

APPENDIX 1 Evidenced based actions and their funding requirements 2006

| Topic | Ref | Actions | Funding requirements | Notes |
|---------|-----|--|----------------------|---|
| Smoking | 1.1 | Provide an evidence-based smoking cessation service in Lanarkshire, which is cohesive and stable, with sufficient capacity to help smokers to stop, including health service personnel, and meets the 2004 national guidelines. | None | Funded through the Lanarkshire Smoking Cessation Advisory Group as per 'Tobacco Control in Lanarkshire' business case. Funding also available through Prevention 2010 |
| | 1.2 | Ensure the smoking cessation service caters for the diversity of local populations in its marketing and service delivery, including provision for smokers whose first language is not English or who have communication difficulties such as severe deafness. | | |
| | 1.3 | Provide smoking cessation services in each of the three district general hospitals. | | |
| | 1.4 | Prioritise the Scottish Executive's three target groups: a) pregnant women b) young people c) adults on low income while recognizing that all smokers are the potential recipients of a coherent smoking cessation service. Find ways of engaging more effectively with these target groups. | None | Regeneration monies will be used to explore different methods of targeting and engaging these groups. These developments will be aligned with current service provision. Prevention 2010 is also of relevance |
| | 1.5 | Train NHS acute and community staff in accordance with national guidelines to provide brief interventions to smokers, and maintain a database of their training and training needs. | None | Funded through the Lanarkshire Smoking Cessation Advisory Group as per 'Tobacco Control in Lanarkshire' business case. Funding also available through Prevention 2010 |
| | 1.6 | Record smoking status routinely in primary care and hospital settings and use this as an opportunity for the provision of brief interventions by health care staff. | | |
| | 1.7 | Provide smoking cessation services in a range of settings, thereby improving their accessibility to clients. | | |
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| | 1.8 | Monitor and evaluate the smoking cessation service and all other smoking cessation activities to ensure they are effective. | | |
| | 1.9 | Look for training opportunities for NHS and non NHS staff to enable them to provide specialist motivational support in their work settings e.g. health visitors, school nurses, school pastoral care staff. | 20K per annum for 3 years in the first instance | Funding required to support commissioning of targeted Maudsley training and evaluation of its effectiveness in the localities. Generic training in Brief Interventions for all staff. Prevention 2010 of relevance |
| | 1.10 | Develop a communication strategy to promote no smoking and to inform the public of the smoking cessation service and how to access it. | 30 K approx for social marketing and resources | To be taken forward by the Smoking Cessation Advisory Group, in partnership with other key agencies and the community. |
| | 1.11 | Continue smoking prevention activities in schools and on National No Smoking Day. | | |

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| Healthy Eating | 2.1 | Complete UNICEF based training for all midwives and health visitors. | 6K | 2 courses for 40 staff. |
| | 2.2 | Gain commitment to UNICEF/Baby Friendly Community Initiative in all localities. | 50-60K over 3 years | All 10 localities likely to be achieved over some years. |
| | 2.3 | Develop Infant Feeding Policy and Guidelines to ensure consistent, evidence-based information and advice is given by health professionals. | 8K | Printing 500 copies. |
| | 2.4 | Provide training and support for health visiting teams to allow them to deliver practical cooking skills courses with groups of parents, thereby increasing parents confidence and knowledge to prepare healthier foods. | 6K per annum for 3 years. | Funding requested to match funding that which has already been committed through NL and SL Regeneration. |
| | 2.5 | Promote Health Promoting Nursery Award Scheme in all early years establishments. | None | Delivered by HP nursery team in partnership with NL and SL Councils. |
| | 2.6 | Encourage provision of healthy snacks and lunches in preschool, primary schools and secondary schools meeting approved national standards. | None | Public Health Nutritionist is taking this forward with both NL and SL Councils through Hungry For Success. |

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| | 2.7 | Provision of brief intervention to change diet and reduce cholesterol in primary care and in the workplace. | Fixed term training post to offer motivational interviewing training for a range of lifestyle behaviours. 45K approx per annum for salary and training resources. | Motivational interviewing currently offered through the Health Promotion Core training programme five times a year: demand exceeds supply. |
| | 2.8 | Continue to support community food initiatives, such as breakfast clubs, healthy eating in nurseries and schools aimed at improving diet of low income families. | None | 100K commitment already made. |
| | 2.9 | Ensure NHS premises have healthier food choices to ensure consistent messages on healthy eating, not only for children, but the wider population. | None | Public Health Nutritionist is taking this forward with NHS partners. |
| | 2.10 | Develop a childhood obesity strategy including preventive measures and potential treatment options, based on current evidence. | No funding required at present. | Funding requirements will be identified in strategy. |

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| Physical activity | 3.1 | Ensure proactive, multi-faceted approach, maximising the impact on general levels of physical activity as well as among those at greatest risk or 'hard to reach'. | 8K required to support the evaluation of Active Futures (Big Lottery programme) in NL. | Being taken forward through Physical Activity Taskforce (NL) and the Physical Activity Working Group (SL). |
| | 3.2 | Support whole school approach to promotion of physical activity including appropriately designed P.E. curricula. | None | Being taken forward through Physical Activity Taskforce (NL) and the Physical Activity Working Group (SL). |
| | 3.3 | Ensure that front line health care professionals can provide physical activity advice supported by written materials and that they are helped to deliver such advice. | 20K (approx) | Integrated programme requires to be developed to take forward 3.3 to 3.4. |
| | 3.4 | Promote and expand the use of exercise referral schemes. | | |
| | 3.5 | Promote the use of behavioural models such as the stages of change model to teach individuals behavioural skills to improve their levels of physical activity. | Link to 2.7 above – one post to develop staff skills across a range of lifestyle behaviours. | Motivational interviewing currently offered through the Health Promotion Core training programme five times a year however demand exceeds supply. |
| | 3.6 | Use established links to implement effective interventions to improve levels of physical activity across the range of groups in the community. | None | Being taken forward through Physical Activity Taskforce (NL) and the Physical Activity Working Group (SL). |

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| | 3.7 | Promote walking or other non-facility dependent physical activity, particularly in the sedentary population, such as the 'green gyms'. | None | <p>3 year commitment made to both Councils in 2004.</p> <p>10K already allocated in HP Core budget to support Green Gyms in North Lanarkshire.</p> <p>10K already allocated in HP Core budget to support 'Walk a Little, Live a Lot' in South Lanarkshire</p> |
| | 3.8 | Introduce 'point of decision prompts' (use stairs rather than lifts) in public environments. | 5K (approx) | To be developed. |

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| Mental health | 4.1 | Continue to raise awareness of mental health and wellbeing and promote through training, seminars and development of resources. | 45k approx for Senior Health Promotion Officer (Mental Health) post | Business case to be developed for Senior Health Promotion Officer (Mental Health) post and associated resources. |
| | 4.2 | Support partners to implement evidence-based practice, including the planning, monitoring and evaluation of mental health improvement initiatives. | | |
| | 4.3 | Continue to reduce stigma and discrimination experienced by people who have mental health care needs, via the Lanarkshire See Me Partnership. | No additional funding required for 2006/07. | 10K already allocated from 2005/06 slippage, 5K from each local authority and 10K from Scottish Executive. Partnership will develop the See Me campaign through existing health promoting frameworks such as SHAW and HP Schools. |
| | 4.4 | Continue to implement the two Lanarkshire Choose Life Suicide Prevention Action Plans, including delivery of training, development of resources and awareness raising activities. Contributing to development of the next phase of the Action Plans, taking account of local needs and the additional Choose Life funding allocated to Local Authorities to hold on behalf of their Community Planning partners for 2006/7 - 2007/8. | None | Funding allocated from Scottish Executive to North and South. Lanarkshire Councils. NHS partners provide support and influence spend. |
| | 4.5 | Promote recovery from mental ill health by further developing services that are designed to promote wellbeing, social development, social inclusion and recovery for people with mental health care needs. | None | Will be taken forward through the Mental Health Joint Futures Group and will utilise some of the funding allocated under 7.3. |
| | 4.6 | Develop a Lanarkshire Mental Health Improvement Strategy. | No additional funding required at present if SHPO post filled (see 7.1 above) to support strategy development | Strategy development will be led by Mental Health Promotion Group. |

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| | 4.7 | Continue to develop and promote the Lanarkshire Mental Health and Wellbeing Website. | 5k approx | Website developed but will need to be maintained and reviewed. |
| | 4.8 | Further implement the mental health indicators of the new General Medical Service Contract to improve the physical health, co-ordination of care and medication management of people with mental health care needs. | None | To be led by Programme Manager (Mental Health Needs Assessment and Service Development). |
| | 4.9 | Support the development of Community Health Partnerships in the promotion of good mental health, the prevention of mental illness and the provision of effective services that promote recovery. | No additional funding required present if SHPO post filled (see 7.1 above). | To be led by Programme Manager (Mental Health Needs Assessment and Service Development) and Senior Health Promotion Officer (Mental Health). |
| | 4.10 | Ensure that work to advance the diversity and equality agenda is incorporated as an integral part of developments in the promotion of mental health and provision of mental health care. | None | The National Resource Centre for Ethnic Minority Health have committed 10 days to support the development of this agenda in NHS Lanarkshire. |
| | 4.11 | Take account of developments in the National Programme, such as the evidence into practice agenda, evaluation, keeping people informed and sharing and learning, all key National Programme support activities. | No additional funding required at present if SHPO post filled (see 7.1 above) to undertake these support duties. | |

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| Alcohol | 5.1 | Raise awareness among the local media as well as individuals of the harm caused by excess alcohol consumption. For all too many, drinking to get drunk is too readily accepted. | The ADAT strategy and associated funding streams is currently being reviewed and a revised strategy for 2006-2010 will be available in late 2006 supported by a full financial framework. | Progress through SHAW and Healthy Working Lives |
| | 5.2 | Encourage the further development of national policies moderating access to alcohol and levels of consumption: fiscal policies, liquor licensing practices, alcohol and driving policies. | | |
| | 5.3 | Ensure effectiveness of school-based preventative educational programmes by making certain they are interactive and involve peers, parents and community. | | |
| | 5.4 | Support 'Street Base' which has been successful in engaging young people in alternative activities that do not include alcohol consumption and which also makes communities safer, and extend to other areas in Lanarkshire. | | |
| | 5.5 | Support the development of other Community Safety/Community Learning Initiatives with detached youth workers. | | |
| | 5.6 | Train GPs, practice nurses, obstetricians and A&E staff to identify signs and symptoms of alcohol misuse and manage people with needs related to alcohol use using motivational interviewing techniques to ensure that those in need can be referred without delay for the relevant treatment. | | |
| | 5.7 | Target the workplace which provides access to young adults with disposable income. Encourage workers who do not consider themselves ill or even at risk to consider how their lifestyle might impact on their health. | | |

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| | 5.8 | Reduce the impact of alcohol-related brain disease by encouraging the development of a tool for earlier identification of patients with this condition, and encourage the routine early use of thiamine in their treatment. | | |
| | 5.9 | Support ADAT who are working with Community Safety Partnerships and Licensing Boards in each Local Authority area to support the implementation of the Licensing Principles aimed particularly at reducing availability and restricting excessive alcohol consumption, especially in the young. | | |
| | 5.10 | Improve services by encouraging evaluation and regular audit. | | |

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| Sexual Health | 6.1 | Provide accessible, readily available current information on sexual health using a range of tested methods. | Will all be able to be met through recurring BBV funding and Sexual Health funding allocated from the Scottish Executive. | The sexual health strategy and action plan requires to be endorsed by key partners in 2006 and proceed to implementation. Assumption that vacant Senior Health Promotion Officer post (BBV and Sexual Health) will be filled allowing the capacity to deliver on the recommendations. |
| | 6.2 | Support the appropriate training of teachers and other professionals working in schools who have an obligation to provide sexual health and relationships education ensuring young people receive appropriate information in a relevant format. Pay particular attention to vulnerable young people such as those who are 'looked after and accommodated' and school non-attenders. | | |
| | 6.3 | Respond to cultural, ethical and spiritual needs in developing and delivering sexual health education and services, including information on the consequences of sexually transmitted infections. | | |
| | 6.4 | Develop the skills of parents and carers to discuss sexual health matters. | | |
| | 6.5 | Develop and implement a training plan to meet the needs of staff in NHS Lanarkshire and partner organisations identified in the BBV and Sexual Health Training Needs Assessment. | | |
| | 6.6 | Further develop plans for integrating sexual health services comprising sexual health promotion, family planning and genito-urinary medicine, including self-referral in line with national policy. | | |
| | 6.7 | Promote positive sexual health through the 'Healthy Working Lives' strategy and other workplace initiatives such as employment training schemes and Return to Work schemes. | | |
| | 6.8 | Continue to provide condoms through distribution schemes at a range of access points, free of charge. | | |

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| | 6.9 | Ensure the provision of sexual health services in the community for those who may be discriminated against including lesbian, gay, bisexual and transgender people. Ensure sufficient information is available on the sexual health needs and outcomes for those who belong to minority ethnic communities. Take account of the different perspective of faith groups. Provide services which meet the needs of people with a learning or physical disability. | | |
| | 6.10 | Take account of results of research about sex workers currently accessing services in Lanarkshire. | | |

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| Oral health | 7.1 | Continue toothbrushing and diet programmes with pre-school children. | None | 110K already allocated through Community Dental Service. |
| | 7.2 | Provide training in oral health issues to the wider NHS and to parents/carers and other non-NHS workers who are involved with pre-school children. | None | Will be taken forward by the Senior Health Promotion Officer (Oral Health) and the Oral Health Strategy Group partners. |
| | 7.3 | Integrate oral health into the activities of School Nurses and Health Promoting Schools with toothbrushing programmes targeted at primary schools and support Local Authorities' dietary initiatives in schools. | None | Will be taken forward by the Senior Health Promotion Officer (Oral Health) and partners in line with the Oral Health Strategy Group. |
| | 7.4 | Expand Health Promoting School activities in secondary schools to ensure that oral health is a key component of activities as young people move from childhood to adulthood, are subject to major external influences and require support to avoid and resist health-damaging behaviours and support Local Authorities to provide healthy diet in schools | None | Will be taken forward by the Senior Health Promotion Officer (Oral Health) and partners in line with the Oral Health Strategy Group. |
| | 7.5 | Appoint an oral health coordinator to take forward training for health care staff and other care workers who care for older people. Include an oral health component in Single Shared Assessment tools. Provide individual care packages for older adults with special needs. | 30K required for Oral Health Coordinator post. | Post required to take forward all three components of 6.5. |
| | 7.6 | Meet oral health needs of adults with special needs, minority ethnic groups, homeless people, prisoners and those taking methadone as harm minimisation. | None | Will be taken forward by the Senior Health Promotion Officer (Oral Health) and partners in line with the Oral Health Strategy Group. |

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| | 7.7 | Create supportive environments conducive to oral health promotion in communities where factors such as food poverty, smoking and access to dental services lead to poor oral health. Develop an Oral Health Information Communication Strategy for communities across Lanarkshire. | None | Will be taken forward by the Senior Health Promotion Officer (Oral Health) and partners in line with the Oral Health Strategy Group. |
| | 7.8 | Provide supportive environments that are conducive to promoting oral health in the workplace. Support Local Authorities and the NHS to provide healthy food including health vending machines in all NHS and Local Authority establishments. | None | Will be taken forward by the Senior Health Promotion Officer (Oral Health) and partners in line with the Oral Health Strategy Group. |

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| Drugs | 8.1 | Provide drugs education as part of a wider lifestyle programme using peer educators where possible. | The ADAT strategy and associated finding streams is currently being reviewed and a revised strategy for 2006-2010 will be available in late 2006 supported by a full financial framework. | |
| | 8.2 | Continue to provide needle/syringe exchanges. Evaluate current service and make recommendations to enhance the existing service. | | |
| | 8.3 | Continue to prescribe methadone as a safer alternative to heroin. | | |
| | 8.4 | Ensure that staff are trained and supported to provide behavioural therapy, culturally sensitive counselling and family therapy to improve psychological wellbeing of young drug users, motivational enhancement, brief intervention, cognitive behavioural therapy and group psychotherapy for drug users. | | |

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| Ultraviolet radiation | 9.1 | Continue to work with key partners to raise awareness of the risk factors for skin cancer and melanoma, drawing on the evidence-based models developed in Australia and elsewhere. | 1K (approx) | To be taken forward by the Sun Awareness Working Group. Funding required to support initiatives such as resource development and local campaigns. |
| | 9.2 | Work with local authorities and other key partners to consider whether the local environment provides appropriate access to shade and sun protection and influence relevant policies accordingly. | None | To be taken forward by the Sun Awareness Working Group. |
| | 9.3 | Work with North and South Lanarkshire Councils to discourage use of sun beds and, where used, to regulate under Public Entertainment License. | None | To be taken forward by the Sun Awareness Working Group. |
| | 9.4 | Continue to offer awareness raising sessions for health professionals and community planning partners. | None | Currently delivered through the Health Promotion Training Programme. |
| | 9.5 | Develop guidance in the form of protocols detailing referral criteria for early detection of skin cancer for General Practitioners. | No additional funding required at present. | Current status to be reviewed through the Sun Awareness Working Group in partnership with Public Health. |