

## **EAST AYRSHIRE COUNCIL**

### **POLICY AND RESOURCES COMMITTEE- 10 APRIL 2003**

#### **EAST AYRSHIRE COUNCIL AS A HEALTH IMPROVEMENT ORGANISATION**

##### **Report by the Depute Chief Executive/Director of Corporate Resources**

### **1. PURPOSE OF REPORT**

- 1.1 To provide an outline of a framework for health improvement within local authorities and a development plan for East Ayrshire Council, focusing on both the implementation of the Improving Health theme of the East Ayrshire Community Plan and the development of the Council as a Health Improvement Organisation.

### **2. BACKGROUND**

- 2.1 Both the 1999 white paper 'Towards a Healthier Scotland', and the Scottish NHS Plan 'Our National Health' 2000, outline the central role of local authorities in improving the health of the population of Scotland. This is due to their unique position in being able to tackle the causes of ill health which are often due to factors such as diet, poor housing, and poverty, and through their leadership role in the community planning process.
- 2.2 'Our Community's Health' 2002 produced jointly by CoSLA and the Scottish Executive provides guidance on the preparation of Joint Health Improvement Plans (JHIPs), which form the health theme of community plans, as an opportunity to 'set out strategies, objectives and actions for each partner organisation to improve health and reduce inequalities within the local population'. The role of local authorities in this process is supported by the Local Government in Scotland Act 2003 which gives Councils the power to advance well-being. In addition, the creation in 2000 of a public health team at CoSLA, and the more recent appointment of jointly funded health improvement posts in councils have given focus for the drive to develop the health improvement agenda within local authorities.
- 2.3 CoSLA has since gone on to develop this thinking further, arguing that local authorities, as both leaders in the community planning process and deliverers of key services that impact on health, should develop as Health Improvement Organisations that would enable them to complement the role of the NHS.
- 2.4 This is supported in the recent Scottish Health White Paper 'Partnership for Care' 2003, which outlines that it is no longer acceptable for health improvement to be solely 'a task for the Director of Public Health and the health promotion departments in NHS Boards'. The need for support and leadership from a range of organisations is highlighted, including local authorities. A commitment to bring forward regulations to secure the place of health improvement in community planning is also highlighted in the document.

- 2.5 The white paper is accompanied by 'Improving Health in Scotland: the Challenge', which is the first in a series of documents providing a strategic framework to support the processes required to deliver a more rapid rate of health improvement in Scotland. The aim of improving health and tackling inequalities will be pursued with a particular focus on integrated strategies around four key areas, namely early years, teenage transition, workplace and communities. In addition, the 'Challenge' document reflects the commitment of Scottish local authorities to develop as Health Improvement Organisations, and the need to continue to audit progress towards this, whilst ensuring a commitment to health improvement and Joint Health Improvement Planning through the Community Planning process.
- 2.6 The terms public health, health promotion, and health improvement have been used interchangeably to describe efforts to prevent ill health, protect good health and promote better health in the population. CoSLA has adopted the term health improvement as it fits well with the language being used in community planning. Locally, the JHIP will form the Improving Health theme of the East Ayrshire Community Plan. In addition, the Scottish Executive has chosen to adopt the term health improvement with the formation of the Health Improvement Strategy Division, who will work to ensure a cross government approach to health improvement across all the Executive's portfolios.
- 2.7 The Council also has a significant history of joint strategic and operational planning, such as the development of joint planning and resourcing of Community Care services and joint approaches to Changing Children's Services. In addition, the Council has been consulted on key documents such as the Local Health Plan for Ayrshire and Arran and the Director of Public Health's Annual Report. These have been the subject of reports in the past to both the Corporate Strategy Group and the Policy and Resources committee, all leading to the production of the Community Plan theme for Improving Health.
- 2.8 This paper builds on existing work, by focusing on both the implementation of the Improving Health Action Plan in East Ayrshire Council and the development of the Council as a Health Improvement Organisation.

### **3. LOCAL AUTHORITIES AS HEALTH IMPROVEMENT ORGANISATIONS**

- 3.1 A Health Improvement Organisation has been described in the CoSLA guidance paper - 'Local Authorities as Health Improvement Organisations' as 'an organisation, which seeks to have health improvement as a core element and which in turn influences all aspects of the organisation's activity. It will focus on an approach aimed at improving the population's health and reducing health inequalities'.

In order to embrace this challenge, local authorities require to progress towards ensuring that:

- i. health Improvement is an integral part of the corporate culture; to a greater or lesser extent all local authority activity has a health implication, therefore all service departments within the Council require to have a role in order to ensure a holistic approach

- ii. health Improvement is a core function of the organisation; as with equality, social inclusion or sustainability, health improvement requires to be an integral part of working practice within the Council
- iii. they support and build the capacity of staff to take forward the agenda; this requires a commitment to ensuring that staff have the necessary skills to take forward the agenda, through the provision of learning opportunities
- iv. they develop and implement policies, strategies and services that support health improvement; this applies to all activities within the Council's control, and not only those specifically related to health
- v. they ensure that policy is transferred into service delivery and practice, e.g. there requires to be a clear path from the objectives contained within the improving health section of the community plan, into service plans, and into action
- vi. they critically review the impact of policy and practice on the health and well-being of communities; evaluation of services should include evidence based assessments of health impacts, as well as community perceptions
- vii. they develop partnerships, internally and externally which bring added value to the health improvement effort.

#### **4. EAST AYRSHIRE COUNCIL AS A HEALTH IMPROVEMENT ORGANISATION**

4.1 East Ayrshire Council has made some progress in working towards the effective delivery of the health improvement agenda. An example of this would be the commitment of the Council to ensuring that health improvement becomes part of the corporate culture through the achievement of the gold award for Scotland's Health at Work (SHAW). In addition to the Council's active involvement in joint strategic and operational planning, the Corporate Health Issues Group chaired by the Council's Public Health Co-ordinator has reviewed its remit to reflect the current health improvement agenda within local authorities. The group is currently conducting a mapping exercise which will provide some insight into current levels and type of health improvement activity, partnerships, evaluation measures being adopted and sources of funding. This will inform the further development of the work plan for the group, which will support both the implementation of the Improving Health Action Plan and drive forward East Ayrshire Council as a Health Improvement Organisation.

4.2 Key areas for action in the Corporate Health Issues Group work plan include:

- ensuring policy is transferred into practice through monitoring the implementation of the Improving Health Action Plan across the Council
- increasing staff capacity to take forward the health improvement agenda through piloting the 'Promoting Health Improvement and Tackling Health Inequalities' training developed by CoSLA
- assessing the impact of policy on the health and well-being of the population of East Ayrshire through piloting Health Impact Assessment tools
- developing partnerships that bring added value to the health improvement effort through establishing a corporate approach to physical activity and nutrition.

A copy of the full draft work plan and the remit of the Corporate Health Issues Group are available as background papers.

## **5. RECOMMENDATIONS**

5.1 The Policy and Resources committee is asked to:

- i) note the CoSLA framework for Local Authorities as a Health Improvement Organisations;
- ii) approve the remit of the Corporate Health Issues Group to:
  - facilitate the implementation of the Improving Health Action Plan of the Community Plan;
  - drive forward the development of the Council as a Health Improvement Organisation; and
- iii) agree to prioritise nutrition, and physical activity as areas for corporate action in partnership with other appropriate agencies.

### **BACKGROUND PAPERS**

Scottish Executive (1999) Towards a Healthier Scotland. Edinburgh, The Stationery Office.

Scottish Executive (2000) Our National Health: A Plan for Action, A Plan for Change  
Edinburgh, The Stationery Office.

Scottish Executive (2003) Partnership for Care: Scotland's Health White Paper  
Edinburgh, The Stationery Office.

CoSLA (2002) Local Authorities as Health Improvement Organisations.

CoSLA (2002) Local Authority Contribution of the Health Improvement Agenda.

Scottish Executive/ CoSLA (2002) Our Community's Health: Guidance on the Preparation of  
Joint Health Improvement Plans.

Corporate Health Issues Group Draft Work Plan

Members wishing further information on this report should contact Elaine Caldwell, Public  
Health Co-ordinator, tel: 01563 576248.

### **IMPLEMENTATION OFFICER**

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**2 April 2003**