy for mental health <a href="#">A Sense of Belonging</a>					
ACTIONS THROUGH THE <a href="#">Economic Development Partnership</a>					
ACTIONS THROUGH THE <a href="#">Neighbourhood Partnerships</a>					

DRAFT

Strategic Objective 1 – Outcomes 1 and 2

**Priority Outcome 2: Community capacity building for disadvantaged people, communities of place and interest**

<b>HEADLINE INDICATORS Performance measures (incl. target group, target area, where relevant)</b>	<b>Lead Responsibility</b>	<b>Milestone/s: Current value</b>	<b>TARGETS</b>	<b>Timescale</b>	<b>Inputs / resources required</b>
Percentage of respondents satisfied with their neighbourhood as a place to live		90%			
Percentage of respondents feeling safe after dark at home/in the local area (EPS October 2011)		77%			
<b>Actions (incl. target group, target area, where relevant)</b>	<b>Lead Responsibility</b>	<b>Milestone/s: Current value</b>	<b>Performance measures &amp; Targets</b>	<b>Timescale</b>	<b>Inputs / resources required</b>
<u>Core community health actions</u> <ul style="list-style-type: none"> <li>Community development with (individuals and) communities to identify and seek to address needs</li> <li>Development/outreach work to build links and networks within the community</li> </ul>	HISG CHI Funders Group	8 local projects and 4 community flats	Maintain action in all local areas  Performance measures from funding agreements	2014-15	Sustain targeted funding from partners
ACTIONS THROUGH THE Community Learning & Development Partnership: <b>Supporting Communities 2011-14</b> strategy document in preparation and web presence to be established. {HYPERLINK to be added}					

## STRATEGIC OBJECTIVE 2

Create and develop healthy and sustainable places and communities

**Priority Outcome 3:** More disadvantaged people live in healthy environments and use greenspace

A healthy and sustainable environment is a vital factor in positive health outcomes, and regeneration action for the poorest and most deprived areas remains a significant objective in the city through the Housing Plan and local partnerships' Regeneration Plans. The Community Health Partnership has aimed to complement these mainstream partner and partnership actions, and the priority outcomes include Community capacity building for disadvantaged people, communities of place and interest, as noted in relation to the first objective above. In addition the Partnership sets out to achieve the outcome that more disadvantaged people live in healthy environments and use greenspace. We aim to improve these outcomes by ensuring that there are ongoing assessments of health impacts from environment planning, and that these needs are met through partnership working. The partnership supports local action to offer opportunities for healthy living and enjoyment of green space in local areas and by priority groups.

### Contribution to Scottish Government National Outcomes

The local priority outcomes for health inequality directly contribute to the delivery of National Outcomes 6, 7, 9 and 14. Visit the Scottish Government [website](#) for further information on National Outcomes:

- 6 We live longer, healthier lives
- 7 We have tackled the significant inequalities in Scottish society
- 9 We live our lives safe from crime, disorder and danger
- 14 Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it

The following table sets out the actions to achieve this outcome and measures to assess performance.

Strategic Objective 2 – Outcome 3

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value (inc date)	Performance measure/s	Target/s	Timescale	Inputs / resources required
<b>Develop a Strategic Approach to Greenspace and Health</b>						
Event for stakeholders to better understand links between green space and reduced health inequalities	Greenspace Scotland		Stakeholder event	1 Event	Feb 2013	Greenspace Scotland/Task Group
			1 guide to HI and Greeing for Health pack produced	1 guidance pack produced and disseminated	May 2013	
Identify and allocate funding to support community gardening	ELGT/ Lothian Health Projects Forum	Develop a new grant scheme	Develop and disseminate grant materials	New grant scheme	Spring 2013	HIF funded post 2011-2014/ Lothian Health Projects Forum
		Funding guidance developed	Toolkit development	Distribution of funds to 10 groups Toolkit produced and disseminated	Spring 2013	
Develop a network of existing and emerging community garden activists and groups across Edinburgh	ELGT	Consolidation of data, database contacts, key messages	Database developed	Functioning database	Spring 2013-14	ELGT support: technical, admin communications (approx 3 days)
		Distribution of communications materials	Dissemination of materials	Dissemination of materials to 10 CG projects and 30 vulnerable groups, and wider networks	Ongoing	Approx 15% of project officer time

Strategic Objective 2 – Outcome 3

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value (inc date)	Performance measure/s	Target/s	Timescale	Inputs / resources required
		Consolidate materials e-bulletin frequency hard copy distribution	Communications, meetings, correspondence, promotional materials	6 events /meetings and online communication with network members	Ongoing	
Support joint working links between schools, community gardens and allotments across	ELGT/Eco Schools Unit/Lothian Health Projects Forum		Joint Initiatives	1 Joint Initiative		Edinburgh Community Health projects (in kind)
<b>Increased Provision and Access to Greenspace in Areas of Deprivation</b>						
Investigate and promote the use of temporarily vacant land for community use	HISG/ELGT	Identify vacant space in deprived communities	New community space provided	Identification and development of 4 new sites  2 group leaders trained	Spring 2014	HISG/CEC/NHSL funding  HIF Funded post  Local Neighbourhood Partnership Teams
Identify current community gardening groups	ELGT	Mapping/auditing exercise	Audit report produced	1 Audit Report  Update Community Map	2013/14  Annual	HIF Funded Post
Identify barriers and gaps that exist to developing sustainable	ELGT	New Groups established	Increase in numbers of	24 Site Visits per year	Ongoing	HISG/CEC/NHSL funding



Strategic Objective 2 – Outcome 3

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value (inc date)	Performance measure/s	Target/s	Timescale	Inputs / resources required
community space		Volunteer bank launched	community gardens			
			Provide workshop sessions	16 workshop sessions per year for 100 participants	Ongoing	HIF Funded Post
			Develop training and support for volunteers	Volunteer induction training developed	Spring 2013	HIF Funded Post
				6 Volunteers recruited per year	Ongoing	
<b>Increased Strategic Influence on Greening Edinburgh for Health</b>						
To Scope the Strategic and Policy Context for Urban Environments and Health	NHS Lothian	Research Report	Production of Report	1 Research Report	Sept 2013	NHS Lothian
Awareness raising events with Neighbourhood Partnerships	HISG	Acknowledgment of the positive impact of greenspace on mental and physical health	Number of NP briefings provided	6 briefings provided	2013/16	Task Group
			Number of NP meetings attended	6 meetings attended	2013/16	
			Number of Greening for Health priorities	6 Citings in NP Community Action Plans	2013/16	

Strategic Objective 2 – Outcome 3

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value (inc date)	Performance measure/s	Target/s	Timescale	Inputs / resources required
			cited in partner's frameworks/plans			
Increased Awareness of the Health Benefits of Greenspace Among Partners and Across EP Themes	ELGT		Link to CEC Allotment Strategy		2013/16	Task Group
	ELGT/ Task Group/Eco Schools Unit		Link to Biodiversity Strategy		2013/16	
	Task Group		Link to Edinburgh Food Charter		2013/16	
	Task Group		Link to Sense of Belonging- Lothian Mental Health Strategy		2013/16	
ACTIONS THROUGH THE <a href="#">Community Safety Partnership</a>						
ACTIONS THROUGH THE <a href="#">Compact Partnership</a>						
ACTIONS THROUGH THE <a href="#">Neighbourhood Partnerships</a>						
ACTIONS THROUGH THE <a href="#">City of Edinburgh Council Planning service</a>						
ACTIONS THROUGH the Delivery Team in Development Planning on health and wellbeing issues in areas at risk of unequal health, though <a href="#">Area Development Frameworks</a> for Waterfront and City Centre Southern Arc.						
ACTIONS THROUGH THE <a href="#">City of Edinburgh Council Regeneration Service</a>						

### **STRATEGIC OBJECTIVE 3**

Strengthen the role and impact of ill-health prevention by increasing preventative interventions and improving take-up of treatment services

#### **PRIORITY OUTCOMES:**

- 4 Increased participation in physical activity: including walking, cycling, dance, active travel, gardening etc
- 5 Increased knowledge, skills, training and access to healthy food choices and health promoting behaviours
- 6 Reduced rate of increase in level of obesity among disadvantaged people
- 7 Reduced prevalence of smoking among disadvantaged people
- 8 Reduced damage to physical and mental health from misuse of alcohol, drugs and associated violence
- 9 Reduced levels of anxiety and depression
- 10 Improved sexual health and reducing the damage to physical and mental health from sexual abuse

This objective relates strongly to the mainstream services of the Community Health Partnership, and the preventive role will be strengthened by the planned integration of health and social care services. All citizens are entitled to local and timely access to high quality health services that will maximise their opportunity to live longer, healthier lives and maintain a healthy weight, with positive emotional and mental health, regardless of where they live

The priority outcomes set through the Health Inequality Standing Group again aim to complement the Community Health Partnership's broader objectives and actions, and those from other strategic partnerships including Action on Drugs and Alcohol, and the Strategic Development Group for Mental Health. This integrated approach aims to move away from crisis management to prevention, increase health equality between people across the whole of Edinburgh and deliver health and care services that have been designed around needs.

The Partnership aims to provide support to enable healthy lifestyle choices, particularly around minimising exposure to risky behaviours such as unsafe sex, smoking and substance misuse, and reducing the stress imposed by social and economic inequality. The Partnership aims to strengthen services and address mental health needs early.

### Strategic Objective 3 – Outcomes 4 to 10

The Health Inequality Standing Group will seek to take actions to increase preventative Interventions and improve take-up of treatment services to achieve its priority outcomes of Increased participation in physical activity, including walking, cycling, dance, active travel, gardening; Increased numbers of disadvantaged people able to eat healthily, through knowing how to cook healthy food and how to eat healthily on a budget; a reduced rate of increase in the level of obesity among disadvantaged people; reducing the prevalence of smoking among disadvantaged people; reducing the misuse of alcohol, drugs and associated violence; reducing levels of anxiety and depression; and improving sexual health.

#### Contribution to Scottish Government National Outcomes

The local priority outcomes for health inequality directly contribute to the delivery of National Outcomes 6, 7, 9 and 14. Visit the Scottish Government [website](#) for further information on [National Outcomes](#):

- 6 We live longer, healthier lives
- 7 We have tackled the significant inequalities in Scottish society
- 9 We live our lives safe from crime, disorder and danger
- 14 Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it

The following table sets out the actions and measures we will use to assess how well we are doing to meet outcomes 4-10:

**PRIORITY OUTCOME 4:** Increased participation in physical activity: including walking, cycling, dance, active travel, gardening etc

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value (inc date)	Performance measure/s	Target/s	Timescale	Inputs / resources required
Increased participation in physical activity: including walking, cycling, active travel and sports activities.	HISG, CEC, NHS Lothian, EL	Edinburgh Peoples Survey data.	Reduced rate of inactivity amongst disadvantaged people	Yearly increase in number of people achieving PA recommendations	Annual Review	HISG, CEC, NHS Lothian, EL
Increased levels of walking through both promotion and provision of facilities.	Paths for all, CEC, NHS Lothian,	Edinburgh Peoples Survey data.	Increased use of walking as a transport and leisure activity amongst disadvantaged people	Yearly increase in frequency and duration of walking journeys	Annual Review	HISG, CEC, NHS Lothian, EL, Walkability Officer.

Actions through [activitycity](#), aim to increase regular involvement in physical activity and sport by all local people. Activitycity is the City of Edinburgh Council's one stop shop for sport and physical activity, acting on the vision that Edinburgh will be the most active city in Europe by 2020.

Strategic Objective 3 – Outcomes 4 to 10

**PRIORITY OUTCOME 5: Increased knowledge, skills, training and access to healthy food choices and health promoting behaviours**

**To Develop A Strategic Approach To Tackling Food And Health Inequalities Within Local Settings**

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value (inc date)	Performance measure/s	Target/s	Timescale	Inputs / resources required
<b>1.1 Increased influence in the development and implementation of local policy and strategy</b>						
Ensure links are made with existing strategic partnerships e.g. Neighbourhood Partnerships; Edinburgh Partnership Poverty and Inequality Theme Group; HISG Task Groups	Food and Health Task Group (FHTG)	20% of NP Community Action Plans prioritise food	local NP plans contain food and health as a priority; poverty strategy includes issues around poverty and the uptake of healthy food choices	50% of Community Action Plans prioritise food	2013-14	Food and Health Task Group (FHTG) time
Work in partnership with existing programmes and plans e.g. Community Health Lifestyles; Child Healthy Weight; Edinburgh CHP Infant Feeding Project 2012-15; Healthy Living Award; Scottish Grocer Federation Neighbourhood Shop Scheme, the Early years framework & Maternal & Infant Nutrition: a framework for action	FHTG	Membership with 1 partner	Increase in the number of plans influenced.	Increase membership 100% per annum	Annual review	FJTG time
Share best practice with homeless organisations	LCHIF ECF	Effective communication pathway with 1 key organisation working in the	Increase in number of homeless organisations engaged with  Increase in number of	Effective communication pathway with 4 organisations in this sector	Annual	HISG funding ECHP

Strategic Objective 3 – Outcomes 4 to 10

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value (inc date)	Performance measure/s	Target/s	Timescale	Inputs / resources required
		sector	homeless organisations accessing HI training opportunities	4 additional organisations accessing training opportunities	Annual	HISG funding ECHP
Ensure access to evidence based information	ECF Food and Training HUB / Cyrenians/	Current users on ECF HUB website/ Cyrenians mailing lists	Increased access to HI Communications via communication pathways – links, flyers, newsletters	Increase of 25%	Annual	ECHP CEC FTHG
			Increased number of users on Hub website/Cyrenians mailing list	Increase of 25%	Annual review	HISG Funding
<b>1.2 Maintain and influence the amount of funding available to develop activities tackling food and health inequalities</b>						
Maintain existing food and health budgets	HISG, CEC CHP, NHS Lothian	Estimated food and health funding portfolio at £260k	Maintenance of existing task group budget;	Retain Food and Health funding portfolio at £260k level	On-going	HISG funding ECHP funding HIF funding
Identify needs and gaps in provision in the City.	Food and Health Task Group / ECF HUB	Identify from HUB mapping activities : Community Café Food Co-ops	Increased number of interventions tackling food and health inequalities within the voluntary / community sector	Produce map of Community Café's and Food Co-ops	2014	HISG funding FHTG time

Strategic Objective 3 – Outcomes 4 to 10

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value (inc date)	Performance measure/s	Target/s	Timescale	Inputs / resources required
Identify appropriate sources of funding to fill gaps / meet priorities	Food and Health Task Group / ECF HUB/ LCHIF	Funding sources are circulated as approp.	Submission of new funding applications to address gaps	4 applications submitted	2014	ECHP CEC FTHG

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value (inc date)	Performance measure/s	Target/s	Timescale	Inputs / resources required
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**To build capacity within existing practitioners to sustain and expand current activities**

**2.1 Increased opportunities to share good practice and network across all sectors**

Promote the development of food and health networks for practitioners involved in food and health activity in areas of deprivation and with vulnerable groups	Food and Health Training Hub	HUB network: 160 members	Increased involvement in networking & practice-sharing opportunities	Expansion of HUB network by 10% per annum	Annual review	HISG funding
			Manage the training network database of 160 organisations across the City	Expansion of HUB network by 10% per annum	Annual review	
Develop Food and Health Training Hub Reference Group with topic based sub groups	Food and Health Training Hub	Support 4 Reference Group meetings	Reference group development	Co-ordinate 4 Reference Group meetings	March 2014	HISG funding



Strategic Objective 3 – Outcomes 4 to 10

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value (inc date)	Performance measure/s	Target/s	Timescale	Inputs / resources required
Explore the feasibility of using a time-banking approach to food and health activity within communities	LCHIF VCE	Pilton Food Forum	Impact of Pilton Food Forum on networking opportunities & sharing of resources	Evaluation Report	March 2014	HISG funding
Training the trainers courses	Food and Health Training Hub	Training programme	Maintain participation rates in training the trainers courses	Provide 16 training courses for practitioners to 155 participants	March 2014	HISG funding
				Provide 2 training courses for practitioners working with older people	March 2014	HISG funding
				Provide 20 REHIS Food Hygiene courses to 160 participants	March 2014	HISG funding
				Provide 15 REHIS Food and Health courses to 120 participants	March 2014	HISG funding

Strategic Objective 3 – Outcomes 4 to 10

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value (inc date)	Performance measure/s	Target/s	Timescale	Inputs / resources required
Promote a positive culture towards breastfeeding through working with preschool settings such as nurseries to develop educational resources that promote breastfeeding	Infant Feeding Advisor	Training Programme	Delivery of training	Provide 10 training sessions per year to 100 participants	2013-15 Annual review	HIF funding ECHP
Work with key partners organisations to explore ways in which they can make their premises breastfeeding friendly	Infant Feeding Advisor	Training Programme and award criteria	Increase in number of Breast friendly awards made	20 awards per year	2013-15 Annual review	HIF funding ECHP
Liaise with educational establishments to review opportunities for including breastfeeding education in school curriculum	Infant Feeding Advisor	Opportunities to link with school curriculum	Increase in number of schools engaged with	5 schools per year	2014-15 Annual review	HIF funding ECHP
Fund the delivery of training to support the implementation of national Nutritional Guidance for the early years	ECF/NHS Lothian	Training resources produced	Course materials produced	Training resources produced	2013	HIF funding
		3 Nutritional Guidance for Early Years courses	Maintain number of courses & number of participants : increased knowledge and skills	Provide 3 Nutritional Guidance for Early Years courses delivered to 28 participants	2013-14	HIF funding

**PRIORITY OUTCOME 6** Reduced rate of increase in level of obesity among disadvantaged people

**To increase access to and the knowledge and skills to make healthier and safe food choices within priority groups / geographical areas**

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value (inc date)	Performance measure/s	Target/s	Timescale	Inputs / resources required
<b>3.1 Increase uptake of healthy food choices within the home</b>						
Support the delivery of healthy cooking courses to vulnerable groups:	Food and Health Training Hub	Provision of 51 courses	Provision of courses to vulnerable groups	Provision of 65 courses to 600 participants	Annual review	HISG funding
	Cyrenians	Provision of 104 healthy cooking classes	Provision of basic cooking classes, nutrition & budgeting to homeless people	Provision of 104 classes to 60 individuals	Annual review	HIF funding
		Provision of 24 follow on sessions		Provision of 24 follow on sessions to 60 individuals	Annual review	HIF funding

Strategic Objective 3 – Outcomes 4 to 10

3.2 Increased access to healthy food choices						
Development of and support for the community food co-op network across Edinburgh	Food and Health Training Hub	10 Food Co-ops	Increased participation in food and health activities in communities	12 community food co-ops providing access to fresh produce to an average of 320 local people	Annual review	HISG funding
				6 support and development sessions for community food co-ops	Annual review	HISG funding
				20 new community food co-op volunteers trained	Annual review	HISG funding
Support homeless projects receiving deliveries under the Fareshare Franchise food redistribution	Cyrenians	Fareshare deliveries to 30 organisations per week	Improved choice and increased nutritional value to homeless and socially excluded individuals	Fareshare deliveries to 30 organisations per week	Annual review	HIF Funding
Established fruit and vegetable retail outlets in NHS premises	Food and Health Training Hub	5 NHS Lothian outlets	Maintain & increase number of NHS Lothian outlets	6 NHS Lothian outlets	Annual review	HIF Funding

Strategic Objective 3 – Outcomes 4 to 10

**PRIORITY OUTCOME 7** Reduced prevalence of smoking among disadvantaged people

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value (inc date)	Performance measure/s	Target/s	Timescale	Inputs / resources required
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In light of the new strategy [Creating a Tobacco Free Generation](#) NHS Lothian is currently in process of formulating action on prevention

**PRIORITY OUTCOME 8** Reduced damage to physical and mental health from misuse of alcohol, drugs and associated violence

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value (inc date)	Performance measure/s	Target/s	Timescale	Inputs / resources required
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ACTIONS THROUGH THE [Alcohol and Drug Partnership](#)

**PRIORITY OUTCOME 9** Reduced levels of anxiety and depression

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value (inc date)	Performance measure/s	Target/s	Timescale	Inputs / resources required
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Strategic Objective 3 – Outcomes 4 to 10

Reduced levels of anxiety and depression  *Interface with Mental health Forum to be discussed: Health Inequality actions re mental health include social capital, physical activity, greening.	TBC *	TBC	Average score on the short version of the Warwick-Edinburgh Mental wellbeing scale (IS 6.2.20)	TBC	Annual Review	Data needs to be located
Actions are taken through the Mental Health Forum and their Joint strategy for mental health <a href="#">A Sense of Belonging</a>						

**PRIORITY OUTCOME 10** Improved sexual health and reducing the damage to physical and mental health from sexual abuse

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value (inc date)	Performance measure/s	Target/s	Timescale	Inputs / resources required
Sexual Health Actions are taken through the <a href="#">Sexual Health and HIV Strategy</a>						
Sexual abuse actions are taken through the Violence against Women Partnership, and a city strategy will be informed by the new national strategy scheduled to be published by the end of 2013.						
For adults at risk of harm, including sexual abuse, the Edinburgh, Lothian and Borders <a href="#">Multi-Agency guidelines and Adult Protection Procedures</a> provide guidance.						

## Strategic Objective 4

Ensure a healthy standard of living for all

**Priority Outcome 11:** Groups at risk of poor health outcomes have increased incomes due to improved access to income maximisation services and advice on problem debt levels

A healthy standard of living is recognised as a critical factor for health outcomes, showing the clear link with the city economy. Reducing health inequality depends not only on creating wealth to the city, but on a fairer distribution which does not leave substantial communities facing barriers which prevent them achieving a healthy standard of living. This also connects with the objectives for children and young people, where the Children’s Partnership takes a lead role ensuring that all young people prepare to enter adult life, gaining the skills, aptitudes and personal qualities which will enable them to lead positive and productive adult lives. There is a strong correlation between under-achievement at school and unemployment, and thus inequality in social, economic and health outcomes.

The outcome identified by the Community Health Partnership to contribute to this objective alongside the programmes in other partnerships is that groups at risk of poor health outcomes have increased incomes due to improved access to income maximisation services and advice on problem debt levels.

### Contribution to Scottish Government National Outcomes

The local priority outcomes for health inequality directly contribute to the delivery of National Outcomes 6, 7, 9 and 14. Visit the Scottish Government [website](#) for further information on [National Outcomes](#):

- 6 We live longer, healthier lives
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Strategic Objective 4 – Outcome 11 and outcomes from other partnership/s

The following table sets out the actions and measures we will use to assess performance for outcome 11.

**Priority Outcome 11: Groups at risk of poor health outcomes have increased incomes due to improved access to income maximisation services and advice on problem debt levels**

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value (inc date)	Performance measure/s	Target/s	Timescale	Inputs / resources required
ACTIONS THROUGH THE <a href="#">Economic Development Partnership</a>						
Groups at risk of poor health outcomes have increased incomes due to improved access to income maximisation services and advice on problem debt levels	HISG	Not in SOA 2013-16 – data needs to be located	Median earnings for workforce based in the local authority area (IS 6.2.9)  Gender pay gap (IS 6.2.10)  Proportion of households that have some savings (IS 6.2.55)  Proportion of households that are coping well or very well financially (6.2.56)	Again, these data are not disaggregated so can only show overall change		data needs to be located



Strategic Objective 4 – Outcome 11 and outcomes from other partnership/s

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value (inc date)	Performance measure/s	Target/s	Timescale	Inputs / resources required
<i>Advice sessions in GP surgeries For completion with funding agreement</i>			No of advice sessions Income gains	Targets from funding agreements		
<i>Advice sessions in HI supported advice services For completion with funding agreement</i>			No advice sessions Income gains	Agree targets from funding agreements?		
ACTIONS THROUGH THE <a href="#">Community Safety Partnership</a>						
<a href="#">Income maximisation service</a> actions for Council tenants <a href="#">CEC Advice Shop</a> actions for all Edinburgh residents						
ACTIONS THROUGH THE <a href="#">City Housing Strategy</a>						
ACTIONS THROUGH THE <a href="#">Neighbourhood Partnerships</a>						

Strategic Objective5 – *Outcomes from other partnership/s*

### Strategic Objective 5

Give every child the best start in life; and enable all children and young people to maximise their capabilities and have control over their lives

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value (inc date)	Performance measure/s	Target/s	Timescale	Inputs / resources required
ACTIONS THROUGH THE <a href="#">Children's Partnership</a>						
{HYPERLINK} ACTIONS THROUGH THE <a href="#">Community Learning &amp; Development Partnership</a> SS emailed Dawn Kelly 23.4.13						
ACTIONS THROUGH THE <a href="#">Compact Partnership</a>						
ACTIONS THROUGH THE <a href="#">Neighbourhood Partnerships</a>						

Strategic Objective 6– *Outcomes from other partnership/s*

## Strategic Objective 6

Create fair employment and good work for all

Actions (incl. target group, target area, where relevant)	Lead Responsibility	Milestone/s: Current value (inc date)	Performance measure/s	Target/s	Timescale	Inputs / resources required
ACTIONS THROUGH THE <a href="#">Economic Development Partnership</a>						
ACTIONS THROUGH THE <a href="#">Joined up for Jobs Strategy Group</a>						
ACTIONS THROUGH THE <a href="#">Operational Low Pay Group</a>						
{HYPERLINK} ACTIONS THROUGH THE Welfare Reform Strategic Group Paul, nothing on the web could you ask your contact through the group please?						
ACTIONS THROUGH THE <a href="#">City Housing Strategy</a>						
ACTIONS THROUGH THE <a href="#">Neighbourhood Partnerships</a>						

Draft