REPORT TO: **POLICY & RESOURCES COMMITTEE – 19 FEBRUARY 2001**

REPORT ON: **OUR NATIONAL HEALTH – A PLAN FOR ACTION, A PLAN FOR CHANGE**

REPORT BY: **DIRECTOR OF CORPORATE PLANNING**

REPORT NO: **83-2001**

1 PURPOSE OF REPORT

1.1 To advise Committee of the proposals contained in the Scottish Executive's latest plan on the future of the NHS in Scotland called Our National Health, A Plan for Action, A Plan for Change, and to approve the Council's response to a consultation questionnaire from COSLA which addresses the implications of the Plan for local government.

2 RECOMMENDATIONS

2.1 To approve the attached questionnaire in Appendix One to this report as the response from Dundee City Council to COSLA's request for the views of Councils in Scotland on the implications of the Plan for local government.

3 FINANCIAL IMPLICATIONS

3.1 This report has no financial implications.

4 LOCAL AGENDA 21 IMPLICATIONS

4.1 Our National Health, A Plan for Action, A Plan for Change (hereafter referred to as the new Health Plan for Scotland) is directly relevant to our Local Agenda 21 theme – Health is protected by creating safe, clean, pleasant environments and health services which emphasise prevention of illness as well as care for the sick.

5 EQUAL OPPORTUNITIES

5.1 The contents of this report are consistent with our Equal Opportunities Policy.

6 BACKGROUND

6.1 <u>National Policy Framework</u>

6.1.1 In February 1999, the Scottish Office published the White Paper "Towards a Healthier Scotland" which set out the Government's vision for improving health for all in Scotland. This included a new strategic focus on investing in good health rather than merely treating ill health, and tackling health inequalities.

6.1.2 The new Health Plan for Scotland is presented as a natural progression from the White Paper. It sets a direction and identifies the Government's priorities which include:

- rebuilding a truly National Health Service through changes to government accountability
- increasing public and patient involvement in the NHS
- service change and modernisation

COSLA has produced a digest of the Health Plan for Scotland focusing on the role of Local Government. This is included as Appendix 2 to this report for information.

6.1.3 Over the next few months the Scottish Executive plans to publish detailed change programmes to take these proposals forward. Key stakeholders, including COSLA are to be involved in this process. COSLA believes that this offers local government a unique opportunity to take a proactive role in shaping how the Plan will be carried forward and implemented locally. To maximise the value of its contribution, COSLA has asked Councils to complete a questionnaire which addresses the main implications for local government including health improvement, better decision-making and social care.

6.1.4 Following consultation with departments, a corporate response to the questionnaire has been completed and is attached as Appendix 1 to this report. Subject to the approval of Committee, this will be forwarded to COSLA as the formal view of the Council.

7 GOOD PRACTICE IN DUNDEE

7.1 Dundee City Council takes seriously its evolving role as a public health organisation directly as an employer and service provider, and indirectly through the enabling and advocacy roles it plays.

7.2 According to the Health Plan for Scotland poverty, poor housing, homelessness and the lack of educational and economic opportunity are the root causes of major health inequalities in Scotland.

7.3 Dundee City Council has led a range of partnership initiatives to tackle these root causes, promote better health and better planning and decision-making between the Council, the Health Board and service users. The following list of examples is far from exhaustive but reflects the broad approach which the Council has taken.

- The Council is a key member of the Healthy Dundee Alliance which co-ordinates a strategic response to health inequalities in Dundee through the development of joint working and community based initiatives.

- Key planning and decision-making processes have been developed and led by the Council including issues such as Children's Services, Childcare, Community Care, Drug and Alcohol misuse, Single Homelessness and Sports & Physical Activity.

- Innovative approaches have resulted in the Baldragon Community School, the Corner Project and the Community Development and Health Project which all address health issues in a participative way with priority groups such as young people and those living in Social Inclusion Partnership Areas.

- Two groundbreaking health related Social Inclusion Partnership theme projects continue to develop with the Xplore Project supporting young people experiencing problems in making the transition from school to adult life and the Young Carers Project identifying evermore young people undertaking this demanding and often unrecognised role.

- The recent £1m bid for a Healthy Living Centre in Dundee was co-ordinated by Dundee City Council and builds on the efforts we have made to develop active citizenship in the city.

- The Council continues to provide the strategic leadership to the emerging Community Planning process which will provides the framework within which future local Health Plans will sit.

7.4 Through its participation in a number of strategic partnership groups with Tayside Health Board, the Council will significantly influence how health services will be delivered locally, how health plans for Dundee will be developed, and the role the Council will play in challenging health inequalities in the city.

8 CONSULTATION

The Directors of Education, Social Work, Housing, Environmental and Consumer Protection, Neighbourhood Resources, Arts and Heritage and Personnel and Management Services have been consulted in the preparation of this report.

9 BACKGROUND PAPERS

a) Towards a Healthier Scotland, Scottish Office White Paper, 1999

b) Our National Health, A Plan for Action, A Plan for Change, Scottish Executive 2000

Signed _____

Director of Corporate Planning

Date _____

1. **BETTER LOCAL DECISION MAKING**

1.1 **Do you envisage these changes will help joint working? If so how?**

As with all partnerships it is important that structures are clear and the new single unified NHS Board should help ease the confusion about relevant points of contact and decision making. It will provide a single table at which partners can prioritise, plan and allocate resources. It should result in a much greater joint commitment to these priorities and allow for clearer accountability and transparency at a local level.

It has been our experience that engaging with one part of the Health Service family does not ensure that the others are engaged.

A single unified board should also rationalise funding avenues which will have advantages for all partners working with the Board.

1.2 **How would you interpret 'a strong voice' in relation to Boards? Are there any particular implications for your area?**

The most effective way to ensure that local authorities have a strong voice on new NHS Boards will be to ensure that local authorities' are represented possibly by the Chief Executive or Director of Social Work with an appropriate Convener where feasible. This would of course be a two way process and we would hope that council services would be improved because of the direct route to decision making within the health authority.

2. **HEALTH IMPROVEMENT**

2.1 **How will you influence priorities and ensure they are translated into practice within local government service provision?**

Collectively the Community Planning Partnership will set clear priorities to shape direction taken by all the partners in the city including the Health Board. This will concentrate initially on the development of a comprehensive inequalities strategy together with the information necessary to enable Community Planning Partners to contribute to public health improvements. Indeed there should be greater influence of partners over the essential health promotion activity undertaken by the Board. The Council will continue to be involved in the evolution of planning processes and develop on those already started in the Health Improvement Development forum in Tayside. It is through this that we will ensure that all planning frameworks relevant to public services such as children's services, housing, education and health will be represented.

It will also be necessary to ensure that planning frameworks within local authorities are consistent with those set up to support the development of health plans. Within the health plans objectives must connect with council strategies such as those relating to community learning, early years and with national policy agendas such as New Community Schools.

2.2 **Do you anticipate any difficulties with this process?**

It will be important to establish exactly what shape a local Health Plan should take. For instance whether it is to be a corporate health plan split into three local authority areas or will it be three genuine community plan responses to health issues. There may be some tension between the competing demands from other strategic plans particularly those which have a statutory requirement and the relationship between plans will have to be clarified. The Community Plan gives us opportunity to recognise that the Health

Plan gives greater emphasis to health improvement which can only be achieved by the integration of social and economic improvements along with the treatment of and delivery of care.

A further difficulty may arise from the conflicting priorities from contrasting local authorities in Tayside. Dundee's population experiences considerable deprivation which is not widely experienced in the rest of Tayside. There is potential therefore for some conflict in relation to resource allocation within Tayside.

Ensuring effective voluntary sector and minority group involvement will be an ongoing challenge for all public service providers

2.3 **Based on your experience what are the main issues for Health Boards in these issues?**

Some of the greatest inequality in Dundee will be experienced by those who will be hardest to reach such as single homeless people or those abusing drugs. It may require a shift in emphasis for the Health Board to respond to the need to deliver services in new community based or outreach settings in order to tackle inequalities effectively. However it may continue to be difficult to switch resources to preventative work as waiting lists for access to acute services grow. A Spend to Save strategy is required.

There continues to be a degree of scepticism towards social models of health intervention and this must be challenged to enable us to jointly tackle health improvements through effective health promotion.

Funding non traditional health related activity may be a difficult process that might require new accounting procedures to enable resources to be allocated towards individual and community use.

Other issues to address would include providing flexible access to services (transport/timing of clinics/dispersed population etc), the rich: poor health divide, poor health as a factor in low school attainment, providing such services to children who care for chronically ill or drug and alcohol abusing adults and responding to the needs of children in the earliest years of life and particularly the importance for family support services which reflect the vital role of parents.

2.4 **Do you have any views as to how you would like to see this developed?**

One effective way to develop the role of Councils as public health organisations would be through the secondment of one or more health employees to the Council to enable them to provide an informed strategic thrust within the authority. This has proven to be very successful in relation to the development of community safety strategies and bringing together police and local authorities in a much more co-ordinated and coherent way. In addition the health contribution to partnerships considering issues relating to social justice targets needs to be delivered with the appropriate representation made on joint working groups.

Closer working arrangements between health and education have already demonstrated the scope for developing health promoting schools and strengthening the impact from these into the communities. There is also scope to increase the onsite provision in schools and in early years settings. A stronger focus and clear commitment could strengthen and better inform practice.

The relationship between the Director of Public Health and local authorities can be enhanced by a stronger relationship between the Director of Public Health and Elected Members on Councils. Perhaps the Director of Public Health could report to the Council on the performance targets included in the Annual Report.

There is a willingness and opportunity to further develop models of intervention such as the Community Development and Health approach piloted in SIP areas of Dundee.

2.5 **Do you have any further recommendations on how this issue should be addressed?**

The Council has addressed this in its response to the Power of Community Initiative Consultation Paper. However we would reinforce the need to consider seriously the lack of co-terminous boundaries and the need to place a statutory duty on the Health Board and all Community Planning partners if community planning is to achieve its full potential. Similarly we would reinforce the need to ensure that joint and matched funding streams are created which support integrated structures and also that a culture of partnership be embedded throughout organisations by implementing staff development programmes which involve key people to reduce barriers between community planning partners.

2.6 **If some of this fund could be directed to either councils or community planning partnerships do you have any indication how you might wish to use the resource?**

Our priorities would include the following:

1. Long term resources to mainstream existing projects and for the proposed Healthy Living Centre
2. Health Promotion teams within schools providing outreach to local communities
3. Early Years Service within new integrated facilities widening service delivery
4. Measures to tackle sexual health needs of young people being looked after
5. Additional activities to meet a range of needs for older people
6. Additional measures to tackle environmental health and public health issues in localities.

2.7 **Do you have a view as to whether SIPs should be the focus for this or are there other mechanisms to route money to where it is needed?**

Social Inclusion Partnership areas and themes are perhaps blunt instruments in addressing social inclusion in Dundee where deprivation is much wider. Action taken should reflect the degree of deprivation experienced by individuals wherever they live, within or outwith Social Inclusion Partnership areas. The census figures on which areas of deprivation in the City are based are well out of date and do not reflect the mobility of people in Dundee and the increasing levels of deprivation and declining population. Funding made available to tackle social justice and health inequality should allow a flexible approach to tackling deprivation and inequality wherever it exists. For example the exclusion of people in Dundee with mobility problems because they are denied access to services, facilities and activities is not restricted to any locality and meeting the transportation needs of people is becoming increasingly apparent as a key response to social exclusion. A more sensible approach would be for community planning partnerships to agree joint objectives and priorities to tackle deprivation in authority areas and thereafter for money to be routed towards these.

SIP funded work will always be vulnerable and resources should be made available to mainstream projects which have demonstrated success.

2.8 **How do you envisage that COSLA should share developing practice in this area?**

The relationship between Healthy Living Centres and other community based initiatives such as social inclusion partnership, community learning plans could be made more explicit by the Scottish Executive. This issue could be highlighted by COSLA through the developing Public Health Network.

2.9 **How would you see Councils relating to the new Unit?**

This could be achieved through the ongoing development of New Community Schools. All schools have a health promoting agenda. The curriculum has been used as a tool to support this. The significant successes and evidence in schools already implementing this could be taken on board. Considerable additional joint work is needed to support schools in taking forward health promotion agendas. It would be helpful if the new Unit could establish coherent and unified strategic approaches to be adopted and a common set of objectives.

2.1.1 **Do you have any comments on this approach?**

This proposal is supported by the Council as we agree that nutrition is a pressing issue for the whole community. Further efforts can be made to support the roles of parents and teachers in reinforcing the importance of nutrition and diet, and to lead by example by providing nutritional meals and snacks throughout the school day. There is some good practice in evidence already in establishing healthy snacks in nurseries for example but more work is needed to ensure that positive message about nutrition are available directly to parents and carers. This should also target children who are cared for in other settings such attending child minders and participating mother and toddlers groups etc.

2.1.2 **Do you have any additional recommendations or points you wish to make?**

We have nothing to add to the original response we made to COSLA on this matter.

In relation to drug misuse we would emphasise the need for an integrated approach to issues such as drugs, sexual health and alcohol which focus on personal development, confidence and self esteem rather than on more simplistic single issue approaches. We would suggest that there is a need to ensure that measures are taken to reach young people who are currently not attending or are excluded from school and who may be more vulnerable to drug misuse. Overall there is a need to invest more in preventative measures.

3. **HEALTH AND SOCIAL CARE**

3.1 **Do issues relating to funding across health and social care raise any specific issues for your Council?**

There are issues regarding political accountability and discharge of finance if moving to joint resourcing. There may also be difficulties arising from internal council distribution processes where finances are allocated across departments. Councils would need to ensure that transparent audit trails exist and ensure that the most effective use of joint budgets and resources was made.

There are some good examples of joint funding including the re-settlement programme for adults with learning disabilities. There can also be problems in delegating responsibility for managing budgets to another body. Social Work Departments maintain duties and responsibilities and as it cannot be assumed that health partners would always take the lead role in setting the agenda.

3.2 **How do you see the points in this section working in practice locally?**

It is important that links between departments are not weakened as a result of the strengthening of links between councils and health partners. There is a need to ensure that external and internal partnerships remain strong. We would envisage locally that revised working arrangements and processes will be developed initially and joint procedures later. Strong human resource and financial frameworks will be required to deal with significant changes to staff working arrangements and enhanced programme planning. Within Social Work changes will be driven by the Joint Futures agenda.

3.3 **Do you see any major barriers which may need to be addressed nationally?**

Staff terms and conditions will need to be addressed nationally as will the cultural differences between health and social work. Change must be resourced adequately and carried out over a period of time with agreed aims, priorities and outcomes for people. There will be a tension between the automony of local government as opposed to the more nationally directed Health Service. Continuity of planning and allocation of resources will also be required.

4. **HEALTH THROUGH LIFE**

4.1 **How would you want to see the 'increase in health input' progressed?**

Health Services need to be widened to include all early years settings ranging from child and family centres to integrated facilities providing a range of services to children aged 0-5. In addition the needs of many children who access services within the private and voluntary sector will have to be considered. The importance of oral health must be stressed and further promoted.

4.2 **How do you think this should be taken forward?**

The experience of New Community Schools has pointed up some difficulties at strategic level, however operationally some very good work has been achieved by widening the school nurses role in relation to the broader health issues affecting young people. We would emphasise the need to develop integrated children's services as the most effective way to combine professional skill and expertise, destigmatise services which only cater for the most needy families, maximise potential of services and widen the range of available services responding to need and demand.

A significant barrier exists based on the non alignment of GP practices and geographically delivered services. In Dundee there are many areas without a GP practice and many people in Dundee travel from their own area to other parts of the city to access GP services. There is therefore a need to provide primary care services on a more geographic basis to create a more targeted approach to meeting needs locally.

5. **YOUNG PEOPLE**

5.1 **How would you like to see this recommendation taken forward?**

We would welcome this improvement to supporting young people and would wish to see a clear link between the needs analysis of young people and the strategic response. Innovative local projects such as the Corner, the Edge and Xplore should continue to be supported. The co-ordinating body in Dundee, the Teenage Conception Task Group is an excellent example of partnership working in response to this issues. A link between sexual health and other issues such as self esteem. poverty and drug and alcohol misuse needs to be continually reinforced. Any approach which is taken must clearly be one that engages young people and their parents effectively. Less valuable are "parachuted in" initiatives such as the Brook model which potentially duplicates provision and which is not accountable to local partnership networks.

6.1 **Do you have any additional comments, issue or concerns you wish to raise?**

Service delivery must be resourced adequately to ensure that the correct level of care is available in the community taking account of the complexities of the needs of service recipients and a dispersed service.

COSLA

THE HEALTH PLAN : A DIGEST

What is it about?

- Improving the nation's health.
- Modernising the NHS & better ways of working.
- Setting out national priorities for health and for the NHS and translating policy intentions into results.
- Identifying and spreading good practice and improving standards.
- Ensuring additional investment delivers results.
- Working in partnership.
- Emphasis on prevention, tackling root causes (poverty, poor housing, homelessness, lack of educational and economic opportunities) and inequalities so a key role for local authorities – through Community Planning, employers, service providers.
- Working in partnership across boundaries to improve health.
- Key aims – improving health, reducing inequalities, tackling social justice.

Summary of Action

Investment

Distribution of resources as set out in 'Fair Shares for All'.

Healthy Living Centres coming on stream with NOF resources.

Health Improvement Fund – local authorities and Health Boards to route money locally through Social Inclusion Partnerships.

A central innovation fund to drive change comprising a combination of existing and special funds.

In areas such as community care and learning disability the level of investment has already been announced.

Good Practice

Learning network to be established to learn from National Health demonstration projects.

Public Health Institute for Scotland to provide research and evidence.

NHS Boards in rural areas to draw up plans for rolling out good practice from the 'Remote and Rural Areas Resource Initiative'.

Policy

'Towards a Healthier Scotland' White Paper policy framework to continue to be the focus.

Health indicators in the social justice framework to be further developed and used to track progress.

Children and older people to be priority groups, including initiatives to support parenting such as increasing health input into family centres.

Explicit statement of the responsibility of NHS Boards for reducing inequalities and LHCCs to play a key role in delivering this agenda.

Local Level
As a management arrangement, there will be a single local health system throughout Scotland comprising single unified NHS Boards on which the Chairs and Chief Executives of NHS Trusts will sit and on which local authorities should have a strong voice. Trusts will retain their operational and legal responsibilities. A single local heath plan will be developed as an integral part of the Community Plan and linked to local authority homelessness strategies.

Health Boards to work with partners to develop Health Plans for each Council area they serve, within the framework of Community Planning.

A 3 year financial cycle with Boards accountable for the financial performance of the whole local NHS system.

Local authorities to develop their role as public health organisations.

Barriers to closer working between Health Boards and local authorities to be identified and removed.

NHS Boards to involve people and communities in the design and delivery of services and improved local public service involvement structures to be developed.

NHS to set standards to be delivered locally; increase accountability; streamline bureaucracy; improve and integrate planning and decision making.

Joint Working & Cross Cutting Issues
Links between NHS and local authorities to be strengthened in planning and service delivery, particularly for community care. The JFG recommendation for joint resourcing and joint management of community care services locally will be introduced starting with services for older people. If necessary, legislation will be put in place to remove any remaining barriers to joint working between the NHS and social work and housing in local authorities.

The NHS and local authorities to identify improved processes and share good practice across Scotland to reduce unacceptable delays in discharging patients from hospital to more appropriate care.

By December 2001, all NHS Boards to be working in partnership with local authorities to ensure that integrated independent advocacy services are available to those who most need them.

There will be changes to the school nursing service. Health visitors and school nurses are to be brought into a single discipline focused on the health needs of communities.

The NHS at local level is to work closely with local authorities, the voluntary sector and other partners to ensure inter-agency strategic planning through Children's Services Plans and Local Health Plans.

There will be improved provision for children with special needs, at home wherever possible and appropriate.

There will be a review of speech, language an other therapies for children with learning disabilities (Riddell Committee recommendation).
There will be Guidance on the education of children who are too ill to attend school.

By summer 2002, children, young people and adults with learning disabilities will have access to a local area co-ordinator who will co-ordinate services to provide information, family support and funding.

Each local NHS Board is to work in partnership with local authorities and the voluntary sector to ensure young people have access to a range of sexual health support and services.

Implementation of the recommendations of the Joint Future Group on community care services for older people – shopping, laundry and minor household repair service; rapid response teams to prevent hospital admissions; and free home care for 4 weeks following discharge from hospital. For older people and people with dementia there will be a single shared needs assessment by health or social care professionals by October 2001.

NHS to work with local authorities and local transport providers to ensure patients' needs are met effectively.

NHS Boards to work jointly with other organisations to improve and develop mental health services with progress monitored through new performance management arrangements. Development of a national framework to address high suicide rates and continuation of existing initiatives on mental health and mental illness.

Each NHS Board to demonstrate that it is working with partner organisations to meet the healthcare needs of excluded groups and where appropriate providing specific services to meet those needs; particular attention to be given to the needs of people who sleep rough and drug users.

Public health

Appointment of Health & Homeless Co-ordinator to look at high quality accessible health services for homeless people.

Continuation of existing activities – e.g. Scottish Community Diet project, Start Well, child health, investment in recommendations of the Learning Disability Review; ensuring the NHS complies with the Disability Discrimination Act.

Health Promoting Schools Unit to be established in the first half of 2001 and every school to be encouraged to become a health promoting school.

Work to continue to ensure that healthy food is available to children in nurseries and schools. SHAW scheme – funding to be increased for development of health promoting workplaces.

Programme of measures on occupational health to be taken forward.

National Diet Action Co-ordinator to be appointed early in 2001.

Physical Activity Task Force to be launched in 2001.

Action plan for dental services and consultation on children's oral health, including fluoridation.

Action on tobacco including a ban on advertising as soon as possible and strengthening of health education measures.

Development of a plan for action on alcohol misuse.

Funding for anti-drugs initiatives, including effective drugs education for every primary and secondary school pupil.

Report in February 2001 to review the contribution of nurses, midwives and health visitors to improving health.

What does the Health Plan mean for local government and local elected members?
The Health Plan – 'Our National Health' is seen as a natural progression from the White Paper 'Towards a Healthier Scotland' published in February 1999. The Plan is a milestone and signposts the continuation of a process aimed at improving the nations health.

Much off the content focuses on rebuilding the National Health Service in Scotland and includes; developing patient involvement, delivering national standards of care locally and improving the patient's journey through the service.

Local government is, however, at the centre of improving community health and well-being. This is recognised within the document where Local Authorities are accredited with their contribution to social care, offered greater levels of representation within Health Boards and acknowledged as Public Health Organisations in their own right.

'Our National Health' offers local government a unique window of opportunity to build on these statements and to take a proactive role in shaping how the Plan will be carried forward and implemented locally.

It should be recognised from the outset that local government is already actively involved in delivering health and well-being to communities through direct service provision and initiatives such as Social Inclusion partnerships and New Community Schools.

We would hope local authorities will use this time of change to review the way in which it plans and integrates 'health' into its structures and processes. For example,

- How are health inequalities identified and addressed ?
- How are health priorities set for the area ?
- How are these reflected in the 'health theme ' of the Community Plan.
- How will these be reflected in the Health Plan for the area ?
- How will each service identify its own role in delivering the priorities ?
- How will each local authority work with COSLA to develop as Public Health Organisations?

What happens next?
Early in 2001, the Executive plans to publish detailed change programmes to take these proposals forward. COSLA wants to be able to continue to influence the direction of the health plan and particularly to raise the profile of the significant role of local government in tackling inequalities, promoting social inclusion, and achieving significant step changes in the health and well-being of local communities. As part of that process we are asking each Council to respond to a questionnaire so that what we are asking for nationally is underpinned by what is happening locally.