

National Health Demonstration Projects

Annual Report 2001



LEARNING TO MAKE A DIFFERENCE



SCOTTISH EXECUTIVE

Making it work together



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LEARNING TO MAKE A DIFFERENCE

Publication date April 2002



FOREWORD



Dr Mac Armstrong
Chief Medical Officer and Chair, National
Demonstration Project Steering Group

Welcome to the first annual report of the National Health Demonstration Project Programme, *Learning to Make a Difference*.

Despite real improvements, Scotland's health remains unacceptably poor. Scots are living longer and reaping the benefits of healthier lifestyles. Death rates from cancer and heart disease – our country's biggest killers – are falling. But Scotland still has one of the worst life expectancy rates in the developed world. Children who do not get the best start in life can show clear differences in both health and development by the age of 3 compared to those who do; children raised in deprived areas are more likely to die young. Scotland's high rate of unplanned teenage pregnancies remains a matter for immense concern; more young people are contracting sexually transmitted infections. Our position persists at, or near, the top of international 'league tables' of the major diseases of the developed world – coronary heart disease, cancer and stroke. This situation is unacceptable and largely preventable.

Recent progress – while certainly encouraging – should not obscure the size of the challenge that continues to face Scotland. We still have a mountain to climb, in particular to tackle the health gap between rich and poor.

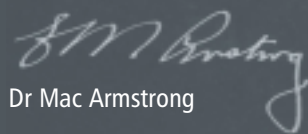
The promotion of public health and health improvement – and, specifically, the reduction of health inequalities – are at the heart of the Scottish Executive's programme for forging a confident, competitive and compassionate Scotland. To meet the enduring health challenge, the approach set out in the White Paper *Towards a Healthier Scotland* (and reinforced in *Our National Health: a plan for action, a plan for change*) envisages a three-level action plan. It focuses on priority health topics (including child health, sexual health, coronary heart disease and cancer). But it also recognises the need for concerted action to address broader determinants of health in terms of lifestyles and, crucially, life circumstances.

There are well-charted routes to better health for individual Scots but no quick or easy solutions for communities or the country as a whole. We have much to learn about how to make a real difference. We need to build on successes and learn from past failures.

Towards a Healthier Scotland, published in 1999, recognised these challenges and established four locally-based health demonstration projects in priority areas of child health, sexual health of young people, coronary heart disease and cancer, to act as testing grounds for action and a learning resource for the rest of Scotland.

This report provides a brief account of the Demonstration Projects' early achievements and their future potential. Already, Projects are generating useful, practical lessons and policy pointers. Lessons learned locally about what works – or does not work – and why, will help to inform health policy and practice throughout Scotland. The Scotland-wide Learning Networks – being established by the Public Health Institute of Scotland – are an exciting development that will bring together, and utilise, the wealth of experience that exists up and down the country.

On behalf of the National Demonstration Project Steering Group, I would like to express appreciation for the efforts and commitment of numerous organisations and individuals that are involved, in different ways, with the Demonstration Projects, and congratulate each of the Projects for the important progress they have made so far. As the report highlights, it has been no easy task. The Projects are testing new ground and, to some extent, we are all feeling our way. I hope that this report will contribute to the learning process, spreading awareness of what the Demonstration Projects are achieving – and how – and their potential to inform health policy and practice throughout Scotland.



Dr Mac Armstrong

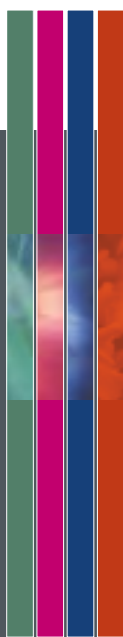
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'In Starting Well and Healthy Respect Case Studies, identifying information about individuals and families has been removed to protect confidentiality and for the same reason, the anonymity of the authors has been preserved.'



INTRODUCTION

The White Paper *Towards a Healthier Scotland* pledged £15 million over 3 years to support four National Health Demonstration Projects in priority areas of child health, sexual health of young people, coronary heart disease and cancer:

- **Starting Well** Demonstrating that child health in Glasgow can be improved by a programme of activities that both supports families and provides them with access to enhanced community-based resources. Aiming to give every child the best possible start in life.
- **Healthy Respect** Helping young people in Lothian develop a positive attitude to their sexuality and that of others, and a healthy respect for their partners, with the aim of reducing unplanned teenage pregnancies and sexually transmitted infections.
- **Have a Heart Paisley** Providing a uniting focus for action across a broad front to prevent coronary heart disease, promote good health and reduce health inequalities in Paisley, Scotland's largest town.
- **Cancer Challenge** Piloting a screening programme in the North East of Scotland for the detection of colorectal cancer which will study the public's willingness to become involved, will determine how best to screen the general population and, if feasible, will be developed into a national screening programme.

Although each Demonstration Project has specific aims and objectives, appropriate to its own topic, all share certain key principles including:

- an emphasis on reducing inequalities in health and tackling adverse life circumstances
- getting health high on political, organisational, professional and public agendas
- communication and partnership working, within and across sectors and between levels
- community participation
- blending evidence-based practice with steps that break new ground.

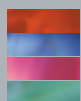
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The purpose of the locally-based Demonstration Projects is to act as a testing ground for national action and a learning resource for the rest of Scotland. Each project is being independently evaluated to identify lessons for policy and practice. Scotland-wide Learning Networks are being established to help share lessons learned locally about what works – or does not work – and why.

The Demonstration Projects were awarded following a two-stage selection process, overseen by a National Steering Group. Priority was given to bids that stimulated collaborative, multi-agency, multi-disciplinary working and added value to existing activity.

The Starting Well, Healthy Respect and Have a Heart Paisley projects were launched during October and November 2000. Cancer Challenge got underway in March 2000, as part of a UK-wide pilot.

This report provides an overview of Starting Well, Healthy Respect and Have a Heart Paisley's progress in their first year. It highlights Projects' key achievements as well as obstacles and challenges that they have faced and overcome. It provides a brief flavour of what Projects might demonstrate to inform health policy and practice and highlights some of the early lessons that have emerged. The report also provides a brief update on Cancer Challenge's progress since its launch in March 2000.



For more information on the National Health Demonstration Project Programme and individual Projects, log onto www.show.scot.nhs.uk/demonstrationprojects. Contact us with your questions or comments at demonstrationprojects@scotland.gsi.gov.uk.



DEMONSTRATING THAT CHILD HEALTH IN GLASGOW CAN BE IMPROVED BY A PROGRAMME OF ACTIVITIES THAT BOTH SUPPORTS FAMILIES AND PROVIDES THEM WITH ACCESS TO ENHANCED COMMUNITY-BASED RESOURCES. AIMING TO GIVE EVERY CHILD THE BEST POSSIBLE START IN LIFE.



STARTING WELL

About Starting Well

Led by the Glasgow Healthy City Partnership (with partner organisations representing a range of statutory, voluntary and academic interests), Starting Well combines a programme of intensive home-based support (provided by Health Visitors and Health Support Workers) with a strengthened network of community-based support services for children and their parents. Starting Well is being implemented in two areas of Glasgow (the Gorbals, Govanhill and North Torglen as well as Greater Easterhouse) which have a total population of around 64,000. The Project will provide intensive support to approximately 1,800 families over a 3-year period.

Key achievements

Intensive home support

Starting Well's first year has seen a period of intense development. Much has already been achieved:

- by December 2001, Starting Well's Health Visitors were providing intensive home support to over 600 families – early success stories have been reported
- there is a high degree of acceptance in the local community for the project – 98% of eligible families have agreed to take part
- innovative operational protocols, including a Family Health Plan and Core Visiting Schedule – have been developed, allowing Health Visitors to work in different ways with families
- an innovative partnership management model for the Project's Health Support Worker component has been developed in partnership with One Plus, a voluntary sector organisation, enabling lay Health Support Workers to fulfil a vital role in supporting families: the first lay workers took up post in early 2002
- innovative practice guidelines have been developed in partnership with Greater Glasgow Primary Care Trust and the University of Paisley, to inform, guide and improve practice.

INTENSIVE HOME SUPPORT

Starting Well's Health Visitors and Health Support Workers are providing intensive home-based support to all families with new babies in the Project's target areas. The focus is on parenting and the provision of practical support. Ideally, contact begins in the ante-natal period. A Family Health Plan is mutually agreed with individual families. Participating families are supported to make better access to local services and agencies. As Alice Mitchell, Health Visitor Co-ordinator in Glasgow's South Side explains, 'Health Visitors naturally have a link into a family with a young child. That link may be reduced as the child matures and the family become more confident and accustomed to living with a new baby. However, in some circumstances there are still parenting issues that the family need support to get through. These could include establishing breastfeeding, helping to get the baby into a sleeping pattern, accessing essential safety equipment as the child begins to crawl and walk, information on what groups are available locally, through to providing specialist health care services if required.'



MARY AND JIM – A CASE STUDY BY A STARTING WELL HEALTH VISITOR

Mary is 21 years old and has four children under the age of 5 years. She had a good relationship with her own parents. While at school, she persistently truanted. Although Mary was considered very intelligent, she did not achieve any academic qualifications. Mary married at 17 years and her two oldest children were born during this relationship (a daughter, now aged 4 years and a son, aged 3 years). As a result of marital problems, Mary separated shortly after the birth of her son and became homeless. She subsequently met a new partner, the father of her second son, now aged 19 months. This partner had a history of drug abuse and crime and was very controlling in his relationship with Mary. The Social Work Department became involved through the Homelessness Team and there were specific concerns regarding child neglect. A Supervision Order was put in place. Mary's relationship with her partner ended and he was imprisoned. Shortly after, Mary entered into a new relationship with Jim, who also has history of drug abuse. (However, he denies any abuse at present.)

During the antenatal visit, there was an open discussion with Mary and her partner regarding the Starting Well Project. The Supervision Order was discussed in detail and both parents stated that they would like to have the Order reviewed and removed. Jim was hostile toward the Social Work Department and was abrupt in manner. However, he was willing to accept intensive Health Visitor input. The family was encouraged to register with a GP; the uptake of antenatal care was encouraged and expectations of parental commitment to childcare were discussed. At the same time, I encouraged the parents to discuss both dampness in their home and a broken window with the landlord. The dampness has now been treated. A referral to the local Safety Project was completed.

During subsequent home visits, it was observed that there were few toys around and that the parents appeared to be very strict with the children and to have high expectations of their behaviour. I demonstrated positive praise and valuing of children at visits and discussed and praised nice drawings with the children and encouraged Mary to display them. I also discussed the concept of positive parenting and the importance of developing realistic expectations about children's behaviour. Following the visits, Mary's positive approach was becoming evident. Books and drawing materials are now in evidence in the home and the children are now encouraged to sit and draw pictures (which are later displayed on the walls).

Mary's fourth baby, a girl, is now 5 months old. This involvement with the Starting Well Project is the longest the family has ever had a Health Visitor. All the children are up to date with Immunisation and Developmental Assessments. Further, they are all registered with a local dentist.

Mary states that she would like to attend night school. The family Social Worker has been involved with Mary for many years and has noted marked improvement in home circumstances and parenting. The Supervision Order is being reviewed.

Enhancing community support

Starting Well is based on the concept of a 'vulnerable community' as opposed to the concept of vulnerable families. Community ownership and support is vital to the Project's eventual success. In tandem with its intensive home-based support programme, Starting Well is enhancing existing networks of community-based support services. These networks are complementing existing services and will maximise the potential skills and energies within the target communities.

Local Implementation Groups have been set up to provide local direction for the Project in each area, along with affiliate schemes to co-ordinate the activities of pre-5 services in each area. Local development funds are enhancing the community-based support available to participating families. Starting Well is being integrated into existing local partnership arrangements and efforts are being made to connect with relevant health and social policy initiatives, such as Sure Start Scotland.

Examples of local activity that Starting Well's Local Implementation Groups are supporting include the Bookstart initiative, extension of existing toy library facilities, local 'drop-in' sessions and community recreation initiatives. As Linda Muirhead, a local parent from the Gorbals, notes, 'In our area, there is little for children to do in the evenings.' Linda is organising Bookstart in the area and the initiative is gaining momentum. 'There is good feedback from parents who may not have realised how important it is to read to young children.'

REHANA and MOHAMMED – A CASE STUDY BY A STARTING WELL HEALTH VISITOR

Rehana is a 36-year-old married woman and mother of 3 children: Usman (5 years), Bilal (3 years) and a new baby girl, Faizah (3 months). Both Rehana and her husband, Mohammed, are from Pakistan. Although Rehana speaks little English, she does appear to have good comprehension of the language. The family's previous health visiting experience involved a primary visit to the family home after the birth of the first two children. Continued support was in the form of a 10-15 minute consultation in a busy Clinic environment.

The first and second visit to the home proved to be difficult due to the language barrier. Basic information on the baby's feeding and sleep patterns was obtained, though it was impossible to widen the scope of discussion to any other topics involved in health promotion. The Bilingual Worker was introduced to the family on the third visit. Immediately, a vast improvement on the effectiveness of the visit was noted. Not only was it possible to discuss fully all parental concerns of the new baby (skin rashes, feeding problems, Developmental Assessments and future Immunisations), so too was it possible to discuss the well-being of the other siblings.



Challenges faced

Starting Well has made good progress in its first year. However, it has not been an easy road. Early challenges have included:

- developing robust partnership working arrangements
- recruiting sufficient Health Visitors to deliver the programme
- developing a management model for the Health Support Worker component of the Project
- managing changes in professional and organisational practice.

Successful resolution of these challenges has depended (and continues to depend) on effective partnership relationships, shared ownership of the Project with key partners and effective communication.

Informing health policy and practice

Fundamentally, Starting Well aims to demonstrate that a programme of intensive home support and enhanced community support **can make a real difference** to child and family health in vulnerable communities. The Project will offer important lessons regarding:

- effective strategies and interventions to improve child and family health (e.g. the effectiveness and acceptability of a programme of intensive home visiting and enhanced community support in a Scottish context)
- how to work in partnership with other agencies and disciplines and with local communities to make a real step-change in the health of Scotland's children
- organisational development issues (e.g. what is an effective organisational model for intensive support to vulnerable families and how best to deliver this; and the benefits of joint assessment processes)
- how to facilitate change (at professional and organisational levels).

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Rehana had major concerns about Bilal's behaviour. Introduction to the Triple P 'tip sheets' was possible, as well as referral to an existing Behaviour Management Group. Rehana also requested an extended nursery placement for Bilal and this was made possible through discussion with Govanhill Action for Parents (GAP).

As part of the needs assessment of the family, it was suggested that they be referred to the local Safety Initiative. Within three weeks, the family received a fireguard, a secure lock for their main door, a 'spy' hole for the door and a security gate for the kitchen.

Throughout this time, the relationship (through the Bilingual Worker) between the mother and myself grew in trust. Rehana sought advice on parenting on many occasions. She also commented that she enjoyed the regular contact. The Bilingual Worker managed to introduce the idea of community events to Rehana. On the most recent visit, Rehana requested further information on a local Drop-In Centre, and expressed a desire to attend the Toy Library and Patch, a local parenting initiative.

A key aspect of Starting Well involves Health Visitors working in a different way with families. *Nursing for Health* (Scottish Executive, 2001) set out the future shape of public health nursing practice with families with young children, based upon acting as a resource to the family and targeting efforts to support those with particular needs. Starting Well will help inform the implementation of that vision. Already important learning is emerging regarding:

- how the Starting Well model differs from routine health visiting, what training is required to implement the model and how it is best delivered
- how to ensure that families are active participants in their own health by increasing families' understanding of their health needs and working in partnership with families to address these
- families' support needs (including the specific support needs of ethnic minority families)
- how to effectively delegate and make use of others' skills (such as Nursery Nurses) and the value of new roles, such as lay Health Support Workers
- the benefits of a Family Health Plan and home visiting guidelines
- how to support effective parenting
- how to develop and implement evidence-based practice.

Early lessons

Realistic timescales: Starting Well was established within a relatively short period of time. As a result, understandable confusions and unnecessary tensions were created.

- With a longer development period and the opportunity for greater 'ownership' among all members of the Project Team, these difficulties may have been prevented or significantly reduced.

Change management: The introduction and integration of a major project among existing Primary Care Services is a complex and difficult task. Even with extensive consultation and communication strategies, the potential for misunderstanding and confusion is significant.

- Intense efforts must be spent in the planning and early development stages of a project of this size to ensure that consultation and communication are as effective as possible.

Legal issues: The introduction of lay Health Support Workers to the Project was delayed for a number of reasons, including the decision to place the contract within the voluntary sector and the time needed to develop and agree new legal documents.

- The learning acquired through this lengthy process (principally through the development of a legal contract that could be adapted in other settings) will be of value in any attempt to replicate this model.



Looking to the future

Establishing the Starting Well project over the past year has been a challenging exercise. The Project has overcome a range of strategic and operational hurdles. While meeting each hurdle, Starting Well has also been attempting to provide a quality service to those families that have been recruited. It has been said that what the Project has attempted to do is to build a car and drive it at the same time. With project structures and processes in place and the recent introduction of Health Support Workers to the Project, the car now seems to have been built. Starting Well's continued task is to keep the car moving safely forward. Key milestones in coming months include the launch and implementation of evidence-based practice guidelines. Challenges in Year 2 are to:

- address ongoing recruitment difficulties
- successfully integrate lay Health Support Workers, Nursery Nurses and other staff into the Primary Care Team
- strengthen community links
- make effective links with other professionals and voluntary sector organisations
- continue efforts to develop more joint approaches to in order to ensure that services are genuinely 'joined up'
- strengthen evaluation capacity to ensure that important lessons are captured.

SHONA – A CASE STUDY BY A STARTING WELL HEALTH VISITOR

Shona is a mother of three and is in her early twenties. She has a child of 5 years (Findlay), who was born prematurely and who has cerebral palsy. The second child is 4 years old (Catriona) and has some mild developmental delays and behaviour difficulties. Shona has recently had a new baby boy (Callum) who is fit and well. She currently lives alone in a three-bedroom ground floor council flat. There is good support from the extended family that live nearby. Shona likes the area she lives in but the flat is not suited to Findlay's needs.

Due to practical problems, Shona finds it difficult to access Clinic services. Through being able to visit frequently at home, I have been able to provide in-depth information to Shona on the normal health and developmental progress of Callum, which is entirely different to her previous experience of health care. Callum was a big baby and Shona felt some pressure to introduce solids at around 10 weeks of age due to his frequent need for formula milk feeds. We discussed the reasons why weaning was recommended at 16 weeks, and Shona was aware of the possible indications that Callum was not ready for solid food. After about a week, Shona informed me that she stopped solid food (as Callum seemed to have stomach upsets which had not previously troubled him) and he continued on milk feeds until 15 weeks.

Through the family health assessment process (facilitated by and recorded in the Family Health Plan), Shona expressed a need for a short break with the children, but was anxious about finding a place that would be able to cope with Findlay's particular problems. We were able to link with the resource worker at the local Child Development Centre to find a charity that offered a week break at a centre that regularly catered for children with special needs. We have also begun to use some Triple P resources within the home, specifically the video and workbook, to help Shona address her concerns over how she manages Catriona's behaviour. In recent visits, Shona has begun to discuss her past relationships and the abuse she has suffered. I feel that the development of the level of trust necessary for Shona to be able to discuss these issues has been facilitated through the amount of time we have been able to have together through intensive visiting and in regular telephone discussions. In the future, I will be able to continue to offer her this support.



HELPING YOUNG PEOPLE IN LOTHIAN DEVELOP A POSITIVE ATTITUDE TO THEIR OWN SEXUALITY AND THAT OF OTHERS, AND A HEALTHY RESPECT FOR THEIR PARTNERS WITH THE AIM OF REDUCING UNPLANNED TEENAGE PREGNANCIES AND SEXUALLY TRANSMITTED INFECTIONS.



HEALTHY RESPECT

About Healthy Respect

Healthy Respect, as its name implies, is centred around self-esteem and confidence, two of the common denominators that enable and empower young people to make informed choices about their relationships and behaviour. Healthy Respect is not about encouraging young people to have sex. It is about ensuring that young people are aware of, and accept the responsibilities which accompany sexual relationships and enabling them to take control of their lives and their futures. The Project focuses on three core areas: reducing unplanned teenage pregnancies, decreasing the level of sexually transmitted infections (STIs) and encouraging young people to develop the self-esteem that will help them form mature, enjoyable relationships as they progress through life.

Healthy Respect is a partnership initiative that has brought together key organisations involved in sexual health services and education in Lothian to achieve common goals aimed at **making a difference to young people's lives**. The Project is testing out new approaches to integrated working, in partnership with young people and communities, and across traditional boundaries. The key elements of education, information and accessible service provision form the basis of Healthy Respect's approach. Healthy Respect is working with young people in general, as well as key priority groups, such as young people in care, parents, young men and marginalised young people. It is combining area-wide strategies with work in areas of deprivation. It is being implemented in a variety of settings including informal youth settings, further education colleges, schools, hospitals, primary care settings and voluntary organisations.

Key achievements

Healthy Respect has undertaken considerable groundwork in its first year and has firmly established its roots in the network of partners and community organisations throughout Lothian. Inter-agency partnership working is progressing well, has raised Healthy Respect's profile and gained support for its work; an increasing number of agencies are seeking involvement in Healthy Respect. Healthy Respect has also begun to form relationships with established Churches and Christian organisations that are offering support to the Project. Healthy Respect's Young Person's Involvement Officer is ensuring that young people are consulted and involved in all aspects of the Project's work. Key components are underway in various settings and significant progress has been made.

Self-esteem and confidence

Only by creating a culture that supports young people to develop the confidence and self-esteem necessary to take responsibility for their own sexual health will Healthy Respect's targets in the areas of teenage pregnancies and sexually transmitted infections be fully achievable. Healthy Respect has launched a high profile local media campaign, encouraging young people to respect themselves and others and to take responsibility for their own sexual health, and developed an innovative on-line sexual health resource for young people and parents; the website has been well received, with over 200,000 hits during its first two months: log on at www.healthy-respect.com.

HEALTHY RESPECT TARGETS

- Teenage pregnancy – to reduce the pregnancy rate among 13-15 year-olds by 20% by 2010. To reduce terminations of pregnancies by 50% by 2010 without increasing the teenage birth rate (1998 baseline).
- Sexually transmitted infections – to increase the reported prevalence of chlamydia among young people by 2003, followed by a 50% decrease by 2010.
- Self-esteem and confidence – the project will demonstrate increased self-esteem and confidence among the target group resulting in a healthy respect for themselves and their partners.



Healthy Respect is targeting particular groups that are often neglected in the area of young people's sexual health but have great capacity to influence young people's behaviour. Activities in Year 1 have included education programmes aimed at young men, parents and professionals and programmes aimed at bringing the issues of marginalised groups to the fore.

Healthy Respect's Parent's Project aims to encourage and support parents to be involved in the sexual health education of their children. Working in partnership with local agencies, Healthy Respect has assessed the information and support needs of 1000 parents and foster parents in specific areas of Lothian. The results of the survey are informing Healthy Respect's future work with parents. An Action Plan to ensure that gaps in services are identified and addressed has been formulated. Parents have been very positive about Healthy Respect as a source of information for themselves and their child.

A key priority in Year 2 is to establish stronger links between education and services in order to increase accessibility of services and provide practical help and advice on sexual health matters to young people.

CHARMAINE, AGED 34, SINGLE PARENT, WITH ONE DAUGHTER (AGED 12)

'I think it's really important to be involved in the sex education of my kids – not just leave the school to do it. It was ok talking to my daughter about starting her periods, but when it comes to sex I get really embarrassed, and I don't know the right things to say. I just want to tell her to stay away from the boys – but I know that won't keep her safe. I think if I knew more about the facts myself it would feel easier. Parents need support – I'm so glad Healthy Respect is doing this.'

HEALTHY RESPECT IN THE SCHOOL SETTING

Healthy Respect's work in schools involves a partnership approach to sexual health and relationships education which includes the voluntary sector, the NHS and the four local authority education departments in Lothian. It seeks to link effective sexual health education and information within the classroom with appropriate health service provision, targeted at key groups. This includes making Sexual Health and Relationships Education (SHARE) training (previously for education professionals) available to a wider team of professionals, including youth workers, school nurses and voluntary organisations. SHARE emphasises the development of skills and competencies and the importance of good self-esteem. In Healthy Respect's work with young people, SHARE is also referred to as SAFE, HAPPY and RESPONSIBLE, reinforcing the Healthy Respect message of increasing young people's self-esteem and confidence. Issues such as homophobic bullying have been incorporated into the programme. Healthy Respect's multi-disciplinary approach is ensuring that young people are receiving consistent information throughout the project. Healthy Respect has provided SHARE training sessions in 11 Lothian schools and is offering ongoing support to those delivering SHARE in the classroom. Healthy Respect is developing a framework for sexual health and relationships education that will guide sexual health work in Lothian schools in the future.

Teenage Pregnancy

By laying strong foundations in the form of education programmes, accessible service provision and public awareness campaigns, Healthy Respect aims to ensure that young people are equipped with the skills and knowledge they require to protect themselves from unplanned pregnancy. Securing the support and confidence of parents and educators is fundamental to Healthy Respect's success in this area.

As well as Lothian-wide work, Healthy Respect is also focusing specifically on young people who, through adverse life circumstances, are particularly at risk from pregnancy and abortion. The Project has developed initiatives targeted at young people in residential care and young women who may be at risk of repeat abortions.

In Year 2, Healthy Respect will raise awareness of the risks of pregnancy and the need to use protection, as part of education sessions throughout Lothian; and will undertake a study of 600 women using abortion services in order to improve post-abortion counselling services. In

partnership with local education authorities and voluntary agencies in Lothian, Healthy Respect is establishing health 'drop-in' centres in, or near, Healthy Respect schools that both meet the needs of young people and add value to the taught curriculum. An advertising campaign focusing on the issues surrounding pregnancy and contraception will be launched.

Sexually transmitted infections

A radical change in the attitudes of young people and how they view their sexual health is needed to address the issue of STIs. Healthy Respect's approach sets the concept of good sexual health within a framework of total bodily health and encourages young people to accept and take responsibility for their, and their partner's, sexual health. As with its other targets, Healthy Respect's approach combines education, service provision and awareness raising activities. In its first year, Healthy Respect:

WORKING WITH YOUNG PEOPLE IN RESIDENTIAL CARE

Studies of young people in local authority care, or leaving care, consistently document very poor outcomes in all aspects of health. Problems of poor self-esteem and risk-taking activities contribute to high levels of unsafe sexual practice. In partnership with the Residential Care Health Project, Healthy Respect is integrating sexual health promotion work into residential care units and has developed innovative ways to help and support this group of young people to protect and improve their sexual health, working both individually and through carers. As part of this work, each young person is offered a health assessment by the project paediatrician. This includes a discussion about sexual health issues and sexual health promotion, where appropriate. Any issues are addressed, with recommendations for referrals, investigations and treatment as indicated. Project nurses are helping carers to provide support to young people; and are using their links with service provision in the area to facilitate visits for young people, if necessary, to local sexual health services or GPs. By late 2001, 60 young people had been supported through this project.



- launched a media campaign to address taboos that prevent young people from acknowledging the potential risks of contracting STIs and the need to take action to protect themselves
- encouraged condom use through several initiatives, including the establishment of condom outlets in specific settings and focused media campaigns
- provided chlamydia testing in four Further Education colleges and free condom outlets in three colleges (over 30,000 students attend the colleges).

Healthy Respect is focusing on chlamydia, the most rapidly increasing, but least known, STI affecting young people. In its first year, Healthy Respect has pioneered chlamydia testing in a range of non-medical settings and developed a ground-breaking postal testing kit to further increase young people's access to chlamydia testing opportunities.

'Helen', aged 18, accessed Healthy Respect's chlamydia testing service in her local college after her friends told her how easy and convenient it was. She had had one sexual partner (her current boyfriend of 6 weeks). They didn't use condoms as she was on the "jag". Helen was shocked when her result came back positive. She agreed to tell her boyfriend herself about the infection and advise him to get tested and treated. She was worried about this but knew that neither of them was to blame as they had both agreed to have sex without using a condom. Three weeks later Helen came back for follow up. She had had no problems with the medication; and confirmed that her boyfriend had been to his GP and had been treated. She felt happier knowing that she had taken responsibility for her sexual health and was thinking about going to GUM for a full sexual health screen.

HEALTHY RESPECT IN FE COLLEGES

Healthy Respect is working in partnership with four Further Education (FE) Colleges to promote positive sexual health to students. Healthy Respect's FE work encompasses four elements – sexual health promotion, training for FE staff and students, provision of services for students and development of sexual health policies and frameworks to enable sexual health promotion in Further Education settings. Healthy Respect launched its FE work in August 2001 to coincide with the new term. In its first year, Healthy Respect launched a convenience advertising campaign (promoting safer sex and the concept of sexual health check-ups); established condom (C-Card) outlets, providing students with free access to condoms; piloted a chlamydia testing programme; and delivered training to FE College staff and students.

Year 2 will see the launch of Healthy Respect's innovative postal testing kit for chlamydia in a variety of non-medical settings (up to 5,000 postal tests will be carried out in Year 2); and further expansion of the community-based testing programme. The next phase of Healthy Respect's advertising campaign will use eye-catching images and messages to create acceptance and awareness of STIs and encourage young people to act to prevent their spread.

Challenges faced

The complexity of Healthy Respect, with its 13 partner organisations and 12 component projects looking at very different, but overlapping, areas of young people's sexual health, has proved demanding but fruitful. Obstacles and challenges faced in Year 1 have included:

- integrating Healthy Respect's objectives into partner organisations at strategic management level
- negative perceptions of Healthy Respect as a result of pressure groups and sensationalist press coverage of young people's sexual health issues
- teething problems with partners involved, e.g. working with some schools on their role and curriculum development
- practical barriers to consultation with young people in schools/community education due to timetabling and pressures on young people's time and involvement
- managing the high expectations for the Project and securing time to establish it whilst developing the work
- difficulties in setting up school 'drop-ins' involving numerous partners concerned about accountability to parents
- delays caused by the time needed to develop and approve Patient Group Directions and to secure Ethics Committee approval for some aspects of the Project's work.

CHLAMYDIA TESTING IN NON-MEDICAL SETTINGS

Healthy Respect's chlamydia testing project has 3 main aims: firstly to raise awareness of chlamydia; secondly, to promote and facilitate testing for the infection; and thirdly to identify young people's preferred settings for testing. The project is making testing more accessible to young people by introducing the new urine testing methods into targeted non-medical settings where large numbers of young people congregate. In its first year, Healthy Respect carried out successful pilot testing at Caledonia Youth (formerly Brook), at local army barracks and in Further Education Colleges. In collaboration with the Royal Mail, Healthy Respect has also designed an attractive and user-friendly postal testing kit for chlamydia, for distribution in a variety of non-medical settings throughout Lothian, including pharmacies, retail outlets and pubs. This innovative approach is intended to overcome the stigma that often prevents young people getting tested for STIs. Young people are able to receive their results by email, mobile or post.



Informing policy and practice

Fundamentally, Healthy Respect aims to demonstrate that an integrated, inter-agency, strategic approach that combines education, information and accessible service provision can make a real difference to the sexual health of young people. The Project will offer important lessons regarding:

- effective strategies and interventions to improve young people's sexual health
- how to work in partnership with other agencies and disciplines and with young people and parents to make a real step-change in the sexual health of young people
- organisational development issues
- how to facilitate change (at professional and organisational levels).

Early lessons

Healthy Respect's various partners have identified a number of early lessons:

- *Partnership working*: it is important to keep agencies informed, consider their views and support them; each of the four Local Authorities has different understandings, needs and concerns and this needs to be built into plans as a Lothian-wide project.
- *Consultation and involvement*: young people and parents need to be involved and informed at all stages of the Project's work and it is important to build in sufficient time to allow this; getting headteachers, parents and other influencers on board early and spending time with them in consultation is essential.

→ *Competing pressures*: most guidance staff and schools value Healthy Respect and what it wishes to achieve, but accessing schools can be difficult due to timetabling and competing curricular pressures.

→ *Practical guidance*: school staff would benefit from policy guidelines to support their work when dealing with sex education and sexual health issues in schools.

→ *Getting the message across*: successful development of the Healthy Respect image and appeal among young people is essential if the Project is to have its desired impact.

→ *Learning about projects*: Healthy Respect is a complex and challenging project with its success strongly dependent on the perseverance and motivation of the team; a strong team and good communication are vital.

Looking to the future

Much of the Healthy Respect project aims to fundamentally change the attitudes and behaviour of young people. The Project's impact will not be felt by all young people in 3 years. However, it is hoped that a project as diverse and involving as many partners as Healthy Respect will have an impact on the lives of a large number of young people in Lothian and demonstrate lessons for the rest of Scotland. Healthy Respect's first year has been challenging but good foundations have been laid. Years 2 and 3 look equally promising.



PROVIDING A UNITING FOCUS FOR ACTION ACROSS
A BROAD FRONT TO PREVENT CORONARY HEART
DISEASE, PROMOTE GOOD HEALTH AND REDUCE
HEALTH INEQUALITIES IN PAISLEY, SCOTLAND'S
LARGEST TOWN.



HAVE A HEART PAISLEY

About Have a Heart Paisley

Paisley has one of the worst coronary heart disease (CHD) records in Scotland. In some parts of the town, the CHD death rate is up to 50% higher than Scotland as a whole. HaHP aims not only to prevent CHD from developing in the first place but also to promote recovery, prevent worsening of CHD and reduce the risk of recurrence of heart attacks in people who already have the disease. Have a Heart Paisley (HaHP) is striving to make healthier choices easier to make and maintain for the people of Paisley. It aims to influence the lifestyles of individuals, families and communities. Vitality, it is concerned with protecting against CHD through issues of life circumstances, environments, and local services, with a specific focus on reducing health inequalities.

Because of the many influences on CHD and the wide-ranging improvements in environment, lifestyle and services needed to prevent it, the solution requires close working between various agencies and sectors, and all the communities and people of Paisley. HaHP is working through existing services and networks and building new ones where they are needed. From the earliest planning stages, HaHP has been a partnership initiative involving a range of organisations and groups, including: Argyll and Clyde NHS Board, Renfrew and Inverclyde Primary Care NHS Trust, Argyll and Clyde Acute Hospitals NHS Trust, Paisley Local Health Care Co-operative (LHCC), Renfrewshire Council and numerous community groups. While different partners take the lead role for particular strands and projects, the emphasis always is on collaboration and co-operation between partners.

HaHP aims to apply lessons learned from elsewhere and at the same time test new activities and ways of working. HaHP's approach comprises five main strands of work:

- Call to action.
- Building community capacity.
- Opportunities, environments and lifestyles.
- Developments in health care and health information.
- Learning and development.

These strands are being woven together to create a new Paisley Pattern of better health. Much has been achieved in HaHP's first year.

Key achievements

Call to action

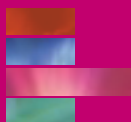
If HaHP is to achieve the necessary step-change in action for CHD prevention it must capture the imagination of all the people of Paisley; promote self-belief among individuals, families, agencies and the town as a whole that they can do something to put Paisley on the health map; and win their commitment. Wide-ranging communication activities over the year have aimed to raise awareness of Have a Heart Paisley, promote healthy lifestyle messages and encourage community participation in community events and projects. The local response to these activities has been good – preliminary information suggests that 73% of the Paisley population recognise HaHP as a ‘community project to reduce heart disease’. Wider interest in HaHP is growing. In its first year, the Have a Heart Paisley web site – www.haveaheart.org.uk – received around 130,000 hits.

Community capacity

HaHP is building on existing initiatives which are improving the health of people living in Paisley’s more deprived neighbourhoods and delivering wider regeneration. Paisley has been sectorised into four locality networks, each with its HaHP co-ordinator whose job it is to facilitate the development of community activities and strengthen links between agencies and community groups. A major aspect of encouraging and supporting community participation has been the funding of community-based projects. In its first year, HaHP invested around £350,000 in over 50 local or Paisley-wide community projects, initiated and implemented by members of the community to address their specific health needs. The aim of the projects is to provide healthy advice and activities at a local level that relate to the

three main causes of heart disease: unhealthy eating, lack of physical activity and smoking. Some examples include:

- *Health on Wheels*: a mobile food initiative that provides local communities with easy access to affordable, healthy, good quality food. The project was formed in response to research carried out by Renfrewshire Food Federation which showed that many communities in Paisley could not buy basic, healthy produce (such as fruit and vegetables) locally. Recipes and food packs are also available to encourage healthier cooking skills and eating habits.
- *Parents at Play*: encourages children to be active at break times, providing safe and constructive play opportunities every day during term time. Parents have been trained in constructive play and act as play leaders to run the play sessions and ensure playground order. They are also able to pass on this training to new parents who volunteer to assist.
- *Hot Hoops*: a major partnership initiative involving HaHP, Paisley Partnership, Paisley and District Basketball Association and other local organisations. Backed by Lindsay Lang, the People’s Award Winner for Sport in the Community, the scheme provides basketball hoops in local areas. The aim is to create a series of ‘safe zones’ where young people can shoot hoops, get formal training or simply meet friends. By the end of Year 1, weekly sessions were being run in five community venues, and 26 local people, including some community police, had been trained as coaches. A Kool Hoops indoor project is planned for the winter months and additional venues will expand this innovative scheme in spring 2002.



- *Beechwood Busters*: offers local counselling and group support for smoking cessation and weight control.
- *Lifeline Blackhall*: focuses on healthy eating, with cookery classes and fun activities such as line dancing.
- *Heartfelt Activities*: provides a programme of physical activity for adults, with instruction and equipment available at the local community centre.

Developments in health care and health information

Early intervention and assistance for those with or at risk of CHD is vital. In HaHP's first year:

- a ground-breaking CHD register has been created to help ensure that more people affected by heart disease, and those with a high risk of developing it, receive the best, up-to-date treatment available
- an innovative menu-based cardiac rehabilitation programme has been established at the Royal Alexandra

Hospital, allowing four times as many patients to benefit

- hospital and primary health care teams have developed local clinical guidelines to improve services and care pathways for CHD patients.

The new, purpose-built, Health at Heart Centre has enabled the cardiac rehabilitation service to be extended to all patients seen in the hospital who have a new diagnosis of heart disease (including angina or heart failure) or who experience a change in an existing condition. Previously, the service could accommodate only those who either sustained a heart attack or had an angioplasty or coronary artery bypass surgery. Patients now access a wider range of exercise and information services that are tailored to their own individual needs, including assessment at a one-stop clinic. Links forged between the various health professionals and the local community are helping to continue the rehabilitation process by providing a support network outwith the hospital environment.

HAVE A HEART PAISLEY REGISTER

The Have a Heart Paisley Register will help ensure that people affected by heart disease and those with a high risk of developing it, receive the best, up-to-date treatment available and do not 'fall through the net'. The register, developed at the Royal Alexandra Hospital, is unique in the UK, not only in providing a central data store that allows instant access to information that will improve patient care, but also in its use of innovative information technology. In addition to ensuring that patients are receiving the right treatment, the register will allow GPs to immediately inform patients of any relevant new information or drugs that become available. This kind of immediate communication will help reduce the risk of further problems for many patients. Information for the register has been gathered from existing records held by GPs, hospitals and the NHS Board. Every GP in Paisley has signed up to supporting and participating in HaHP and CHD registers have been created in every practice. Access to the register is strictly limited, with full details only available to an individual's GP and consultant. If anyone does not wish their details to be on the register, they can opt out by filling in the forms contained in the Have a Heart Paisley information leaflets which are available from a wide variety of venues.

Improving opportunities, environments and lifestyles

Paisley-wide strategies have been developed to help make healthier choices in relation to eating, tobacco and physical activity more acceptable and easier to make. In HaHP's first year,

- a range of smoking cessation services has been established, including Call it Quits, a support service for people wanting to stop smoking
- the number of Paisley pharmacists able to provide a tailor-made service to customers who wish to stop smoking has risen from nine to 14
- innovative work with pharmacies has resulted in a unique new scheme being launched in the Paisley area in October 2001: formed in partnership with Argyll and Clyde NHS Board, the scheme allows pharmacists to prescribe nicotine replacement therapy (NRT) for the first time.

Call it Quits forms part of a wider plan aimed at reducing smoking in Paisley. Prevention, education and workplace smoking policies are all part of this work, as is reducing the amount of passive smoking. By the end of Year 1, 17 small businesses were working with HaHP to develop smoking policies for their workplaces. Projects are also underway that look at the specific needs of groups of people, such as young people and pregnant women.

CATH HICKS – EX-SMOKER

'I had been wanting to give up smoking for ages. I was feeling really unfit, which was ridiculous for someone my age. I also have two children and I hated smoking in front of them. And of course they wanted me to give up too! I think I just didn't believe that I would be able to do it. I contacted Call It Quits and was put in touch with one of the advisors. Groups didn't really appeal to me, so I opted for one-to-one sessions. The support made all the difference. I managed to give up and have now been smoke-free for nearly 5 months! I feel absolutely great and so proud of myself! I would say that I noticed the difference in how I was feeling in only a few weeks.'

HEALTHERCISE

Healthercise is a programme of fitness activities and workshops designed to tackle the major risks that can lead to heart disease. Run by Renfrewshire Council Sports Development Unit, the programme is aimed specifically at people who have not taken part in any physical activity for 18 months or so and who feel that a gym programme may be too great a challenge straight away. Each course is tailored to each participant's level of health and fitness and is made up of one 2-hour session each week, consisting of a gym workout, health information and swimming. The 6-week-long course aims to introduce people to exercise, its benefits and the fun it can offer. Launched in June 2001, Healthercise is completely free and anyone over the age of 16 who lives in Paisley can join. Everyone who applies to join the scheme receives a health check and, to further reduce any possible barriers to participation, transport is provided from central points in local communities. Guided walks have been incorporated in conjunction with the Council's Access Officer – a post part-funded by Have a Heart Paisley – who has the remit of encouraging and developing walks within the area. In its first 6 months of operation, Healthercise had over 500 requests to join the scheme, higher than initially expected. The completion rate is good and the project is recording the extent to which involvement in the course affects the long-term behaviour of participants.

Renfrewshire Council is taking forward several initiatives in schools, neighbourhoods and workplaces that focus on the needs of vulnerable groups, such as children and the elderly in care. Current initiatives include:

- Moving forward with Health Promoting Schools: taking forward the successful Quality of Life Project this encourages students to exercise regularly and aims to build the social skills and self-confidence of over 13,000 school children.
- Healthercise Prescription for Life Scheme: building on the Living Plus Scheme, this encourages increased physical activity indoors and outdoors and targets people living in priority areas with low activity levels.
- Healthier Eating and Exercise for Community Care Clients: linked to Healthercise, this raises awareness of the link between good nutrition and a healthy lifestyle among a vulnerable group.

- Healthy at Work, Healthy for Life: focusing on the local authority workplace and targeting manual workers, this guides volunteers through lifestyle changes.

Learning and development

HaHP's learning and development strand aims to equip members of the community and professionals involved in the prevention and treatment of heart disease with the appropriate knowledge, attitudes and skills to participate in the project. A wide range of learning events has taken place and an innovative Paisley Heart Awards scheme has been established.

PAISLEY HEART AWARD

The Paisley Heart Award is a unique new learning project that recognises the community's commitment to reducing heart disease. Developed in partnership with local academic institutions, health organisations and community projects and co-ordinated by Have a Heart Paisley, the scheme aims to raise awareness of heart disease while offering the opportunity to learn about related issues. It is non-competitive, flexible and free, and additional support for any special requirements is available. Current topics include Heart Start (CPR), Healthy Eating on a Budget, Getting Help with the Smoking Habit, Managing Your Stress, Active Lifestyles and Participation in Community Activities. Candidates can achieve a bronze, silver or gold award, depending on the number of topic areas they wish to cover. The course is open to everyone in the community and learning can take place in a variety of settings, including community groups, colleges and local health projects. Almost 90 local people have achieved Paisley Heart Awards so far. As James Smith, a gold award recipient describes: 'I got involved in the Paisley Heart Award through the cardiac rehabilitation unit at the RAH. I was already covering some of the areas included in the Award through the rehab programme. The Paisley Heart Award motivated me to find out that bit more. I think the main thing that made completing the award worthwhile for me was the sense of achievement it gave me. It really built up my confidence. The awards ceremony was the icing on the cake. My family were able to see just how far I had come'. 2002 will see the scheme being widened further, as Paisley's Reid Kerr College includes the Paisley Heart Award into its outreach programme. A similar award scheme for young people is planned for Year 2.

Challenges faced

Establishing Have a Heart Paisley, with its various partner organisations and component projects looking at very different, but overlapping, areas of heart health, has been challenging. Early challenges have included:

- establishing effective strategic partnerships and becoming more familiar with partners' cultures and ways of working
- ensuring effective communication between HaHP's various partners
- ensuring that HaHP's key components are delivered synergistically and simultaneously
- working through confidentiality issues involved in establishing HaHP's disease register
- developing robust planning, monitoring and evaluation arrangements.

Early lessons

Have a Heart Paisley's partners have identified a number of early lessons:

- *Partnership working*: familiarity with partners' cultures and ways of working has improved partnership working over the past months. In particular, communication has improved since the beginning of the Project.
- *Working jointly and simultaneously is hard work!*: HaHP is undertaking a systems approach to heart health in a focused area, involving the community and various partner agencies. Doing it all at the same time is difficult. Some things do have to get off the ground first in order to get started. Ensuring that different aspects then 'catch up' has been

challenging and important management lessons have been learned.

- *Evaluation journey*: it is vital to collect baseline information before projects start! The poor response to the evaluation team's baseline survey suggests that the local community may have had its fill of traditional research – it has been important to respond to this and to find other ways to measure change (for example, through qualitative case studies). It is important to clarify the respective roles of independent and in-house monitoring and evaluation teams at the outset. Early feedback from the independent evaluation team has helped inform current and future plans.
- *Flexibility*: imaginative approaches are needed to tackle major risk factors (such as smoking) in ways that are in line with the community's priorities, expectations and desires.
- *Confidentiality*: lessons learned in working through the confidentiality issues associated with HaHP's disease register will be of value in any attempt to replicate this, or similar work.

Informing policy and practice

Fundamentally, Have a Heart Paisley aims to demonstrate that an integrated, synergistic approach to CHD prevention **can make a real difference** to heart health in Scottish communities. The Project will offer important lessons regarding:



- effective strategies to improve heart health, such as the value of a system-wide approach, what the right policy mix is and what the keys to success are
- effective interventions and service developments (e.g. how health information improvements between primary and secondary care can act as platform for improved working, the benefits of patient pathways and the Health Promoting Health Service)
- how to work in partnership with other agencies and disciplines and with local communities to make a real step-change in the heart health of communities, and how to mobilise and support community capacity around heart health issues
- organisational development issues e.g. the value of joint health improvement plans and approaches to performance assessment; community planning and integrated delivery at all levels; and the development of Primary Care Teams and Local Authorities as public health organisations
- how to facilitate change at community, professional and organisational levels.

Looking to the future

In its first year, HaHP has initiated action across a broad front. Years 2 and 3 look promising. Have a Heart Paisley offers a unique opportunity to make a lasting impact locally and, in time, stimulate and inform action in the rest of Scotland.

JESSIE McMASTER – LIFELINE BLACKHALL

'I was always hearing stories of people who had died of heart attacks in my neighbourhood. I had started thinking about my own health a few years ago when I had an angina attack, and I decided to get involved in some local groups. I soon found that there was very little for people to do locally to help them get fitter. Our women's group heard about Have a Heart Paisley quite early on. We contacted them about setting up a project that would get people out of their houses and doing something for their health – something that would be fun and sociable. We were one of the first local projects to get funding from Have a Heart. Personally, I feel absolutely fantastic now. I was forced into early retirement through ill health and I now feel 10 years younger than I did then!'

LYNNE DEMPSTER – HEALTHERCISE PARTICIPANT

'I heard about Healthercise through the Women's Health Group. I didn't know if I'd like going to a gym, so the fact that I was getting to try it out for free was a big draw! I also really liked the combination of the gym work and swimming. The course is due to end in a couple of weeks and I definitely want to find a way of carrying on. It really whets your appetite for exercising. I've got much more energy now. I notice it when I'm running for the bus and suddenly the stairs up to my flat aren't such a big deal!'



PILOTING A SCREENING PROGRAMME IN THE NORTH EAST OF SCOTLAND FOR THE DETECTION OF COLORECTAL CANCER WHICH WILL STUDY THE PUBLIC'S WILLINGNESS TO BECOME INVOLVED, WILL DETERMINE HOW BEST TO SCREEN THE GENERAL POPULATION AND, IF FEASIBLE, WILL BE DEVELOPED INTO A NATIONAL SCREENING PROGRAMME.



CANCER CHALLENGE

About Cancer Challenge

Colorectal (bowel) cancer is the second most common cause of cancer deaths in men and third most common for women in Scotland. Around 3,400 cases of colorectal cancer are diagnosed in Scotland every year and approximately 1,750 Scots die from this disease each year.

Cancer Challenge is the Scottish arm of the UK Colorectal Cancer Screening pilot which is being run as a feasibility study in Tayside, Grampian and Fife Health Board areas. The aim is to determine whether a national screening programme would be feasible, acceptable and practical. The English arm of the pilot is running in Coventry and Warwick. The pilot is being independently evaluated by a team from the Universities of Edinburgh, Warwick and Essex and the findings of the evaluation will be considered by the UK National Screening Committee.

Key achievements

In Scotland, the pilot began in March 2000 and is targeting approximately 290,000 men and women aged 50-69 years over two and a half years. Colorectal cancer screening will be offered to apparently healthy people in order that a small number who have developed the disease might be diagnosed and receive effective treatment at an earlier stage when it is easier to treat and cure. All men and women aged between 50-69 years in the three Health Board areas will receive a self-administered Faecal Occult Blood (FOBT) test to complete at home. All positive tests will be followed up with colonoscopy or further investigations.

Challenges faced

There are a number of challenges to be addressed if a decision is taken to introduce a national screening programme including:

- the development of a national IT call/recall system
- development of Quality Assurance procedures and publication of standards
- follow-up protocols for non-cancerous polyps
- the impact of screening on cancer services and in particular on colonoscopy services
- resource issues, including training and skill requirements.

Informing health policy and practice

Research has already shown that screening for bowel cancer can save lives. The main reason for piloting the programme is to find out if the public is happy to be involved in doing these tests themselves and how best to screen the general population. The results of the full evaluation of the pilot are not expected until spring 2003. Subject to the evaluation findings and recommendations of the UK National Screening Programme, the aim is to develop the colorectal cancer pilot into a national screening programme.

Early lessons

Interim evaluation findings are being considered by the Department of Health. The pilot is progressing well and evaluation to date suggests that FOBT screening is generally acceptable to the population in the target age range. The pilot sites, if continued beyond the first screen, would provide an opportunity to carry out further research and evaluate alternative screening strategies. Careful consideration will need to be given to resource and capacity issues if a national programme is to be introduced.



Looking to the future

The pilot is due to finish in February 2003. While the outcome of the pilot and recommendations of the UK National Screening Committee cannot be pre-empted, preliminary consideration is being given to the resource implications of a national screening programme for colorectal cancer. *Cancer in Scotland – Action for Change* gave a commitment to introduce colo-rectal cancer screening for people in Scotland aged between 50-69 years, if the pilot is shown to have a significant impact and the UK National Screening Committee recommends its adoption.



LEARNING TO MAKE A

Informing health policy and practice

The purpose of the Demonstration Projects is to act as a learning and teaching resource for the rest of Scotland. Lessons learned about what works – and does not work – will help to inform national policy and practice. A multi-sectoral National Steering Group is overseeing the implementation and evaluation of Starting Well, Healthy Respect and Have a Heart Paisley so that their learning and teaching role is fully developed. A list of Steering Group members is included in the Appendix. The UK-wide National Screening Committee will consider the evaluation findings for Cancer Challenge.

One year into the programme, stakeholders are turning their attention increasingly to what individual Projects – and the Demonstration Project Programme as a whole – may offer others. A Stakeholders Workshop, held in November 2001, brought together a range of people involved in different ways with the Demonstration Projects to consider and establish shared expectations about what Have a Heart Paisley, Starting Well and Healthy Respect (individually and collectively) might demonstrate to inform health policy and practice in Scotland.

The implementation and findings of the Demonstration Projects will have relevance and implications for policy and practice relating to a good start in life, enhancing healthy respect and heart health. A brief flavour of Projects' 'demonstration aspects' has been provided in earlier sections. However, the Projects have much in common and it is also vital to capture shared learning on cross-cutting issues, such as:

- **Learning about projects:** learning lessons about commissioning, setting-up and managing complex health projects, e.g. the skills needed and technical support required; aspirations and expectations; funding streams; and how projects are managed throughout their lives.
- **Developing and rolling-out effective large-scale prevention programmes:** what are the critical factors, and combination of factors, for success?
- **Involving communities and being responsive to their needs**
- **Partnership working:** how to take forward effective partnerships; lessons about how and when to use (and not to use) partnership approaches.
- **Change management:** how to introduce innovation, mobilise levers for change and overcome barriers; how to develop the health improvement roles of organisations.
- **Priority groups and health inequalities:** how to access, involve and meet the needs of priority/hard-to-reach groups; also the broader issues of approaches to increase equity in health.
- **Achieving saturation/a high enough dose:** lessons about securing consistency and intensity of message and approach – across professional groups, communities and geographical areas.
- **Sustainability:** how to raise the profile of and drive social/health messages across partner agencies and build links at operational and strategic levels; influencing decision-making; mainstreaming; and securing systemic change.



DIFFERENCE

Evaluating outcomes and lessons learned

Major independent evaluations of the National Health Demonstration Projects are underway to assess Projects' methodology, impact and outcomes and to identify implications for policy and practice. Cancer Challenge is being independently evaluated as part of the UK National Screening Programme. The University of Glasgow's Department of Public Health is leading the evaluation of Starting Well and Have a Heart Paisley. The University of Aberdeen is evaluating Healthy Respect. Projects' implementation teams are also responsible for ongoing monitoring and evaluation to track progress and help capture learning. The National Demonstration Project Steering Group is responsible for drawing together and distilling lessons learned.

Sharing learning: Scotland-wide Learning Networks

Our National Health: a plan for action, a plan for change (Scottish Executive, 2001) stated that a Scotland-wide Learning Network for the National Demonstration Projects would be established. The National Health Demonstration Projects Steering Group undertook to establish and drive the proposed Network and agreed plans in October 2001.

There will be three inter-related Networks, each led by senior figures in the relevant field and supported by a co-ordinator. The aim of the Networks will be to develop and share the evidence base for action in relation to heart health, sexual health of young people and child health (a good start in life) in order to develop stakeholders' ability to translate these policy

priorities into practice and inform future developments across Scotland. Their functions will be to sift, collate, analyse and share existing evidence base, practice and experiences; to cultivate links with other relevant learning networks; and to identify implications for future practice and come forward with relevant strategies/plans.

The Networks will support:

- the Demonstration Projects and other major practitioners in the field in each area (a practitioners' network)
- networks of academics and those who are confronting issues of the evidence base
- a network of managers or decision-makers who are in a position to implement evidence and good practice.

Demonstration Projects will be key nodes of the Networks. However, recognising that the Demonstration Projects are not the only work in progress on child health, heart health and sexual health of young people, the Networks will engage with and bring together a wider range of stakeholders.

The Scottish Executive Health Department has commissioned the Public Health Institute of Scotland to take forward plans. PHIS will launch the Networks in summer 2002.



CONCLUSIONS

Key elements of the National Health Demonstration Project Programme are now in place. Following necessary lead-in periods, each of the Demonstration Projects has laid firm foundations and built momentum.

This report has provided a brief account of Projects' achievements so far, some of the obstacles and challenges that they have faced and early lessons that have emerged. Projects are beginning to make a difference in their own areas and have the potential to demonstrate lessons that will help make a difference to others.

A common lesson that has emerged across the Programme as a whole has been that it can take longer than expected to establish large-scale preventive programmes and to build necessary infrastructures or partnerships. Realistic plans and timescales must be built in from the start.

Projects will build on their foundations in Years 2 and 3 and apply lessons learned so far. Key challenges for the National Health Demonstration Project Steering Group in the coming year are to address Projects' continuity and sustainability and to capture, distil and share emerging lessons to stakeholders throughout Scotland. The Scotland-wide Learning Networks will assist this process.



APPENDIX

Membership of National Health Demonstration Project Steering Group

Dr Mac Armstrong,	Chief Medical Officer, Scottish Executive Health Department
Mr Tim Brett,	Chief Executive, Tayside NHS Board (until July 2001)
Dr Peter Craig,	Chief Scientist's Office, Scottish Executive Health Department
Dr Andrew Fraser,	Deputy Chief Medical Officer, Scottish Executive Health Department
Ms Joan Fraser,	Pupil Support & Inclusion Division, Scottish Executive Education Department
Professor Phil Hanlon,	Director, Public Health Institute of Scotland
Professor Graham Hart,	MRC Social and Public Health Sciences Unit, Glasgow
Ms Susan Jappy,	Assistant Director of Public Health & Health Promotion Manager, Health Promotions, Aberdeen
Dr Margaret Kenicer,	Consultant in Public Health Medicine, Tayside NHS Board
Ms Janet McVea,	Co-ordinator, National Health Demonstration Projects, Scottish Executive Health Department
Ms Sandie Mackay,	Community Planning and Partnership Manager, North Lanarkshire Council
Ms Janet Muir,	CHEX (Community Health Exchange)
Mr Malcolm Pentland,	Scottish Executive Health Department (Secretary)
Mr Michael Proctor,	Primary Care Manager, Scottish Executive Health Department
Mr Graham Robertson,	Acting Chief Executive, Health Education Board for Scotland (from October 2001)
Mr Richard Staite,	Headteacher, Beeslack Community High School
Professor Andrew Tannahill,	Chief Executive, Health Education Board for Scotland (until July 2001)
Mr Ken Thomson,	Health Improvement Strategy Division, Scottish Executive Health Department
Ms Helen Tyrrel,	Voluntary Health Scotland
Dr Patrick West,	MRC Social and Public Health Sciences Unit, Glasgow
Ms Jackie Wilkins,	Summerhill Education Centre, Aberdeen City Council Education Department (representing CoSLA)
Mr Malcolm Wright,	Chief Executive, Dumfries & Galloway NHS Board (from February 2002)



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