

Equally Well Test Sites announced by the Scottish Government

A key part of implementing the Health Inequalities Task Force report *Equally Well* is the setting up of local Test Sites which will lead the way in delivering the Task Force's recommendations.

Each Test Site is actually a collaboration between local public services aimed ultimately at reducing inequalities in the health and wellbeing of people most in need, taken forward through Community Planning and Single Outcome Agreements.

Therefore the Test Sites are natural partners for third sector organisations.

Test Site applicants were asked to demonstrate that their proposal:

- ◆ Had senior local leadership and support from champions in each of the key agencies involved;
- ◆ Reflected local needs and priorities, as well as the Task Force's approach;
- ◆ Was based on evidence and open to fresh ideas from elsewhere;
- ◆ Planned an improvement to services to meet client need and where frontline staff can, and

want to, deliver;

- ◆ Focused on outcomes relevant to health inequalities, in line with the Task Force's recommendations;
- ◆ Managed sustainable redesign of services within existing local budgets;
- ◆ Would feed into the Task Force's review of progress in 2010.



Dundee has been selected as one of the *Equally Well* Test Sites

It was originally expected that any service change within the Test Sites would be managed using resources that were already available locally, however some extra funding has been made available through the Implementation Programme.

The selected Test Sites cover the following locations and themes –

- ◆ Whitecrock, West Dunbartonshire - targeting the high prevalence of smoking in the area
- ◆ East Lothian - looking at health

inequalities in the early years in Prestonpans, Musselburgh East and Tranent

- ◆ Govanhill, Glasgow – working on community regeneration and development
- ◆ Blairgowrie - delivering health inequality-sensitive services in a rural setting for people with multiple and complex needs

- ◆ Lanarkshire - focusing on sustained employment and barriers to people finding employment

- ◆ Fife - combating anti-social behaviour in relation to alcohol and underage drinking

- ◆ Dundee - focusing on methods of improving wellbeing

- ◆ Glasgow City - integrating health into current and future city planning

VHS is already committed to working with the Programme Manager for *Equally Well* to ensure the partnerships taking forward work in each of the Test Site areas are inclusive of third sector partners at strategic and delivery levels and that those partners are supported in their involvement.

More information about the Test Sites can be found by going to the link on the VHS website homepage or by contacting Karen Grieve, Programme Manager for *Equally Well* at Karen.Grieve2@scotland.gsi.gov.uk, Tel: 0131 244 2136

Health in Scotland 2007 – Annual Report from the Chief Medical Officer

Scotland's Chief Medical Officer, Dr Harry Burns, published his Report to the First Minister on the health of the nation in December 2008, with a focus on the issue of early death in adults in Scotland by the four headline causes - heart disease, cancer, Alcoholic Liver Disease and stroke.

The publication reports on several positive trends and highlights an area of increasing concern which is mortality associated with high alcohol consumption.

The cardiovascular diseases of stroke and coronary heart disease (CHD) have seen a downward trend in mortality rates in the under 75s from 1995 to 2006 in Scotland.

CHD in men has dropped from approximately 180 per 100,000 population to around 100 per 100,000 population. In women the figure has fallen from approximately 75 per 100,000 to 40 per 100,000.

However the rate of improvement in mortality rates in both sexes aged 35 – 54 years has shown a slowdown from 6% between 1986 and 2003 to a decrease of 0.5% between 2003 and 2006.

It is likely that increased levels of obesity and associated diabetes are starting to impact on CHD mortality which highlights the need to challenge the problem of increased obesity in Scotland.

Mortality rates from stroke in the under 75s indicate a much steadier downward trend. In men they've fallen from approximately 45 per 100,000 to around 25 per 100,000 population.

Stroke rates in women have dropped from the low 30s to approximately 17 per 100,000.

However, with the increased proportion of older people in Scotland, the number of people of all ages suffering a stroke will increase unless the prevalence of stroke in the over 75s is lowered.

A continuing area of concern is the divide between more affluent and less well-off people in cardiovascular health in Scotland, with those in more deprived communities having higher rates of mortality from CHD and stroke than those in wealthier areas.

The CMO's report does point out that the various policies and action plans initiated by the Scottish Government such as *Better Health*, *Better Care* and *Equally Well* intend to address such health inequalities.



Amongst the figures presented on cancer mortality are the lung cancer rates. For men mortality has fallen from roughly 90 per 100,000 in 1995 to around 70 per 100,000 in 2006.

However, in women there is a slight upwards trend, with approximately 45 per 100,000 in 1995 and 48 per 100,000 in 2006.

The report reasons that historically, women took up smoking about 20 years after men, albeit at a lower rate and consequently, mortality rates have been lower and have only showed signs of levelling out during the 1990s.

Whilst mortality rates for CHD, stroke and cancer are falling across

Scotland, the opposite is occurring with deaths caused by Chronic Liver Disease (CLD).

The most common risk factors for CLD are excessive alcohol consumption, blood borne viruses (in particular Hepatitis B & C) and obesity.

Recent figures show that 85% of deaths from CLD in 2007 in Scotland were due to Alcoholic Liver Disease (ALD) compared to 37% in 1979 with at least 40% of men and 33% of women drinking over twice the daily recommended limits.

The trend in obesity in Scotland has increased by 46% from 1995 to 2003 making the country the second most obese in the western world, next to the USA.

In 2003 it was estimated that 1 in 4 of the population of Scotland were obese and with increased risk of developing liver disease.

The report once again highlights that those in disadvantaged communities are more likely to die from CLD than those in more affluent areas and this gap has been widening over the past 20 years.

Third sector organisations throughout Scotland can play their part in tackling many of the issues highlighted in the CMO's report.

Voluntary organisations such as Chest, Heart & Stroke Scotland (www.chss.org.uk) and the Stroke Association Scotland (www.stroke.org.uk) offer information, care, advice and support to people suffering from CHD and stroke and to those wishing to learn more about these often debilitating states.

The CMO report is available to download at: www.vhscotland.org.uk/library/executive/health_in_scotland_07.pdf

Launch of the *Equally Well* Implementation Plan

Equally Well is exciting, not just for its aims to tackle the root causes of health inequalities in Scotland but for the way in which it intends to achieve these aims through Community Planning Partnerships and Single Outcome Agreements.

Equally Well is about exploring new ways of working, across all areas of service delivery, and sharing those ideas and experiences.

It is expected that people with expertise in their own areas will look for ways to make changes and then share this learning.

In this way many small changes in many differing areas will quickly build into a groundswell of improvement action.

The Implementation Plan for *Equally Well* was launched in December 2008 and its purpose

is to support further progress and change, both nationally and locally.

Local test sites are one way in which the recommendations from *Equally Well* will be taken forward.

When the invitation to apply to be a test site was circulated to Community Planning Partnerships 29 applications were received, which were reduced to a final eight.



The Test Sites are areas where local authorities and their community planning partners, including those from the third sector, intend to improve both the reach and impact of local services.

This will be done by taking the opportunity to use ideas from the frontline staff who actually deliver the services and learning from each other through supported networking.

Working in this innovative way, the programme will ensure that learning is spread more widely and effectively than was possible in previous pilot and project based approaches.

Equally Well is an ambitious programme and one which has set the bar very high, but as Karen Grieve, Scottish Government Programme Manager for *Equally Well*, said at the recent networking event:

Our greatest worry is not that we aim too high and fail to achieve it; it is that we aim too low and hit our target.

For more information on the *Equally Well* programme contact Bill Weir at bill.weir@vhscotland.org.uk or Karen Grieve, Equally Well Programme Manager at Karen.Grieve2@Scotland.gsi.gov.uk

For a copy of the *Equally Well* implementation plan go to www.vhscotland.org.uk/library/executive/equally_well_imp_plan.pdf

PINS Charity – highlights a common but often undiagnosed problem

Pelvic Girdle Pain affects an estimated 11,500 pregnant women in Scotland each year and the symptoms, which can vary from mild to severe, include pelvic joint pain, mobility problems and difficulties with activities of daily living.

Pelvic Instability Network Scotland (PINS) is a registered Scottish charity set up in 2007 to provide support and information to people affected by Pelvic Girdle Pain which was previously known as Symphysis Pubis Dysfunction (SPD).

In its first year PINS has successfully launched its website -

www.pelvicinstability.org.uk - which is packed full of information about Pelvic Girdle Pain and is regularly updated.

It has also produced posters and information leaflets to highlight the condition and responded to requests for advice and support from women and their partners not only from Scotland but from as far afield as Australia, Iceland, the USA and Canada.

In 2009 PINS aims to raise awareness of Pelvic Girdle Pain amongst midwives, physiotherapists, health visitors and doctors in order to get

early diagnosis and treatment for women affected.

PINS would also like to increase membership of their organisation and through this, aim to reduce the isolation often felt by anyone with this condition by putting them in touch with others who have Pelvic Girdle Pain.



For further information please contact Moira Finlayson, Chair on 01586 830323 or email info@pelvicinstability.org.uk or visit www.pelvicinstability.org.uk

Improving health in Scotland's neighbourhoods

Good Places, Better Health published by the Scottish Government in December 2008, is an implementation plan highlighting a new approach to the environment and health in Scotland by recognising that our physical surroundings are key to our health and wellbeing.

The negative contribution of the physical surroundings to the health of those living in the most deprived areas of our society is significant.

Indications are that the environment in poorer neighbourhoods in the UK is generally no more toxic or infectious than that of more affluent communities.

Frequently though, such places are untidy, damaged and lacking in amenity. These factors create neighbourhoods

which are often alienating and even threatening.

Implicitly this contributes to a cocktail of disadvantage inconsistent with health and wellbeing for adults and children.

Good Places, Better Health is about responding to the challenges faced in creating safe and positive environments.



The implementation of *Good Places, Better Health* will consist of an initial proof of concept phase which will consider a discrete number

of health priorities and their environmental determinants. This phase will run from January 2009 until March 2011.

This incremental approach is considered most suited to develop, refine and secure the systems and governance structures required.

This initial phase will look in particular at children's health and sustainable places, with a primary focus on the four child health issues of obesity, unintentional injury, asthma and mental health and wellbeing.

Key players include Health Boards, local authorities, broader Community Planning Partnerships, third sector organisations, community based organisations and communities themselves.

The success of *Good Places, Better Health* therefore relies on a level of co-operation and shared sense of purpose.

The initial phase will bring partners together to explore the locally available intelligence, transfer knowledge from the national scale and encourage and facilitate a more strategic approach to environment and health at a local level.

A copy of *Good Places, Better Health* is available on the VHS website at: www.vhscotland.org.uk/library/executive/good_places_better_health.pdf

REACH Community Health Project launches new programme

With an award from the Big Lottery's Dynamic Inclusive Communities (DInC) Programme, REACH Community Health Project is embarking this month on its new Improving Community Health through Effective Engagement (ICHEE) initiative.

The initiative will operate within CHP boundaries in Tayside, Lothian and Lanarkshire, providing first: public participation training to facilitate capacity-building within Black and Minority Ethnic (BME) Communities, enabling them to be more

confident and effective participants in mainstream public policy development; second: equality and cultural diversity training for community groups and third sector organisations working with and for BME communities, with an emphasis on issues of race and faith; and third; the eventual establishment of a BME public policy participation forum, focusing on health and social care.

Additional posts at REACH are currently being filled and while initial developments will be taking place in defined geographical areas, the learning gained will strengthen relationships at ground level among

BME communities across Scotland and create national awareness that will make more effective BME participation in existing local structures (mainly PPFs) and national bodies such as special health boards.

VHS will support this new development by disseminating information through a wide variety of networks.

For further information, contact Shabir Banday, Director, REACH Community Health Project- 0141 585 8022 or email admin@reachhealth.org.uk or via www.reachhealth.org.uk

Patient's Rights Bill consultation closes

Consultation on the proposed content of a Patients' Rights Bill closed on 16th January.

The purpose of the consultation has been to ascertain the views of the public on the main provisions of the Bill.

In keeping with the framing of the NHS in Scotland as a mutual NHS, a partnership between the NHS and its users, mutual rights and responsibilities are being laid out.

Many patients' rights have been instituted in recent years, but in recognition of the importance which patients attach to waiting times, this issue has formed a central focus of the current proposals, laying out a 12-week waiting time guarantee from treatment being agreed to its being initiated, within an overall 18-week waiting time guarantee.

Voluntary Health Scotland looks here at some of the other key rights proposed in the light of feedback received from its member organisations supporting patient interests. Four areas of patient's rights most consistently mentioned by such organisations are:

Access: those from equalities groups still find that access can be a problem, often brought about by mutual communication difficulties; treatment variations still exist across NHS Boards in Scotland and services which facilitate access, such as interpreter services and patient transport,

can be patchy in distribution; and services can still be delivered on a "one size fits all" basis, which does not help those with multiple and complex needs.

Information: while there is a wealth of information available, racks often display out-of-date leaflets, staff are sometimes insufficiently trained in

word of mouth information-giving, although this is valued particularly by many vulnerable and isolated groups and information can

be poorly targeted; patient organisations and support groups say that much better use could be made of the wealth of quality patient information literature produced by them.

Communication: communication difficulties are the most frequently reported problem when people raise concerns about the process or outcomes of their NHS care.

This occurs most often in the transition between primary and secondary care, upon discharge from hospital and when passing on information to relatives.

Essential information, instructions or advice can easily be "lost in translation" when the patient or staff member is not fully conversant in English, if jargon is used or where individuals are hearing impaired; and even care pathways can be compromised through poor communication.

Being listened to, participation: in recent years, the extensive programme of participation in the NHS has enabled patients to have a greatly increased say in their own care, however many equalities groups say that their experience is of continuing obstacles to their

involvement in the planning of local health services through Public Partnership Forums (PPFs).

Work is underway to improve feedback to the NHS through the *Better Together* patient experience programme and all NHS Boards will designate independent Patients' Rights Officers who will be a point of contact for patients.

The Scottish Government will reach a decision on the final content of the Bill during this year and legislation is scheduled to be introduced in 2010. Responses to the content consultation will be posted on the Government consultation web pages by the end of April 2009 and a report will be available by mid May.

Forthcoming events

5th February: *Prevention of homelessness* conference hosted by Shelter Scotland

More information available from www.scotland.shelter.org.uk

3rd March: *Scottish Network of Alcohol Practitioners for the Young (SNAPY) Conference*

More information available from www.alcohol-focus-scotland.org.uk/training_events/events/

17th March: *Creating a Sustainable Third Sector: opportunities and challenges*

More information available from www.holyrood.com/thirdsector

23rd April: *Better Breaks for All - Shared Care Scotland National Conference*

More information available from www.sharedcarescotland.org.uk/events

VHS continues to keep a watching brief on climate change legislation

The Scottish Government's consultation on the Climate Change Bill to set a target of cutting emissions by 80% by 2050 ran from January to April 2008, attracting a massive response from over 21,000 individuals and organisations.

The Government commissioned independent consultants to analyse these responses in order to help them develop the policies within the Climate Change (Scotland) Bill introduced in December 2008 and currently being considered at Stage 1 in the Parliamentary process.

The Scottish Parliament Transport, Infrastructure and Climate Change Committee is the lead committee for the Bill and is keen to hear views on the Bill by 27 February 2009.

One area of contention is the annual targets the Bill sets out for the initial 10 years.

For 2010 the reduction target must be less than the estimated net Scottish emissions for 2009 and for each year in the period 2011 through to 2019 the targets must be less than the preceding year.

Climate change campaigners believe that this is doing too little, too late and that the Bill must set annual targets of at least 3% year-on-year to set Scotland on course to make a fair contribution to preventing a global temperature rise of more than two degrees.

The World Wildlife Fund states: *Inaction will be cumulative with every future year faced with greater challenges than the previous one. For instance, two*

year 2.5% reductions will mean the third year is challenged to meet a 5% reduction. A budget approach alone presents a real risk that the challenge spirals out of reach, undermining the long-term confidence needed to deliver.

Another area of debate is whether or not the emissions from international aviation and shipping should be included within the Bill.

Friends of the Earth Scotland have urged the Scottish Government to alter the Bill, saying: *International aviation and shipping emissions must be included in the targets on the face of the Bill - not, as proposed, being left to Ministers to define how and indeed whether they are included.*

Alongside the Climate Change Bill, the Scottish Government recently consulted on *Making Scotland a leader in green energy: Draft framework for the development and deployment of renewables in Scotland*, in which it was suggested

that a target of 50% of Scotland's electricity should come from renewable sources by 2020 and an interim target of 31% by 2011 and 20% of Scotland's total energy use should come from renewables by 2020.

The Government now faces a testing time by setting these targets at the same time as committing to major transport projects such as the new Forth crossing and the expansion of the A9 to dual carriageway between Perth and Inverness.

These will undoubtedly see an increase in the use of private transport on Scotland's roads and the subsequent rise in emissions which will lead to poorer levels of air quality and affect the health of

those in nearby communities.

Meanwhile, Scottish communities are contributing independently to the emission reduction process.

Stirling aims to become the UK's first carbon neutral city through its *Going Carbon Neutral Stirling* project funded by the Big Lottery Fund and the Scottish Government.

A group in Glasgow has joined the *Carbon Rationing Action Groups* (CRAG), a network of local grassroots groups dedicated to reducing carbon footprints.

The *Carbon Neutral Biggar initiative* aims to reduce Biggar's carbon footprint and to be more self-sufficient and has set-up projects focusing on energy saving and renewable energy, food, travel and waste recycling.

The Government's Climate Challenge Fund provides financial assistance to community groups and is being supported by an alliance of partners from organisations throughout Scotland.

The Sustainable Development Commission Scotland (SDC) is coordinating the work of this alliance and offers to assist communities develop carbon-reduction plans.

Information on the Climate Challenge Fund, what it is for and who can apply is available at:

www.infoscotland.com/gogreener/62.html

For more information on the progress of the Climate Change Bill please visit the Scottish Parliament website at:

www.scottish.parliament.uk/s3/bills/17-ClimateChange/index.htm



leader in green energy: Draft framework for the development and deployment of renewables in Scotland, in which it was suggested

Keeping Scotland Well

In the drive to reduce health inequalities in Scotland, the Scottish Government's *Keep Well* programme focuses on strengthening primary care services for people living in disadvantaged areas.

To support this, the *Keep Well* programme is piloting an anticipatory care model within geographic communities of greatest need across Scotland.

The model consists of providing primary care-based health checks, screening and advice to those aged 45 – 64 who are at increased risk of preventable, serious ill health.

The focus is on cardiovascular disease and its main contributors – high blood pressure and high cholesterol, smoking and diabetes.

Additional attention is now being given to mental ill-health prevention.

Treatments and referral to community and other NHS

services are being offered, with regular monitoring and follow-up.

Keep Well has invested up to £25 million in the period 2006 – 2009 and in the two years to September 2008, 38,788 health checks were completed.



Many people identified through the *Keep Well* programme experience multiple health and social problems and the programme recognises that holistic responses to their needs must be made.

Such responses cannot often be met by the NHS alone and built into the programme are ways of signposting people to services such as money and housing advice, counselling and healthy eating initiatives, as well as specific smoking cessation and physical activity programmes.

This holistic response is most often found in third sector groups and organisations, in particular healthy living centres and community health initiatives, as well as single-focus charities, such as Diabetes UK.

In addition, third sector organisations are trusted by many groups, such as homeless people, travellers, immigrants and refugees, who cannot easily be identified by or find it difficult to access NHS services.

The third sector, therefore, is seen as a key partner in developing the *Keep Well* programme and enhancing its outcomes and NHS Health Scotland is currently in discussion with a number of key organisations about the best ways to take forward partnerships between *Keep Well* and the third sector.

For further information, contact Helen Tyrrell at helen.tyrrell@vhscotland.org.uk or on 0131 652 5992

Updated information on consent to health care and medical treatment

Health Rights Information Scotland (HRIS) launched revised versions of its two leaflets on consent to health care and medical treatment recently.

Consent – it's your decision is for people of all ages and *Consent- your rights* is a special leaflet for young people under 16.

Both leaflets explain how you have a right to be involved in decisions about your health care and treatment. The original versions were published in 2006 and have

been revised after stakeholder consultation.

All patient information is produced by consulting with stakeholders and a large amount of emphasis is placed on involving the public in the design and development to make sure that's it's as useful and useable as possible.

Both leaflets explain:

- ◆ what consent means
- ◆ who is able to give consent
- ◆ how to give consent
- ◆ what happens if you cannot give consent
- ◆ what information you should be

given before making a decision

You can get both of these revised leaflets from:

- ◆ GP and dental surgeries, hospitals and anywhere you receive NHS care
- ◆ your local NHS Board
- ◆ the NHS Helpline on 0800 22 44 88 (textphone 18001 0800 22 44 88)
- ◆ the HRIS website: www.hris.org.uk
- ◆ your local citizens advice bureau (find your nearest bureau online at www.cas.org.uk or in your local phone book)

Meet the NHS Special Boards

Most of the primary and secondary (hospital-based) health services which people in Scotland receive are provided by the 14 geographical NHS Boards.

In addition, some services are provided by eight Special Health Boards within NHS Scotland.

While these Boards, with the readily identifiable exception of NHS 24 and the Scottish Ambulance Service, do not deliver services directly to the public in geographical areas, they have a remit to improve health and health care within all the geographical Boards through specialised functions.

Of the Special Boards, NHS Quality Improvement Scotland (NHS QIS) leads the use of knowledge to promote improvement in the quality of healthcare for the people of Scotland.

NHS Health Scotland provides information, support and resources to improve Scotland's health and reduce inequalities. NHS Education for Scotland (NES) helps to provide educational solutions for health workforce development.

NHS 24 provides telephone- and web-based information and self care advice for people in Scotland.

The National Waiting Times Unit, based at the Golden Jubilee Hospital in Clydebank, is Scotland's flagship hospital for reducing patient waiting times, by responding to referrals from across the country, while the State Hospital is the only special security psychiatric hospital in Scotland, providing care for those with secure care needs.

The Scottish Ambulance Service delivers comprehensive accident

and emergency services, non-emergency services and other associated services.

Finally, National Services Scotland is responsible for a diverse range of support services, including data collection (Information Services Division – ISD) and Health Protection Scotland, to back up the effective



delivery of health care.

All Health Boards in Scotland have a legal obligation to involve the public in the planning, development and improvement of NHS health services.

At geographical Board level, Designated Directors for Public Involvement work to ensure that the voices of people currently and potentially using their services are heard, using a variety of methods for engagement.

The statutory mechanism for engaging the local public in planning and delivery of services more generally is through the network of Public Partnership Forums (PPFs) which are aligned with the 40 CH(C)Ps across Scotland.

Special Health Boards are continually striving to improve the ways in which they engage and involve people in their work, although it can be difficult at times, except where the service is very visible, as is the Ambulance Service.

Some Special Boards have no local stakeholder group and therefore no immediate contact with the local PPFs.

Now, the Special Boards are

planning a national event, aimed at developing relationships with PPFs and establishing mechanisms for ongoing joint working.

The event is likely to take place in late March 2009 in a central location and in advance of this, VHS will prepare and disseminate a special briefing where some of the initial views and issues can be explored.

For further information, contact Helen Tyrrell at VHS or Rosemary

Hampson, Public Partnership Co-ordinator at NHS QIS - 0131 623 4307 or at: rosemary.hampson@nhs.net

Promoting sustainable development

Community Development Alliance (Scotland), Sustainable Development Commission Scotland and the Scottish Government are jointly hosting a conference which aims to develop and support action by people in communities to apply the principles of sustainable development.

The conference, Learning to Work Together for our Future, takes place on 13th February at the Perth Concert Hall.

This event is for anyone working in and for communities, whether as Community Learning and Development workers, people involved in promoting sustainable development, or people interested in community engagement in decision making.

Further details from www.vhscotland.org/events/conf.php

VHS surveys CHP General Managers

In the late autumn of 2008 Voluntary Health Scotland (VHS) invited all Community Health Partnership General Managers (GMs) to participate in a survey intended to ascertain their support needs and wishes in developing effective working partnerships with the third sector.

Around a quarter of all CHP GMs responded.

The first section of the survey asked GMs to rate their knowledge of their local third sector and also their understanding of its capacity.



While the GMs knew in the main what organisations existed locally, they had less knowledge of their capacity to deliver services.

The remainder of the survey focused on areas where the GMs thought specific supports were needed to improve partnership working.

The areas, derived from previous discussions with GMs, were;

- ◆ Quality – can third sector organisations deliver to a set NHS standard?
- ◆ Sustainability – will an organisation be here next year to continue service delivery or are they dependent on only the CHP funding to continue?
- ◆ Accountability – how and to whom do third sector organisations account for their use of public money?
- ◆ Communication – how do

third sector organisations communicate their functions and capabilities effectively to the CHP

- ◆ Risk management – do organisations have policies to manage risks such as staff shortages or loss of operating premises?

Quality issues were rated as being of highest importance and one of the GMs pointed out that locally there had been *some discussions around a kite mark system for third sector organisations.*

The GMs surveyed indicated that they would welcome a clear and robust quality framework for the third sector but none made any mention of any of the frameworks that are already in use, such as the PQASSO quality standard being used within the CVS network.

Closely linked into the General Managers' perceptions of quality within the third sector was the issue of third sector organisations being able to *demonstrate robust accountability arrangements, for example financial and patient / client safety* and it was suggested that intermediary organisations *may need to provide training and support to meet expectations.*

A theme throughout the survey was that GMs thought the third sector needed a greater understanding of *the constraints placed upon statutory organisations*, in that the NHS has strict governance and accountability frameworks which needed to be adhered to.

It appeared that the GMs had little understanding of any mirroring of these arrangements within the third sector.

None of the GMs' responses brought up any insurmountable issues in

developing better working relationships and throughout the survey a generally positive attitude can be found.

The major challenge for our sector appears to be one of communicating in an effective manner the high levels of competency and good governance found in the third sector generally which is necessary to ensure that the sector is seen as a dependable planning and delivery partner able to provide an alternative and complementary model of service delivery.

The final report of the survey will be available from VHS in February 2009.

For more information contact Bill Weir at bill.weir@vhscotland.org.uk

Take the First Step - No Smoking Day 2009

No Smoking Day 2009 is less than two months away on 11th March and the NSD team is now taking orders for the campaign merchandise and urge you to place your orders early as a number of items are extremely popular.

The theme behind this year's events and marketing material is quitting smoking and saving money.

For more information about the 2009 campaign visit www.nosmokingday.org.uk



Democracy in NHS Boards one step closer?

Voluntary Health Scotland continues to follow the progress of the Health Boards (Membership and Elections) Bill through the Scottish Parliament.

The Scottish Parliament Health & Sport Committee heard evidence from a number of organisations in November including VHS, NHS Boards, voluntary organisations and Local Authorities and has published its Stage 1 Report on the Bill.

The report says that: *the majority of the evidence received did not suggest an overwhelming case for direct elections or widespread enthusiasm for their introduction as a means of solving this problem.*

However, there was a broad consensus in the evidence that the proposal, if it proceeds, should be piloted.

The Committee therefore believes that piloting direct elections, alongside pilots of alternative schemes, is the correct approach to take.

The Committee's Report also suggests that the Bill's title is slightly ambiguous as it *could be interpreted as support for the principle of direct elections to health boards, rather than simply for the introduction of pilots to test that principle* and asked whether the title of the Bill should be changed.

The Report concludes with a recommendation from the Committee to the Scottish

Parliament that the general principles of the Bill be agreed, with the understanding that such an agreement relates to the introduction of the pilots and not to the general roll-out of elections across the health boards.

The Stage 1 Debate in the Scottish Parliament took place on 15th January where the Deputy First Minister and Cabinet Secretary for Health and Wellbeing, Nicola Sturgeon, started proceedings by saying:

We believe that democracy is a good thing and that opening up NHS boards to the public through elections will deliver better decision making and, ultimately, even better services than those we already enjoy.

However, I realise that many people, inside and outside Parliament, remain unconvinced.

As well as powerful positive contributions from bodies such as Unison and Voluntary Health Scotland, the Health and Sport



Committee heard a range of concerns from organisations such as the British Medical Association.

Those organisations' voices are respected and their views should be listened to.

During the debate all participating MSPs supported the general principles of the Bill, but most felt

that key amendments are required to move the Bill to the latter stages of the parliamentary process.

These include:

- ◆ Health ministers having the power to dismiss a person who had been democratically elected to a Board
- ◆ The rising cost of rolling out the direct elections to all Boards (now estimated at £20 million)
- ◆ Time commitment from candidates in larger wards e.g. Highland and Islands will be higher than smaller boards such as Lothian
- ◆ Concerns over registering 15 year olds' personal information to enable them to vote at the ages of 16 and 17

The Deputy First Minister acknowledged that further work was needed during the next stages in the Bill's passage.

She also satisfied the Health and Committee request for alternative approaches to increase engagement and involvement by saying that the Government is bringing forward details of non-statutory pilot schemes that will run concurrently with elections in advance of Stage 3.

At decision time later in the day MSPs voted unanimously in support of the general principles of the Bill.

Stage 2 amendments may now be lodged with the clerks to the Health and Sport Committee.

For more information on this Bill please visit The Scottish Parliament website at: www.scottish.parliament.uk/s3/bills/13-HealthBoards/index.htm or contact Phil McAndrew on 0131 652 5994 or via phil.mcandrew@vhscotland.org.uk