

Healthy Working Lives

a plan for action



healthier
scotland
SCOTTISH EXECUTIVE

healthyliving

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Ministerial Foreword



1

Scotland faces the challenge of delivering greater economic prosperity in the knowledge that we have a poorer health record than many of our leading economic competitors and demographic trends which suggest that our working-age population is likely to decline in the years ahead.

When we launched the *Health Improvement Challenge* document in March 2003, we identified the workplace as an area for focused action to promote public health and tackle inequalities. This document, our action plan for *Healthy Working Lives*, demonstrates our commitment to taking forward such action. It recognises that health improvement cannot be delivered solely by the NHS and outlines actions which link, promote and improve access to services covering education, workplace safety, social support and vocational advice and training. It also provides the framework for delivery of key Partnership Agreement commitments aimed at improving the health of working-age people such as the development of well men clinics, personal health plans and employee screening services.

Healthy Working Lives has been developed in partnership with representatives of trade unions, small and large business, voluntary groups, the Health and Safety Executive and a range of medical professionals. It looks to build upon the success of existing initiatives and draws together what, until now, have been distinct strands of work focusing on Employability, Health & Safety, Occupational Health and Health Promotion into a single coherent strategy which will allow us to better engage with, and enthuse, employers in all sectors of the economy. It provides a focus for an ongoing partnership with UK-wide organisations such as the Department for Work and Pensions and the Health and Safety Executive and describes a series of practical steps which, we believe, will deliver real benefits for Scottish employers and their current and future employees.

Healthy Working Lives signals our intention to improve the health of working-age people in Scotland. It talks a language which, we believe, can appeal to employers across all sectors of the economy and seeks their support in the national effort to improve our competitiveness as a nation through action to improve health and reduce health inequalities. This strategy can deliver real and practical benefits for people, for organisations and for business. We commend it to you.

Tom McCabe, MSP

Deputy Minister for Health and Community Care

Lewis Macdonald, MSP

Deputy Minister for Enterprise and Lifelong Learning

A woman with short blonde hair, wearing a blue jacket, is standing in a hallway. She is holding a rolled-up document in her right hand and a red bag with a yellow stripe in her left hand. She is looking towards the right. The background is a plain wall with a door.

→ Summary of Actions



Summary of Actions



Spearheading Change

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- 1 We will bring together Scotland's Health at Work, Safe and Healthy Working and NHS Health Scotland's workplace health team into a single, integrated organisation, provisionally called the Scottish Centre for Healthy Working Lives (para 3.7 refers).
- 2 We will draw together a small group of stakeholders with a knowledge of workplace health, including representatives from business, statutory, representative and professional groups to inform the structure, branding, remit and objectives of this new unit and ensure that it is able to drive the delivery of *Healthy Working Lives* (para 3.8 refers).

Pilot Programmes

- 3 We will agree a series of specific pilot projects to test proactive engagement to promote *Healthy Working Lives* in particular industry sectors and among groups of workers with specific occupational health and safety challenges, including socioeconomic deprivation (para 4.9 refers).
- 4 The Scottish Executive Health Department will explore with the Department for Work and Pensions and other partners, opportunities for piloting a vocational rehabilitation service within GP surgeries (para 5.13 refers).
- 5 We will pilot the development of personal health and development plans for a nominated target group and a service offering targeted rehabilitation services for people who come into contact with clinical services through work-related conditions (para 5.14 refers).
- 6 As part of the National Programme's Action Plan on Mental Health 2003-06, we will implement pilot projects on job retention for people who develop mental health problems (para 4.10 refers).
- 7 We will develop a national framework for employee health screening services that meets the aspirations of the wider *Healthy Working Lives* agenda. This will be tested in a range of workplace settings and be linked, as appropriate, to GPs and local support services (para 5.15 refers).

Delivering Benefits

- 8 We will refresh published guidance on workplace health and safety issues and extend the range of available guidance to reflect the extended scope of the strategy for *Healthy Working Lives* (para 4.11 refers).

- 4 9 We will rationalise existing contact points and establish a consistently branded and marketed support service through a single, integrated set of telephone, web and field-based access channels for both business and individuals (para 5.11 refers).
- 10 We will appoint an employability co-ordinator whose role it will be to provide an effective link between Scottish employers and the range of voluntary and statutory groups working to promote employment and self employment of those with health-related problems (para 4.12 refers).
- 11 We will review the qualifying criteria for the current SHAW awards in light of the broader direction and priorities identified within this plan and related health improvement strategies. As part of this process we will also revisit how the success of the SHAW framework can best be measured in the workplace setting (para 4.13 refers).
- 12 We will work with the business community to identify additional support that can be given to businesses to introduce effective tobacco policies in order to protect the health of their workforce (para 4.15 refers).

Engaging Widely

- 13 We will explore how links to ethnic minority and diverse communities groups, including local voluntary organisation councils that exist outwith the traditional framework for accessing health and employment services, can be further established to secure wider engagement with the *Healthy Working Lives* strategy (para 5.16 refers).
- 14 We will engage with the RCN Occupational Health Nurses Group, the Faculty and Society of Occupational Medicine, the Institution of Occupational Safety and Health and other professional groups to establish how links can be developed with the wider occupational health community to harness their support for development and implementation of this strategy (para 5.12 refers).
- 15 We will develop links with individual Executive departments to adopt a cross-cutting approach to the promotion and support of employability amongst disadvantaged health groups (para 5.17 refers).
- 16 NHSScotland, COSLA and the Scottish Executive will drive and oversee the delivery of *Healthy Working Lives* for staff within their respective organisations (para 6.17 refers).

Evidence and Assessment

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- 17 We will review the international evidence base on *Healthy Working Lives* and identify future research priorities, including the build-up of a library of best practice case studies in order to develop the business case for healthy workplace cultures (para 4.14 refers).
- 18 We will fund a mapping exercise of existing employer/employee occupational health services across Scotland to determine current capacity and gaps in service provision and inform future national plans and community planning priorities (para 5.10 refers).
- 19 We will work with the Health & Safety Executive to establish a baseline of information about current practice within Scottish employers covering access to occupational health and safety services, policies on substance misuse, health promotion approaches in the workplace and other health issues and approaches to the management of health and safety (para 6.16 refers).
- 20 We will develop national standards for occupational health and safety providers in conjunction with the Royal College of Nursing, the Faculty of Occupational Medicine, the Society of Occupational Medicine, the Institution of Occupational Safety and Health and the National Education Board for Scotland as the basis for the development of a national training strategy to support the delivery of our plans (para 6.14 refers).
- 21 We re-confirm our support for the targets of Securing Health Together¹ and will agree a broader suite of measures through the Joint Ministerial Steering Group on Health Improvement in order to reflect the breadth of this new plan (para 6.15 refers).

¹Health & Safety Commission (July 2000) – Securing Health Together, a long-term occupational health strategy for England, Scotland and Wales

1 → | **Background**





Background



Introduction

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- 1.1 Improving the health of the Scottish people is critical to the Scottish Executive's vision of a confident and prosperous nation. We need to both inspire and support people in efforts to improve their health and wellbeing and maximise their potential contribution to society.
- 1.2 *Improving Health in Scotland – The Challenge*, sets out the Scottish Executive's determination to improve health and reduce health inequalities and identifies the workplace as a potential vehicle for activity to drive positive change. This document takes up that challenge. It sets out the long-term vision for the contribution that the workplace can make to health improvement and reducing inequalities and identifies a series of practical first steps to offer employees and potential employees the prospect of enjoying and benefiting from *Healthy Working Lives*.

The Challenge

- 1.3 Scotland has a diminishing and ageing population, with a relatively low birth rate and low level of immigration compared to the rest of the United Kingdom (UK). It is projected that the number of people of working age will fall by 8 per cent from 3.15 million in 2002 to 2.88 million in 2027; and the number of people of pensionable age will rise by 25 per cent to nearly 1.2 million in 2027. Without allowing for the change in the female pension age, which rises from 60 to 65 between 2010 and 2020, the number of people over pensionable age will increase by 45 per cent between 2002 and 2027. The number of Scots aged 16-29, a core group in terms of entrants to the labour market, is expected to decline by approximately 9 per cent over the next 20 years.¹ In other words, at some point in the future, the responsibility for producing our economic wealth may fall to a smaller proportion of our population.
- 1.4 In such circumstances, Scottish employers are likely to face increasing competition to attract and retain high quality staff. This may be further exacerbated in some sectors by the need to compete for talent in an international market against employers reacting to similar pressures in other advanced economies.

¹ Government Actuary's Department (GAD) (Dec 2003) – Projected Population of Scotland (2002 Based)

- 8 1.5** We face this challenge with the knowledge that Scotland has poor health by UK and European standards and high levels of inequality in terms of health outcomes for different socio economic groups.² The health of working-age people, that period of life in which men and women are considered to be available, but not necessarily involved in, paid employment is of particular concern. We have higher rates of smoking,³ higher levels of heroin use,⁴ and higher levels of problem drinking⁵ than the rest of the United Kingdom. 2.2 million working days are lost every year through ill-health⁶ and we know that amongst men and women aged 15-74 we have one of the worst records in Europe for both overall mortality and specific conditions such as lung cancer, oesophageal cancer and ischaemic heart disease.⁷
- 1.6** Around 350,000 Scots currently claim sickness and/or disability benefits, of which 285,000 claim Incapacity Benefit. 45 per cent of these people have been on Incapacity Benefit for 5 years or more and the highest concentrations of claimants are found in some of our most disadvantaged communities.⁸ There also exists clear evidence to support the link between low income and health.⁹
- 1.7** The level of economic activity amongst older workers and particularly older men is significantly lower in Scotland than in England, with the lowest rates to be found in our largest cities and in former, heavy industrial areas.¹⁰ Scotland also has the lowest employment rate for disabled people of working age of all the regions of the UK.¹¹

² The Scottish Executive (2003) – Inequalities in Health – report of the Measuring Inequalities in Health Working Group

³ Scottish Health Survey 1998

⁴ EMCCDA Report 2002

⁵ Office of National Statistics – General Household Survey 1998

⁶ HSE (National Statistics) – Statistics of Occupational Safety, Ill Health and enforcement action 2002/03 Scotland

⁷ David Leon (2003) – Understanding the Health of Scotland's Population in an International Context

⁸ The Scottish Executive (2002) – Intelligence Report, Welfare to Work Task Force Disabled/Inactive Benefits Working Group

⁹ Sir Donald Acheson (1998) – Independent Inquiry into Inequalities in Health Report

¹⁰ Office for National Statistics summer 2003 quarter – Labour Force Survey

¹¹ Office for National Statistics summer 2002 quarter – Labour Force Survey

Acknowledgements

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- 1.8** Over the past few months, a short-life working group has been meeting to develop this action plan (membership detail shown at Annex A) and begin the process of mapping what is a huge and complex agenda with the aim of creating and sustaining opportunities to enable *Healthy Working Lives*. The group has included Scottish employers and their representative organisations, trade unionists, specialists in public health, civil servants and key members of the voluntary sector.
- 1.9** We would like to thank those in the group and others who have contributed to the open and constructive debate which has resulted in a shared vision of the future which we believe is capable of uniting and appealing to all sectors of the economy.



2 → | **Our Approach**



Our Approach

Introduction

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- 2.1** We know that being in work brings physical, mental, spiritual and financial benefits whilst conversely, being out of work for any length of time is detrimental to health and wellbeing.¹² Work, particularly if it is long-term and relatively secure, can promote confidence, independence and social inclusion.¹³ It can also provide a focus for health promotion by providing a safe environment and offering a setting for advice and support to help us sustain healthy lifestyles. It therefore lies at the heart of efforts to improve our national quality of life.
- 2.2** Of course, work can bring health risks as well as benefits. Up to 16 per cent of Accident and Emergency attendees in Scotland have work related health problems¹⁴ whilst the Labour Force Survey noted that 6 per cent of workers have had health problems caused by or made worse by their work.¹⁵ There are particular health problems associated with lower socioeconomic groups in the workforce.¹⁶ Health and safety failures are estimated to cost around £0.5 billion every year, whilst new ways of working have brought new risks in terms of problems associated with visual and keyboard ergonomics, information overload, and pressures on the work-life balance.¹⁷

Definition

- 2.3** A healthy working life is one that continuously provides working-age people with the opportunity, ability, support and encouragement to work in ways and in an environment which allows them to sustain and improve their health and wellbeing. It means that individuals are empowered and enabled to do as much as possible, for as long as possible, or as long as they want, in both their working and non-working lives.

¹² Prof M H Brenner, Unemployment and Public Health, Interim Report to the European Commission Directorate General Employment, Industrial Relations and Social Affairs DG EMPL/A/1 VC/2000/0022

¹³ Sir D Acheson, Report of Independent Inquiry into Inequalities in Health. The Stationery Office 1998 ISBN 0 11 322 173

¹⁴ Harker *et al* Occupational accidents presenting to the accident and emergency department. Archives of Emergency Medicine. 9(2):185-9, 1992

¹⁵ Office for National Statistics – Labour Force Survey 2003

¹⁶ Sir D Acheson, Report of Independent Inquiry into Inequalities in Health. The Stationery Office 1998 ISBN 0 11 322 173

¹⁷ HSE (National Statistics) – Statistics of Occupational Safety, Ill Health and enforcement action 2002/03 Scotland

- 12** **2.4** A healthy working life depends upon far more than the absence of disease or infirmity. It demands that individuals maximise what is sometimes called “functional capacity”; our physical, mental and social capacity to make a positive contribution to society and gain the maximum satisfaction and consequent benefit from our working life. This involves improving peoples’ fitness for the work they choose, equipping them to undertake such work and adjusting expectations of fitness, as the work available or personal circumstances change. This is as much about having appropriate skills, knowledge and being able to work in a safe and supportive environment that does not cause unnecessary stress or strain, as it is about physical wellbeing.

Scope

- 2.5** Our aim is to provide support and opportunities for individuals to maximise their functional capacity throughout their working lives. This begins with employability and includes support for the development of basic skills for those who find themselves at some distance from the workplace, services to address physical or mental health conditions and advice on vocational, education or training issues. Whilst in work, it requires support to engender and facilitate a commitment to lifelong learning, ensure that people work in safe, supportive environments, maintain awareness of the importance of healthy lifestyles and provide access to a range of rehabilitation services should physical or mental health issues compromise effectiveness.
- 2.6** *Healthy Working Lives* requires the commitment of Scottish employers. This in turn, requires us to enhance mechanisms for advice, support and recognition. We need to make and publicise the business case which will persuade employers to invest in creating and sustaining supportive and inclusive cultures, offer employment opportunities to disadvantaged groups, provide health benefits for their staff and promote involvement in workplace-based health improvement initiatives. It requires a comprehensive approach to the promotion and management of occupational health and safety within Scottish workplaces to retain and sustain a healthy, productive workforce.

2.7 To be successful, we believe that our strategy and actions need to be based upon the following principles:

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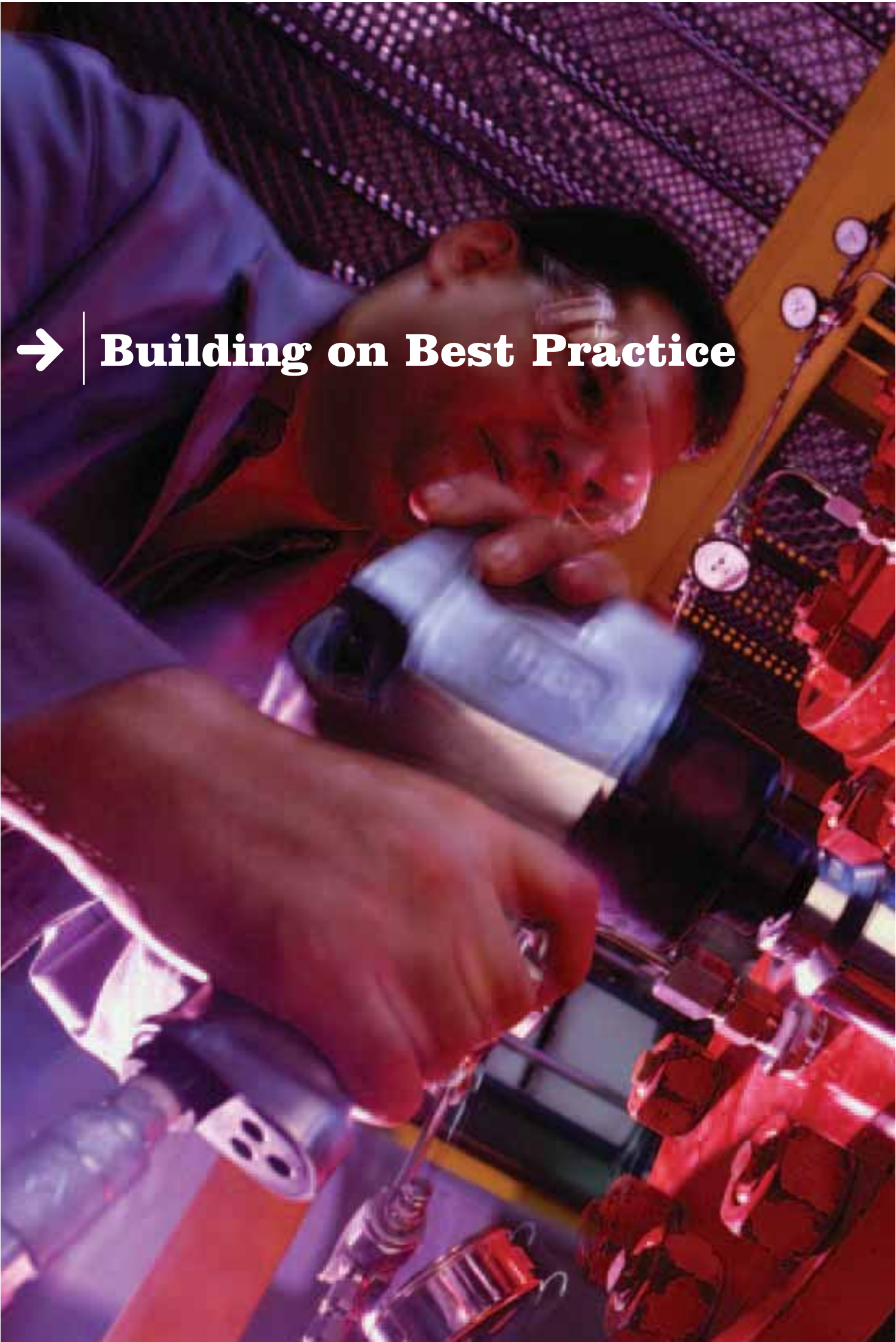
- **Engagement of employers and the self employed** – we need to secure the support of employers across the private, public, voluntary and social enterprise sectors as well as those who are self-employed or seeking to establish their own business. This will require us to engage with employers at both local and national level on the basis of a clear and readily accessible proposition which adds value to their organisations. This in turn, requires us to develop a clear business case and a range of other resources to encourage employer investment in workplace health.
- **Focus** – we need to demonstrate the value of the workplace as a setting for the delivery of health promotion. This requires us to identify the ways in which the workplace can be used to support national programmes on smoking, drugs, obesity, alcohol, physical activity, health and homelessness and mental health.
- **Reach** – *Healthy Working Lives* requires action that stretches far beyond the traditional health agenda. We need to build upon, and complement, other Executive and reserved strategies for supporting people into formal employment and through this, help to tackle the causes and consequences of poverty and deprivation and provide suitable education and training opportunities for Scottish employees.
- **Integration** – although the National Health Service (NHS) has an important role to play, it cannot act alone. We need to work with local government, voluntary groups, trade unions, professional and representative groups, the academic community and employers to develop and sustain a programme of change. In particular we need to integrate our approach with the actions and plans of the UK-wide Department for Work and Pensions and Health and Safety Executive, as well as Scottish Enterprise and Highlands and Islands Enterprise in relation to creating a “Smart, Successful Scotland”.
- **Research** – our approach needs to be underpinned by a commitment to establishing the evidence base for our actions and disseminating this learning, in accessible ways, to the organisations and individuals that can make a difference.

2.8 *Healthy Working Lives* is a long-term strategy which requires a long-term commitment from those involved. We need to raise awareness of the importance of the challenge and set aside traditional boundaries, of whatever sort, in order to deliver meaningful results for our working population.

3



Building on Best Practice





Building on Best Practice



Introduction

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- 3.1** In outlining a strategy for *Healthy Working Lives*, it is important to recognise that we are not starting from scratch. Scotland already benefits from high quality support and services designed to protect and improve the occupational health and safety of its workforce and encourage the creation of supportive environments. Whilst all of these services impact on individuals, many are designed to focus on the needs of specific groups. The challenge is to harness the range of skills and expertise in a more integrated way to enable a focused approach to improving the health of working-age people and enabling them to enjoy healthy lifestyles.

Existing Support Services

- 3.2** Employers and workers within Scotland have access to a range of services and initiatives designed to help improve and protect the health of workers. These include:
- ➔ **The Health and Safety Commission (HSC) and the Health and Safety Executive (HSE)** – who are responsible for the regulation of almost all the risks to health and safety arising from work activity in Great Britain. Their mission is to protect people’s health and safety by ensuring risks in the changing workplace are properly controlled, providing advice, ensuring compliance, facilitating partnership working and preparing guidance on health and safety issues. The current *HSC Strategy for Workplace Health in Great Britain to 2010 and beyond*¹⁸ contains strong commitments to rising to the challenge of occupational health and safety through improved partnership and providing accessible advice and support. This builds on the work in *Securing Health Together, a long-term occupational health strategy for England, Scotland and Wales*.¹⁹ The HSE shares enforcement responsibility for health and safety legislation with local authorities and work is in hand to bring a more co-ordinated approach to this relationship.
 - ➔ **Environmental health management, policy and training services** – provided by Local Authorities who have enforcement responsibility for health and safety in the service, retail and leisure sectors. This enforcement work is co-ordinated through a joint HSE and local authority committee (HELA). Local Authorities also provide a range of support for employers including advice on workplace health and safety matters. In addition some authorities can provide basic health and safety training accredited by the Royal Environmental Health Institute for Scotland (REHIS).

¹⁸ Health & Safety Commission (February 2004) – A strategy for workplace, health and safety in Great Britain to 2010 and beyond

¹⁹ Health & Safety Commission (July 2000) – *Securing Health Together, a long-term occupational health strategy for England, Scotland and Wales*

- 18** → **Occupational health and safety services** – provided in-house by a number of large employers, and commercially in a number of NHS Board areas by both NHSScotland and private-sector suppliers. These include technical services such as ergonomic advice, noise surveys and advice on chemical hazard control, management and policy services such as accident investigation and health and safety audits, training services and the delivery of clinical services to individual employees on behalf of an employer to keep people in employment and to facilitate early return after sickness absence.
- **Scotland's Health at Work (SHAW)** – the national health partnership comprising CBI Scotland, STUC, Scottish Enterprise, Highlands and Islands Enterprise, COSLA, the Health & Safety Executive, the Federation of Small Businesses, the Scottish Executive, NHS Health Scotland and the 15 NHS Boards. The programme, established over 7 years ago, aims to encourage and support workplaces to make the active promotion of good health an integral part of Scottish corporate culture. Working through a network of specialist workplace advisors, based within each NHS Board, SHAW already covers 27 per cent of the Scottish workforce and is aiming towards securing 40 per cent coverage of the Scottish workforce by the end of March 2006. The Scottish Executive has committed investment of £2 million over 3 years to expand coverage of SHAW to increase the engagement of small- and medium-sized businesses (SMEs) in the programme.
- **Safe & Healthy Working** – the national occupational health and safety support service for small- and medium-sized enterprises (SMEs). Backed by £3 million over 3 years, it offers confidential advice to both employers and employees and access to occupational health and safety advice through a website, confidential telephone helpline and network of field advisors who carry out occupational health and safety needs assessment in the workplace. It is also piloting clinical services run by Grampian, Fife and Glasgow NHS Boards which will enable GPs to refer their patients for an expert occupational assessment at a monthly half-day session, run by either an occupational consultant or occupational health nurse adviser.
- **Age Positive** – a Department for Work and Pensions sponsored working group set up to tackle age discrimination and promote diversity in employment.
- **Personnel policy advice and training** – practical advice for business leaders and/or Human Resource Departments or leads from NHS Health Scotland and local NHS Board health promotion teams on issues such as smoking, alcohol, stress, work-life balance, bullying and harassment, breastfeeding, dental and oral health and physical activity, as well as more general guidance on writing and implementing staff health policies.

- **Health promotion** – local NHS Health Board departments throughout Scotland working in partnership with a number of agencies to offer specialised support by identifying, supporting and delivering programmes and initiatives to improve the health and wellbeing of the population. As a direct consequence of the additional SHAW funding, local NHS Boards have been able to enhance the dedicated support for workplaces within their Health Promotion Teams. These staff are closely linked to emerging Community Health Partnerships and play a vital role in facilitating partnership working at local level. They provide valuable support promoting a range of national initiatives including the Scottish Healthy Choices Award for healthy food, physical activity resources such as the “Walk in to Work Out” pack and the *Jog Scotland* programme of training for workplaces. They also support national campaigns such as No Smoking Day, the European Week of Health & Safety and Mental Health Week through the delivery of locally developed initiatives appropriate to the needs of local employers.
- **Towards a Safer and Healthier Workplace** – the strategy for the NHS workforce which has expanded multidisciplinary occupational services across the NHS to improve the health of NHS employees and in some NHS Board areas, developed the capacity to provide commercial services to non NHS organisations.
- **Work Positive** – a NHS Health Scotland-sponsored step-by-step process that assists organisations in taking the necessary action to identify and reduce potential causes of organisational stress.
- **Working Backs Scotland** – a NHS Health Scotland-sponsored campaign in which 20 partnership organisations have worked together to address acute low back pain, one of the biggest causes of absenteeism.
- **The National Programme for Improving Mental Health and Well-Being** – a Scottish Executive-funded programme which aims to stimulate local and national action on workplace mental health support for employers, reduce stigma and discrimination and increase the employment access of people with mental health problems.

- 1.8** **3.3** There are also a number of initiatives in Scotland which aim to promote employability amongst groups who find themselves at a long-term disadvantage in the labour market because of problems relating to health as well as lack of skills and other barriers to employment. Some of the main ones include:
- **New Futures Fund** – a Scottish labour market programme which engages client groups in receipt of Incapacity Benefit and Income Support, including ex-offenders, people with mental health problems, substance misusers, the homeless, people who are HIV positive and disabled people.
 - **Healthy Return** – a Glasgow-based DWP sponsored Job Rehabilitation and Retention Research Programme pilot which aims to evaluate interventions aimed at helping people whose jobs are in jeopardy due to illness to remain in employment.
 - **Pathways to Work** – a DWP-sponsored project in several UK sites including Renfrewshire, Inverclyde, Argyll & Bute Jobcentre Plus District which, in close collaboration with NHSScotland, is providing support to IB clients looking to find employment.
 - **New Deal & New Deal for Disabled People** – Six main New Deal programmes, sponsored by DWP/Jobcentre Plus, targeting different client groups in order to help them find work. Participation is voluntary for individuals over 50, lone parents, disabled people and partners of unemployed and mandatory for other groups.
 - **Training for Work** – a Scottish Executive-sponsored programme, aiming to help long-term unemployed into work, with early entry available to members of disadvantaged groups.
 - **Progress2Work** – a DWP/Jobcentre Plus programme aimed at helping particularly hard to help clients with a history of drug misuse to find work and **Progress2Work Link Up** which extends the approach to other clients including the homeless, ex-offenders and people recovering from alcohol misuse problems.
 - **Access to Work** – a DWP programme that offers practical advice and help in a flexible way to overcoming practical obstacles disabled clients may experience in finding and retaining employment.
 - **Modern Apprenticeships** – a Scottish Enterprise sponsored programme offering people aged over 16 the chance of paid employed linked with the opportunity to train for jobs in craft, technician and management skills.
 - **Skillseekers** – a Scottish Enterprise sponsored programme for young people wanting to develop skills and equip themselves for the world of work. It is open to people who have left school and have a job or who are looking for work.

Future Development

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- 3.4** We acknowledge the progress being made for clients of these services and argue they should provide the key mechanisms for delivering *Healthy Working Lives*. However, whilst these are in the main complementary, they support a number of separate strategic objectives. All have relevance to the wider *Healthy Working Lives* agenda but lack a shared vision of that agenda and a common understanding of how programmes can contribute effectively to the delivery of any such vision. We now wish to build upon the opportunities offered by joint working to deliver an approach that shares learning, pools expertise and addresses gaps in the provision of services for employers and those in work, or wanting to work, across Scotland.
- 3.5** The starting point will be to bring together Scotland's Health at Work, Safe and Healthy Working and the workplace health activities of NHS Health Scotland to form a single, integrated organisation to promote *Healthy Working Lives*. This will better integrate these critical activities, minimising the risk of duplication and providing a single focus for workplace health.
- 3.6** Provisionally called the Scottish Centre for Healthy Working Lives, this new organisation will be established as a discrete entity within NHS Health Scotland so that it maximises potential synergies with other parts of the health improvement agenda. It will be structured and managed in a way which is outward facing so that it is capable of building its profile, establishing credibility and successfully engaging with employers across Scotland. It will be tasked with bringing coherence to the agenda of *Healthy Working Lives*, developing and implementing a research programme to move that agenda forward and building constructive working relationships with key stakeholders and potential delivery partners beyond the NHS such as the Department for Work and Pensions, the Health and Safety Executive and Local Authorities.

Actions

- 3.7** We will bring together Scotland's Health at Work, Safe and Healthy Working and NHS Health Scotland's workplace team into a single, integrated organisation provisionally called the Scottish Centre for Healthy Working Lives.
- 3.8** We will draw together a small group of stakeholders with a knowledge of workplace health issues, drawn from business, local authority, academic, STUC and voluntary sectors, occupational health and safety and health promotion professionals to produce recommendations covering the structure, reporting relationship, remit, branding, marketing and timetable for this unit so that it is able to drive the delivery of *Healthy Working Lives*.

4 → | Supporting Employers





Supporting Employers

Introduction

4.1 The Executive recognises that many employers, particularly small and medium-sized enterprises working in highly competitive markets under continual pressure to cut costs, may not instantly identify action to promote *Healthy Working Lives* as a critical business activity. However, in light of the costs and risks to competitiveness associated with our health and demographic challenges and evidence that employees across both the public and private sectors are increasingly critical of their employers and less satisfied with key issues such as working hours, prospects for promotion, workload and pay,²⁰ we believe that such a case should and can be made. There is increasing evidence that a broader, more integrated approach to employee health can result in cost savings, higher levels of productivity, improved morale and lower turnover amongst employees.²¹

Aim

- 4.2** Our aim is to inspire and engage employers in the delivery of *Healthy Working Lives*. This will be an integrated strategy which enables employers across the public, private and voluntary sectors to:
- Ensure a safe and healthy workplace, handle health and safety incidents and take corrective action, where necessary.
 - Help meet their obligations under new and existing legislation covering issues such as occupational health and safety, disability discrimination, age, religion and belief, sexual orientation, race and sex discrimination, working time, parental leave and equal opportunities.
 - Support the development and implementation of policies for staff covering issues such as childcare, work-life balance, training and development, effective employee support, mental health and substance misuse.
 - Create and sustain a positive working culture which might, for example, involve approaches to employee development, communication and participation as well as consideration of job-related factors such as workload, autonomy and control, role clarity, job content, work scheduling and environmental conditions.
 - Introduce policies on issues such as smoking and stress management which protect the health of their staff.

²⁰ Economic and Social Research Council (ESRC), London School of Economics (LSE) and Policy Studies Institute (PSI) (May 2002) – Working in Britain in 2000 Survey

²¹ Dr Ewan Macdonald, Salus OH&S service and Glasgow University

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- Deliver workplace health promotion programmes as part of a commitment to improving the health of employees and support staff in their efforts to become more active, give up smoking, moderate alcohol consumption, change their diet or make other healthy lifestyle choices.
- Modify workplaces and processes to help people who experience problems with their physical or mental health to enter into employment, remain in and/or return to work. Action might, for example, range from additional investment in specialist computer equipment, through to a decision to reschedule working hours in order to allow access to appropriate medication or treatment services.
- Know how to access appropriate rehabilitation, occupational health and safety and disability support services.
- Offer appropriate employment or self employment opportunities to those for whom health-related problems might be a barrier to formal employment.
- Support training and development of all employees.
- Receive recognition for their achievements.

Approach

4.3 There is already increasing interest within Scotland in Corporate Social Responsibility and the benefits that can flow from an affirmative relationship between business and society. All businesses have influence or power in their community. By using this influence appropriately, a company can not only benefit its local community, but also its own business. *Healthy Working Lives* defines one approach to delivering such benefits, by suggesting practical action to improve the occupational health and safety of staff and develop an organisational culture which supports diversity and promotes good physical and mental health. This, in turn, offers the potential to improve productivity, increase the attractiveness of an employer to new recruits, maintain a positive corporate reputation amongst customers and other key stakeholders, improve employee satisfaction, and better understand and respond to diverse market places.

- 4.4** The provisionally-named Scottish Centre for Healthy Working Lives will be charged with developing and implementing programmes of action which will enable employers to act upon the broad agenda for *Healthy Working Lives*. It will seek to pilot new approaches including the development of a framework to encourage health screening of employees and pilot projects aimed at assisting employers to allow those who develop health problems to remain in employment. We would also expect to work with partners such as the Health & Safety Executive to develop integrated programmes of action designed specifically for particular industry sectors. This could, for example, see us working to reduce the level and impact of violent attacks on retail staff or tackling musculoskeletal problems within certain professions.
- 4.5** To be successful, we will need to take the broad, all-encompassing view of health described in this and other health promotion documents and establish it firmly within the business strategies of Scottish employers. This will need to be sustained through communication, partnership working and by re-thinking some of our established approaches to promoting workplace health, so that they reflect this broader agenda. In particular we will require effective working relationships, including referral arrangements and protocols, where appropriate, with a range of third party organisations including:
- The Department for Work and Pensions
 - Jobcentre Plus
 - The Health and Safety Executive
 - NHS and private sector suppliers of occupational health and safety, smoking cessation and other support services
 - Respected academics and business schools throughout Scotland and further afield
 - Exemplar employers and their representative organisations
 - Federation of Small Businesses
 - Trade unions
 - Voluntary sector and other organisations such as Voluntary Health Scotland, Black and Ethnic Minority Infrastructure Scotland (BEMIS), Alcohol Focus Scotland, Scotland Against Drugs, Scottish Drugs Forum, ASH Scotland, Men’s Health Forum, the *See Me* campaign and others responsible for promoting relevant issues
 - Disability services
 - Vocational training and lifelong learning advisory bodies.

- 24** **4.6** We face the challenge of getting our message across to employers who often find themselves overloaded with information and advice. This will require a real understanding of the competing pressures on employers and a commitment to base any advice upon the evidence of what is likely to work and a business case which supports an investment of time or money by the employer. It will necessitate the development of a consistent lead brand to replace the different brands currently in operation and the ability to make advice accessible through a range of channels including telephone helplines, internet or intranets and where appropriate, field-based advisors.
- 4.7** By integrating existing programmes in this way we expect that the new Centre will be able to further raise the profile, reach and impact of workplace health promotion programmes. Our intention is to offer a comprehensive range of advice on workplace health and health promotion, including relevant guidance and support on developing and implementing policies on key health issues. It will also build on the success of Scotland's Health at Work (SHAW) by seeking to expand the current framework so that it reflects the broad definition of health which underpins this document.
- 4.8** The Centre will also be expected to develop or access competence in research and evidence gathering. This will allow us to inform future policy development and enable employers to make informed choices about investing in workplace health. We have recognised from the outset that we need to build a clear business case for *Healthy Working Lives* and believe that a rigorous approach to evaluation, a proactive commitment to disseminating evidence and a willingness amongst Scottish employers to share their experiences, will all help to enhance the international evidence base that already supports such a case.

Actions

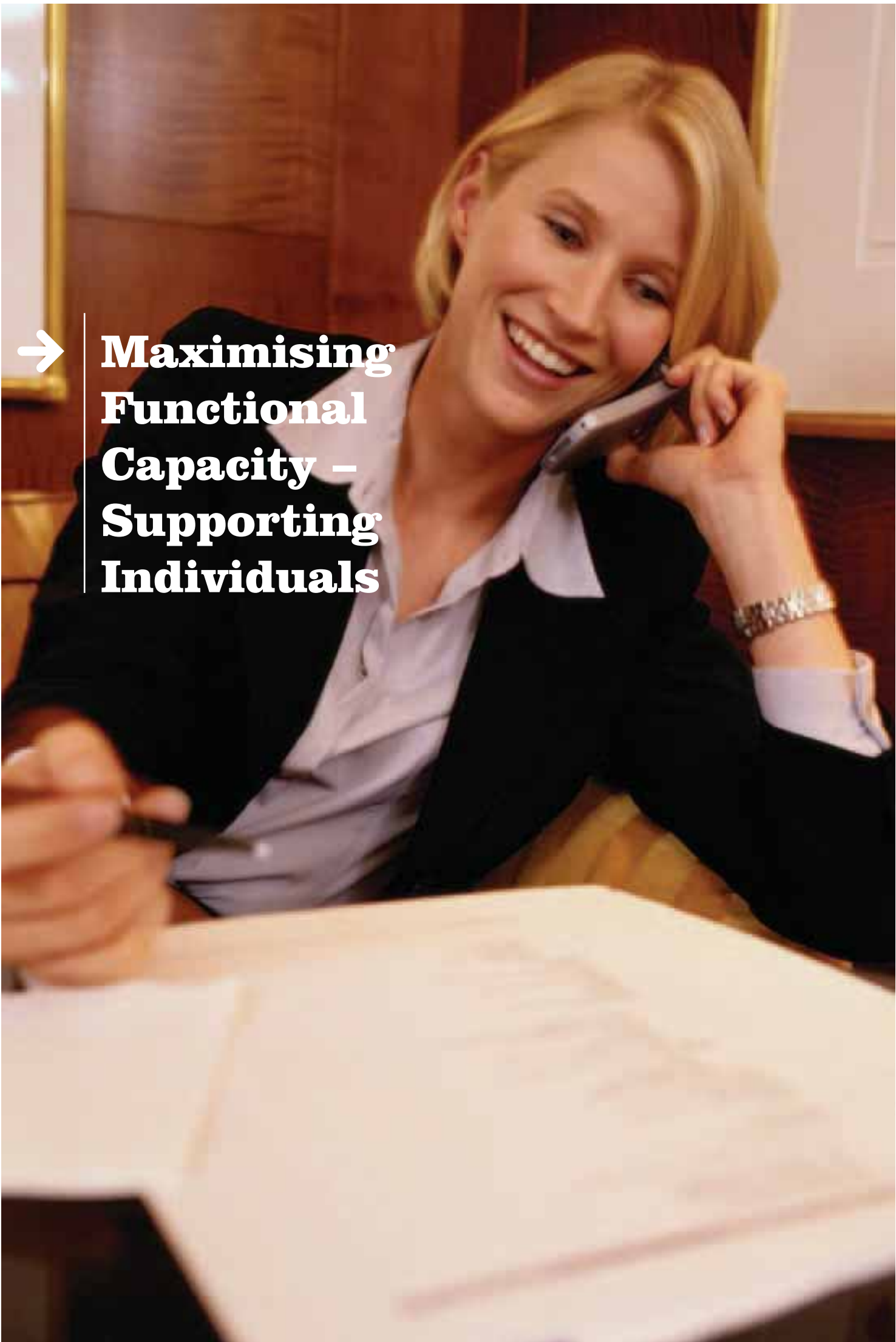
25

- 4.9** We will agree a series of specific pilot projects to test proactive engagement to promote *Healthy Working Lives* in particular industry sectors and amongst groups of workers with specific occupational health and safety challenges, including socioeconomic deprivation.
- 4.10** As part of the National Programme's Action Plan on Mental Health 2003-06, we will develop pilot projects on job retention for people who develop mental health problems based on successful work in Bristol and Avon.
- 4.11** We will refresh published guidance on workplace health and safety issues as an early priority within our marketing strategy and extend the range of available guidance to reflect the extended scope of the strategy for *Healthy Working Lives*.
- 4.12** We will appoint an employability co-ordinator whose role it will be to provide an effective link between Scottish employers and the range of voluntary and statutory groups working to promote employment and self employment of those with health-related problems.
- 4.13** We will review the qualifying criteria for the current SHAW awards in light of the broader direction and priorities identified within this plan and related health improvement strategies. As part of this process we will also revisit how the success of the SHAW framework can best be measured in the workplace setting.
- 4.14** We will review the international evidence base on *Healthy Working Lives* and identify future research priorities, including the build up of a library of best practice case studies, in order to raise awareness and develop the business case for the adoption of healthy workplace cultures.
- 4.15** We will engage directly with the business community and identify additional support that can be given to businesses to introduce effective tobacco policies in order to protect the health of their workforce.

5



**Maximising
Functional
Capacity –
Supporting
Individuals**





Maximising Functional Capacity – Supporting Individuals



Introduction

27

5.1 Despite the progress that has been made in recent years in expanding occupational health and safety services throughout Scotland, we recognise that provision remains patchy across the country. We also know that there is little integration between the health-based services offered by the NHS and private-sector suppliers and the wide-ranging support required to maximise an individual's functional capacity.

Aim

5.2 Our long-term vision is of an easy to access network of support services within Scotland which brings together health services providing fast-track rehabilitation through specialisms such as physiotherapy, occupational and sports therapy with the support services traditionally associated with the broader employability agenda such as advice on education, training, supported employment, career management and the benefits system.

5.3 It is known for example, that a vast majority of the people who began receiving ill-health benefits expected to get back into work within a few months of their first claim.²² Most have manageable health conditions such as depression, chronic pain and musculoskeletal problems, where there should be a good chance of such a return and when that return is accomplished, it in itself promotes improved health. In such circumstances, there are clear benefits from offering individuals access to a structured, personal evaluation of needs, backed by fast-track access to the kind of service or support they require.

5.4 Such an approach will allow all individuals to maximise their functional capacity by having opportunities to:

- Work, paid or voluntary.
- Work in environments wherein the risks to their occupational health and safety are properly controlled.
- Modify work and working patterns in ways that reflect their age, health, disability or any other determinant of functional capacity.

²² Dr Ewan Macdonald, Salus OH&S service and Glasgow University

- 28** → Enjoy ready access to appropriate occupational health and safety services which enable them to deal in a timely and effective manner with those health problems that prevent them from working.
- Access advice and services from the education and employment sectors which support a commitment to lifelong learning and career development.

Approach

- 5.5** The phrase “one-stop-shop” may be a little over used, but it does at least provide an idea of the kind of integrated, person-centred service we believe to be essential for the delivery of *Healthy Working Lives*. We want to see occupational support and advice that is available and accessible to all people of working age, delivered in ways that meet their particular needs, regardless of traditional supply side boundaries.
- 5.6** The aim is to provide employees and potential employees with access to occupational support services based on individual need and that these same services are amenable, accessible and attractive to all socioeconomic groups. This will be provided through a range of channels including telephone advice lines, the web and face-to-face advisers in appropriate settings. We will therefore look to expand the service currently offered through Safe and Healthy Working to reflect the broader nature of our agenda and pilot new approaches to delivering advice through workplaces and in settings such as GP surgeries.
- 5.7** This vision may take some time to deliver and has significant implications for resource prioritisation within the NHS in particular. However, we do believe that it is right to set a stretching goal in this important area of health improvement and design structures, working relationships and pilot projects which will lead towards its delivery. This will begin with a comprehensive mapping exercise to assess service provision in Scotland that builds upon the preliminary work already done to support the business case for Safe and Healthy Working. This exercise will provide a firm foundation upon which to build working relationships with partners, establish projects to fill identified gaps and inform the development of local Joint Health Improvement plans as part of the Community Health Planning process.

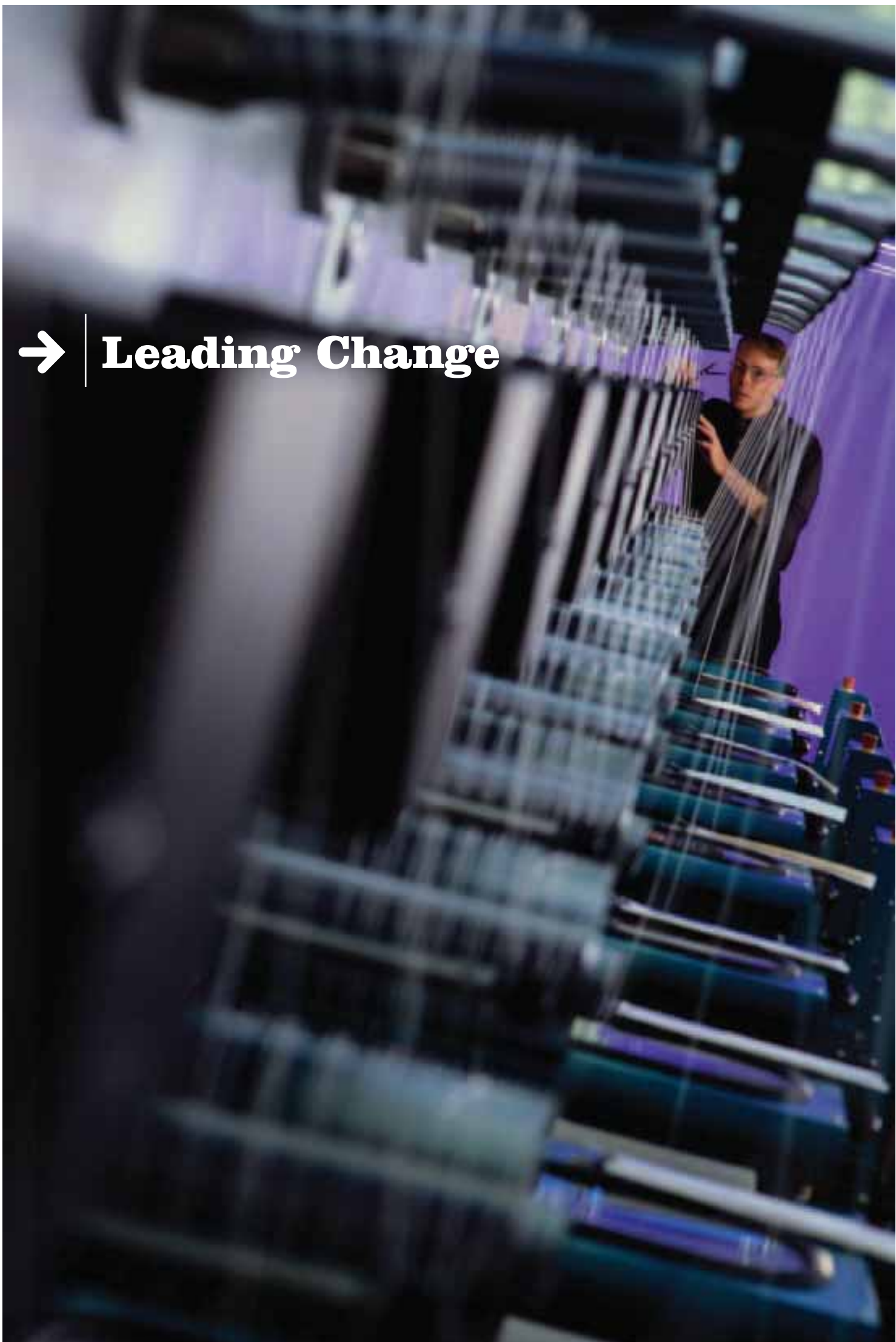
- 5.8** We also recognise the valuable services being delivered throughout Scotland by occupational health professionals not represented by either the SHAW or S&HW organisations. This strategy signals the need for engagement with this wider occupational health community and for efforts to be made to explore how their expertise can be harnessed to support the development and implementation of *Healthy Working Lives* in Scotland. **29**
- 5.9** The successful delivery of *Healthy Working Lives* will also require the development of comprehensive needs assessment services for individuals up to, and including, the potential to undertake a structured personal working-life health plan. This is likely to be a long-term project which will require commitments to partnership working and information sharing across traditional boundaries. However, we intend to begin work on piloting potential approaches which deliver plans which take a holistic view of individual needs and are able to refer clients to specialist organisations providing services such as:
- In-work support for clients encountering physical or mental health problems.
 - Occupational health and safety assessments and services.
 - Advice and assistance in raising occupational health and safety or other workplace concerns with an employer.
 - Careers advice and assistance with basic skills or vocational training opportunities.
 - Advice for those currently, or about to become, unemployed or economically inactive through health problems on relevant benefits, tax credits, housing and care facilities and motivational support in order to support the transition back to work.
 - Services aimed at improving functional capacity including physiotherapy, occupational therapy, health and fitness programmes or occupational psychology.
 - Community-based outreach centres promoting health and employment information to ethnic minorities and diverse communities.
 - Education and training support to further commitment to lifelong learning.
 - Assistance with self employment and social firms, for those with health-related problems.

30 Actions

- 5.10** We will fund a mapping exercise of existing employer/employee occupational health services across Scotland to determine current capacity and gaps in service provision and inform future national plans and community planning priorities through the workplace strand of the Joint Health Improvement Planning process.
- 5.11** We will rationalise existing contact points and establish a consistently branded and marketed support service through a single integrated set of telephone-, web- and field-based access channels which reflect the breadth of the *Healthy Working Lives* agenda.
- 5.12** We will engage with the RCN Occupational Health Nurses Group, the Faculty and Society of Occupational Medicine, the Institution of Occupational Safety and Health and other professional groups to establish how links can be developed with the wider occupational health community to harness their support for development and implementation of the *Healthy Working Lives* strategy.
- 5.13** The Scottish Executive Health Department will explore with the Department for Work and Pensions and other partners, opportunities for piloting a vocational rehabilitation service within GP surgeries.
- 5.14** We will pilot the development of personal development plans for *Healthy Working Lives* for a nominated target group and a service offering targeted rehabilitation services for people who come into contact with clinical services through work-related conditions.
- 5.15** We will develop a national framework for employee health screening services that meet the aspirations of the wider *Healthy Working Lives* agenda. This will be tested in a range of workplace settings and be linked, as appropriate, to GPs and local support services.

- 5.16** We will explore how links to ethnic minority and diverse communities groups including local voluntary organisation councils that exist outwith the traditional framework for accessing health and employment services can be further established to secure wider engagement with the *Healthy Working Lives* strategy. **31**
- 5.17** We will develop links with all relevant Executive departments to adopt a cross-cutting approach to the promotion and support of employability amongst disadvantaged health groups.

6 → | **Leading Change**





Leading Change

Introduction

6.1 *Healthy Working Lives* will only be successful if it enjoys broad-based support from employers across Scotland, remains a high priority for both national and local government and secures the buy-in of the voluntary sector. We need to build upon the commitment demonstrated by different stakeholders during the development of this action plan as we move into the delivery phase. *Healthy Working Lives* must continue to be recognised, not only as one of the key pillars of our national health improvement strategy, but also as a key enabler of a confident and economically successful Scotland.

Strategic Ownership

6.2 The Scottish Executive's top-level stakeholder group on health improvement provides the opportunity of ensuring that the development and delivery of this strategy remains high on national and local agendas. Links will be maintained between the provisionally-named Scottish Centre for Healthy Working Lives and the stakeholder group which will enable workplace health to maintain a high profile within the overall health improvement challenge and allow us to represent the views of partners delivering reserved functions within the Scottish context.

6.3 This commitment will also be taken forward by the Health Improvement Directorate within the Scottish Executive. They will maintain a strategic relationship with the Westminster Government through the development of liaison arrangements with equivalent policy teams across UK Government Departments. They will also work with colleagues across the Scottish Executive to ensure that our programme of action remains inclusive and genuinely cross-cutting.

Private Sector Involvement

6.4 Private sector involvement and investment is crucial to success. Their role both in terms of increasing commitment to Corporate Social Responsibility and in creating safe and healthy environments for people must continue to be recognised and rewarded. Businesses of all sizes have a potential contribution to make and it will therefore be necessary to ensure that the private sector is represented at all levels of the future development and implementation of this plan.

34 Public Sector Leadership

6.5 The public sector currently provides 33 per cent of the jobs within the Scottish economy and has been a significant engine for the growth of employment opportunities over the past few years. This provides the public sector with a huge opportunity to demonstrate real leadership in the creation of opportunities to promote healthy working lives. The NHS, local government, the Scottish Executive and government agencies have the opportunity to provide a lead on key issues such as occupational health and safety and employability as well as committing themselves to sharing their experiences as part of the process of developing a national business case for change.

Training and Resourcing

6.6 An increase in occupational health and safety support has significant implications for training and resourcing strategies in Scotland. At a minimum there is a need to fill current vacancies within different branches of health promotion, public health and occupational health and safety services and to adopt a training strategy which clearly anticipates and responds to future demand. Beyond this however, the “one-stop-shop” approach is likely to fuel demand for a different type of employee, who is equipped to deliver services right across the spectrum combining experience and knowledge of public health, occupational health and safety and health improvement. We therefore need to start work on an assessment of future demand and the development of a comprehensive national training strategy which can enable the development of existing staff and bring about a broadening of emphasis within providers of professional and accredited training.

Role of NHSScotland

6.7 The NHS in Scotland will have a key role in supporting this programme. *Healthy Working Lives* should result in an increased demand for public health, health promotion and occupational health and safety services. This in turn should reduce demand overall for NHS services and improve the health, safety and wellbeing of the NHS workforce for the benefit of patients.

- 6.8** As part of this supporting role, the Minister for Health & Community Care has given a commitment to review occupational health and safety services delivered by NHSScotland. The remit for this review will take account of current work on the NHSScotland reform agenda to promote greater integration of the planning and accountability process. It will also seek to provide an improved service to patients nationally, regionally and locally; explore the added value the service delivers to NHSScotland staff and to the other private and public enterprises it serves; and ensure service provision matches the needs of patients.
- 6.9** This exercise will be approached through four distinct but related strands, established to secure the following outcomes:
- An organisational structure able to plan and deliver the style of service and assistance required by NHSScotland employers to support the delivery of agreed and consistent standards of service that benefit patients on a local, regional and national basis.
 - Practical proposals which enable the Service to take forward and deliver “one-stop-shops”, fast-tracking systems, and the ability to cope with increased demands on service.
 - Recommendations for developing a system to ensure occupational health and safety standards and consistency of treatment are applied for patients on a Scotland-wide basis and development of an appropriate structure and finance arrangements for non NHS work.
 - Development of an integrated healthy working lives policy for NHSScotland staff which promotes the health and wellbeing of staff both at work and in their private lives and ensures they are not made ill by their work.
- 6.10** This work will also link with development of a NHSS diversity strategy that will positively help to address recruitment and retention difficulties by supporting employability initiatives aimed at helping individuals back into the labour market.
- 6.11** The goal will be for all healthcare workers to consider the *Healthy Working Lives* agenda as part of care plans and ensure appropriate referral of working-age people with health problems for focused rehabilitation and employment advice. NHS health promotion agencies will also play a major role in this agenda.

38 Assessing Progress

6.12 The Scottish Executive's endorsement of the Occupational Health Strategy for Great Britain defined in the Health and Safety Commission's publication *Securing Health Together*²³ provides an existing targeting framework for *Healthy Working Lives*. By 2010 this commits the Executive to working together with the other Government bodies concerned towards achieving the following targets:

- A 20 per cent reduction in the incidence of work-related ill-health.
- A 20 per cent reduction in ill-health to members of the public caused by work activity.
- A 30 per cent reduction in the number of days lost to work-related ill-health.
- Greater awareness of rehabilitation opportunities for those off work due to ill-health or disability.
- That everyone not currently in employment due to ill-health or disability should, where necessary and appropriate, be made aware of, and offered opportunities to prepare for, and find work.

6.13 The action plan described in this document will form an important part of the Scottish Executive's commitment to achieving these targets. However, in recognition of this new approach, we believe it is appropriate to go further and describe a broader suite of performance targets which can be measured and reported to Ministers on a regular basis. These will be agreed as part of the creation of the new Centre to drive delivery. They will take account of economic circumstances, but could include:

- Percentage increase in uptake of services.
- Percentage increase in participation and achievement of SHAW.
- Percentage increased numbers of workplaces with policies, e.g. Occupational Health, Mental Health, Drugs and Alcohol, Tobacco, etc.
- Percentage reduction in sickness absence rates.
- Percentage increased uptake of DWP return to work initiatives by Incapacity Benefit claimants.
- Percentage satisfaction with working life across Scotland.

²³ Health and Safety Commission (July 2000) – *Securing Health Together*, a long term occupational health strategy for England, Scotland and Wales

Actions

37

- 6.14** We will develop national standards for occupational health and safety providers in conjunction with the Royal College of Nursing, the Faculty of Occupational Medicine, the Institution of Occupational Safety and Health and the National Education Board for Scotland as the basis for the development of a national training strategy to support the delivery of *Healthy Working Lives*.
- 6.15** We will identify a broader suite of measurements to underpin this plan. These will build on existing targets and be agreed with the Joint Ministerial Steering Group on Health Improvement.
- 6.16** We will work with the HSE to establish a baseline of information about current practice within Scottish employers covering access to occupational health and safety services, policies on smoking, drugs and alcohol misuse, health promotion approaches in the workplace and other health issues and approaches to the management of health and safety.
- 6.17** NHSScotland, COSLA and the Scottish Executive will develop processes that drive and oversee the delivery of *Healthy Working Lives* for staff within their respective organisations.



→ | Annex A

38 Healthy Working Lives

Short Life Working Group Membership

External Members

Name	Organisation
Rory MacKail & Andy Willox	Federation of Small Businesses
Warrick Malcolm	Deputy Director, Scottish Chamber of Commerce
Bob Burnett	UNISON (West Lothian NHS Trust)
Helen Tyrrell	Voluntary Health Scotland
Collette Maxwell	Scottish Social Enterprise Coalition (Forth Sector)
Rami Ousta	BEMIS
Tanveer Parnez	National Dev Officer, BEMIS
Karen Moore	Scottish Business in the Community
Alan Bell & Stewart Campbell	Health & Safety Executive
Barbara Smith	Scotland's Health at Work
Miriam O'Connor	Health Scotland
Dr Ewan Macdonald	SALUS
Maureen Moore	ASH Scotland
Jim Murray	Royal Bank of Scotland
Irene Bonnar	Royal College of Nursing
Ian Tasker	STUC
Nosheena Mobarik (Mrs)	CBI (M Computer Technologies)
Michael Fuller	Scottish Partnership Forum
Jane Scott	Boots plc
Roo Kharbanda	COSLA
John Arthur	Society of Chief Officers of Environmental Health
Prof Phil Hanlon	University of Glasgow

Short Life Working Group Membership

Scottish Executive Members

Name	Division/Area
Colin Cook	Substance Misuse Division
Kay Barton	Social Inclusion Division
Dr Mac Armstrong	Chief Medical Officer
Dr Arthur Johnston	SPSO – CMO/Medical Staff
Joe Brown	Public Health Division
Mary Cuthbert	Substance Misuse Division (Alcohol & Tobacco Policy)
Gregor Henderson	Mental Health National Programme Director
Gillian Kynoch	Scottish Food & Health Co-ordinator
Bill Welsh	Partnership & Employment Practice
Dr Colin McHardy	Substance Misuse Division
Kevin Hanlon	Substance Misuse Division



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