

REPORT TO: POLICY AND RESOURCES COMMITTEE 15 APRIL 2002

REPORT ON: THE DEVELOPING CONTEXT FOR LOCAL AUTHORITIES AS PUBLIC HEALTH ORGANISATIONS

REPORT BY: DIRECTOR OF CORPORATE PLANNING

REPORT NO: 266-2002

1. PURPOSE OF REPORT

To advise the Council of the developing context for public health improvement work in Scotland and the role of Dundee City Council in partnership with NHS Tayside.

2. RECOMMENDATIONS

It is recommended that the Council:

- 2.1 Remits the Director of Corporate Planning to bring forward a Health Development Report, stating service departments' plans and proposals to promote public health.
- 2.1 Notes the recommendations and implications of COSLA's paper on the role of Local Authorities as public health organisations.
- 2.2 Endorses the establishment of an internal cross service group that takes the lead in developing corporate public health improvement programmes.
- 2.3 Notes the priorities for the Council's Public Health Improvement Officer.

3. FINANCIAL IMPLICATIONS

There are no additional financial implications for the Council.

4. LOCAL AGENDA 21 IMPLICATIONS

Addressing health inequalities and improving public health is consistent with the local Agenda 21 theme of protecting health and emphasising prevention of illness as well as care for the sick.

5. EQUAL OPPORTUNITIES IMPLICATIONS

The work of the Public Health Improvement Officer will help ensure equality of access and opportunity, with regard to services that impact on the health and well being of individuals, groups and communities.

6. ANTI-POVERTY STRATEGY IMPLICATIONS

The report is consistent with the Council's Anti Poverty Strategy, in particular through the aim of delivering services that meet the needs of those experiencing health inequalities.

7. BACKGROUND

- 7.1 The Scottish Executive made a clear policy statement in *Our National Health: A plan for action, a plan for change*, demonstrating that it wishes to see local authorities develop their role as public health organisations. This includes the work of Councils in leading the Community Planning process, to which Local Health Plans, prepared by NHS Boards will contribute. It will also involve the Council working with the NHS to improve the health and well being of communities, deliver healthcare and other related services as well as articulating the views of their communities at NHS Board level.

7.2 Guidance from the Scottish Executive on the development of Local Health Plans, and from COSLA on the preparation of Joint Health Improvement Plans, emphasises the shared responsibility of Councils and NHS Boards to promote public health and tackle health inequalities. The guidance also states that Community Planning partners must agree objectives, strategies and actions for each organisation to improve the health of the local population, including monitoring and reporting mechanisms.

7.3 The COSLA report *Local Authorities as Public Health Organisations: the current state of play* identifies significant issues which need to be addressed if local government is to take a full and active part in improving the health of the people of Scotland.

A subsequent report tracks progress over the last year and recommends actions for the Scottish Executive, COSLA and local authorities. Further information on the report can be found in the attached appendix, which also details Dundee City Council's position in relation to the recommendations made by COSLA.

7.3.1 The Scottish Executive

The report recommends that the Scottish Executive:

- actively develops community planning partnerships, to address health improvement in ways that cannot be achieved by the NHS alone.
- articulates clearly on overall priority areas, and supports mainstreaming activities that address these, rather than ring-fencing funding for short term initiatives.

7.3.2 COSLA

The report recommends that COSLA:

- works effectively with the Health Improvement and Social Work Executive Group and ensures that all Executive Groups recognise their role in the public health agenda.
- helps embed health improvement in the community planning process, including the development of effective monitoring systems.
- supports Councils through representing their views, building capacity through networking and training and seeks appropriate resources to deliver the public health agenda.

7.3.3 Councils

The report recommends that local authorities should:

- firmly embed health improvement in the community planning process, particularly through the development of Joint Health Improvement Plans.
- link strategy and policy development to health improvement. In particular, objectives set in the Joint Health Improvement Plan may require policy support.
- continually develop and exploit internal capacity to take forward the public health agenda.

7.4 **Building The Capacity Of Councils To Improve Public Health**

In response to issues raised in COSLA's report, the Scottish Executive announced the availability of resources, to develop posts within local authorities that support joint working with NHS Boards and help ensure progress towards embedding health improvement in a whole range of council services.

Dundee's Public Health Improvement Officer has been in post since February 2002, situated within the Council's Corporate Planning Department. The post is joint funded by the Scottish Executive, Dundee City Council and NHS Tayside, through the Health Improvement Fund. The initial priorities for the Officer are to:

- Agree the support to be provided to departments, as discussed with Directors.
- Establish a network of officers with health related responsibilities and interests.
- Prepare a report for the Council outlining departmental proposals dedicated to health improvement.
- Promote and pilot activities related to the Scotland's Health at Work Scheme (SHAW).

8. **CONSULTATIONS**

The Directors of Social Work, Housing, Education, Leisure and Arts, Neighbourhood Resources and Development, and Environmental and Consumer Protection have been consulted on this report.

9. **BACKGROUND PAPERS**

- 9.1 Our National Health: a plan for action, a plan for change
The Scottish Executive, NHS Scotland
December, 2000
- 9.2 Local Authorities as Public Health Organisations: continuing the audit cycle – progress to date
COSLA
February, 2002
- 9.3 Report No. 569 – 2001, Public Health Capacity Building
Personnel and Management Services Committee, Dundee City Council
10 September 2001

Director of Corporate Planning Date.....

COSLA Report Local Authorities as Public Health Organisations

Summary

In August 2000, COSLA produced a report "Local Authorities as Public Health Organisations: the current state of play". The report identified key issues which needed to be addressed if local government was to take a full and active part in improving the health of the people of Scotland. A further report published in February 2001 tracks progress made over the last year.

This report summarises the key points recorded in these documents, the recommendations made to the Scottish Executive and action taken as a result. It also gives a position statement regarding Dundee City Council's efforts to increase its role as a public health organisation in relation to COSLA'S recommendations.

The Scottish Executive and COSLA

- The Executive is proposing a new duty to give Local Authorities general powers to improve the well-being of their area, through their role in community planning. NHS Boards have a statutory duty to engage in this process, moving some way towards making public health a joint responsibility.
- A clear policy statement was made within "Our National Health" demonstrating that the Executive wishes to see Local Authorities develop their role as public health organisations.
- COSLA acknowledges that there are barriers to increasing public health activity within councils. However, collaborative working with NHS Boards is considered to be the best way to maximise resources and effectiveness, and this will be formalised through the production of the Joint Health Improvement Plan.
- COSLA will continue to represent the views of local authorities to the Scottish Executive and will act as a communication route between councils regarding public health issues.
- COSLA will provide support to councils through producing guidance on good practice, training programmes, briefing notes and seminars.

Key issues for councils

1. ***Clearly articulate in all documents and forums that "promoting the health and well being of communities" is a core part of council business***
Dundee's Community Plan has health improvement as an underpinning theme.
2. ***Identify a senior officer to lead this agenda within the council.***
Peter Allan, Policy Planning Manager, Corporate Planning Department has the lead responsibility for health.
3. ***Ensure that the Community Plan health theme is actively supported, if not driven, from within the council.***
Peter Allan chairs the Healthy Dundee Health For All Alliance and there is broad participation from council departments at this forum.
4. ***Set up an internal cross service group whose role it is to interpret the health theme in the community plan.***
The council's new Public Health Improvement Officer (PHIO), Sheila McMahon, will form a network that takes Healthy Dundee priorities and develops a local authority response. Departments will be asked to nominate officers to sit on the network.

5. *Commit to the Scotland's Health at Work Scheme (SHAW) ensuring commitment and participation from both officers and Elected Members.*

The council has already made a corporate commitment to SHAW and this will be supported by the PHIO.

6. *Councils, as large employers, should become exemplars for health by promoting supportive health policies e.g. encouraging physical activity, restricting smoking in public places, promoting mental well being of staff.*

The PHIO is in the process of defining existing policies e.g. no smoking, and exploring gaps in policy e.g. breast feeding, supply of healthy food etc.

7. *Ensure there is a mechanism to involve elected members in public health issues.*

Cllr. Robin Presswood is a member of Tayside NHS Board. The PHIO will produce an Annual Report, and progress reports for Elected Members where appropriate, on the development of the local authority as a public health organisation.

8. *Undertake an officer and members training needs analysis in relation to this agenda and establish a development programme.*

COSLA has begun to develop a training and development strategy around the public health agenda. At a local level, the PHIO will develop an annual training programme relevant to need e.g. awareness raising, skills development, seminars.

9. *Undertake an audit of the partnerships the council is part of which relate to the public health agenda.*

The council is involved in 10 partnerships directly through the Health and Care Theme in the Community Plan. Arguably, however, all partnerships could be linked to public health in some respect, and there are clear connections with community safety, sports and recreation and anti-poverty.

10. *Take a proactive approach in developing the interface between the community plan and NHS health improvement programmes.*

The Joint Health Improvement Plan will be developed locally between NHS Tayside and the council within the next year. The plan will operationalise the Health and Care Theme of the community plan, setting clear priorities and targets to improve health and reduce inequalities.

11. *Clearly define within the council how health projects and programmes will be evaluated, linking into Public Health and Health Promotion Departments if appropriate.*

The PHIO is identifying current health development initiatives within the council and will ensure that these are included in emerging, overarching evaluation mechanisms.

12. *Encourage the establishment of joint posts in the public health arena to increase capacity within councils, and ensure a clear role and remit for these officers.*

The council's Public Health Improvement Officer has been in post since the 1st of February 2002, supported and managed through the Policy Planning Manager, Corporate Planning Department. COSLA is involved in supporting these posts through establishing an officer network and, in time, through the provision of training and development programmes.

13. *Put more effort into improved and dynamic joint datasets.*

Dundee Partnership has already agreed a common set of indicators, including factors such as health. This can be built upon through the Health Inequalities Framework, currently being developed by NHS Tayside with input from the council. In addition, the Public Health Institute for Scotland (PHIS) is developing holistic datasets, which identify health impact in a non-medical sense.

Whilst COSLA recognises that considerable progress has been made by councils in taking forward the public health agenda, there are a number of overarching issues that should be emphasised:

- **Health improvement requires to be firmly embedded in the community planning process.**
- **Strategy and policy development should link to health improvement**
- **Councils internal capacity to take forward the public health agenda should be continually developed**