

ANGUS COUNCIL

**SOCIAL POLICY SUB-COMMITTEE OF THE POLICY & RESOURCES
COMMITTEE**

GREEN PAPER: "WORKING TOGETHER FOR A HEALTHIER SCOTLAND"

Report by Chief Executive

SUMMARY

This report draws to the Sub-Committee's attention the Government's consultation document, "Working Together for a Healthier Scotland," and suggests the basis for an Angus Council response.

1. RECOMMENDATION

It is recommended that the Sub-Committee agrees that the Chief Executive write to the Scottish Office in terms of the attached draft letter, modified as necessary to take into account views expressed by members.

2. BACKGROUND

The Government has issued a Green Paper which is "about planning for health, through personal and community efforts," the intention being to engage ideas and start a broad process of commitment towards improving the quality of Scotland's health. The Paper suggests ways of working together and invites comments and further suggestions for action. Responses are sought by 30 April 1998.

The following are attached:

- Appendix 1 - Summary of the Green Paper and Invitation to Comment.
- Appendix 2 - Draft response for consideration.

3. FINANCIAL IMPLICATIONS

There are no financial implications for the Council arising from this report.

4. CONSULTATION

The Management Team has been consulted in the compilation of this report.

A B Watson
Chief Executive
22 April 1998

Note: No background papers, as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information), were relied on to any material extent in preparing this Report

Summary and Invitation to Comment

Good health is more than the absence of disease. It has to do with the way we live, the quality of our life and our environment. That is what public health - and this Green Paper - is all about.

Overall the health of Scotland is improving. The drive to act for our own health has had some impact. Many fewer adults smoke, and we are now less likely to die from heart disease or cancer in middle age. But the improvement has neither matched progress by similar countries nor reached all Scots equally. Smoking, poor diet, too little exercise and misuse of alcohol and drugs stand in the way of better health: their roots lie partly in poverty, unemployment, poor housing and poor environment. Ill-health is not a problem for patients or health services alone, but impacts on family and community life, and on local services.

Care for our own health throughout life is a strong theme in this Green Paper. But broader changes in how people live - which they are not in a position to control - are as important. True public health policies are embedded in action to improve our quality of life and protect our environment, to tackle social exclusion, in improving housing and educational achievement, in addressing poverty and unemployment and in the re-structuring of the National Health Service as a public health organisation with health improvement as its main aim. It is the business of Government - all of Government - and all those who are in a position to influence and contribute to our quality of life.

The policy changes heralded by this Green Paper will link these broader programmes to their impact on our health and well-being; encourage stronger collaboration between health services and the many organisations whose actions impact on our health, especially Scotland's local authorities; and give priority to the communities and groups that have the worst health.

This Green Paper seeks views from the public, from councils and agencies, from health bodies, voluntary organisations, employers and employee representative organisations, on how we can work together towards better health and well-being. In our White Paper later this year we expect to favour practical policies for joint action that will be widely supported, and likely to be effective. More than anything, however, this new drive towards a healthier Scotland demands a carefully planned approach with new ways of thinking and working together, particularly at local level.

Making Our Efforts Count

Making an impact on public health means acting on the life circumstances that underlie poor health, including a worthwhile job, a decent home, a good education and a clean environment. It also includes personal investment in healthy lifestyles, backed by sound policies and, more rarely, regulation. And we must target the places where people are, including schools, workplace and community settings, and the Health Service. Success will require strong partnerships between health professionals and other local bodies within a national framework. (paragraph 95)

So our proposed priorities are improving life circumstances, such as tackling deprivation and

encouraging individuals to adopt healthier lifestyles by not smoking, by eating for health, taking greater physical exercise, and avoiding alcohol and drug misuse. (paragraph 81)

We propose, for Scotland's main 'illness' priorities, coronary heart disease and stroke, cancer, mental health, sexual health (including teenage pregnancies and HIV/AIDS), dental and oral health, and accidents. (paragraph 46)

For each of these priorities, tackling inequalities will be our first challenge.

Working Together

The Green Paper suggests ways of working together and invites comments and further suggestions for action. Our main proposals are:

- Health impact assessments for use in central government and its agencies and in local government to consider the consequences for health of all major policies. These assessments should be effective without being overbearing. Guidance is sought on where and how they are best applied. (paragraph 103)
- An expert working group, chaired by the Minister for Health, to draw up a strategic framework for strengthening and regenerating communities, particularly disadvantaged communities. (paragraph 108)
- Broad programmes for area regeneration in places where Scotland's health is poorest. How can we achieve best results through the work of Priority Partnership Areas and the urban partnerships? (paragraphs 113-117)

Tackling Lifestyles that cause illness

Changes in lifestyle will be far more effective, when linked to steps that address the root causes of ill-health. Major challenges remain and views are invited on:

- Changes in the regulation of tobacco will be set out shortly in a separate White Paper. How can smoking be stopped, especially by young people and those living on low incomes who paradoxically smoke more and are least likely to stop? (paragraph 121)
- How can harm from excessive drinking be reduced? (paragraph 122)
- How can we address both health and community safety issues which derive from drug misuse, particularly in areas of high use? (paragraphs 123-128).
- Should preventive work aimed at young people target alcohol, illegal drugs and tobacco separately, together or through more general lifestyle approaches? (paragraph 128)
- Does the new emphasis on tackling health inequalities, and boosting local health networks give opportunities for improving diet, beyond the extensive plans in the 1996 report "Eating for Health"? (paragraphs 129-130)
- How can we stimulate physical activity in Scotland, particularly by those currently taking little or no exercise? (paragraphs 132-137)
- What more can we do to protect children's teeth? (paragraphs 139-142)

- Reducing teenage pregnancies, improving mental health and tackling domestic violence are health issues that draw, and impact broadly, on society. How can we achieve greater effectiveness? (paragraphs 143-146)
- Accidents still cause much disablement and death especially in poorer areas. How can these accidents be prevented? (paragraph 150)
- Infectious diseases still pose a threat in Scotland. The Government propose a review of existing public health legislation. (paragraphs 151-153)
- Other countries face similar problems, but enjoy better health. What can we take from their approaches which can be made to work here in Scotland? (paragraph 97)

Completing the Jigsaw

Many things that local authorities do affect health and local policies and strategies need to take this into account. Our proposals on which views are sought are:

- Directors of Public Health, as the designated medical officers for local authorities, should help them assess the health impact of local policies, and be co-opted, or appointed, to appropriate council committees (for example, housing, social work and education). (paragraph 154)
- The Scottish Office should fund a public health post in COSLA, to develop good practice and to help to co-ordinate healthy local authority policies. (paragraph 157)
- The Health Education Board for Scotland, the Scottish Consultative Council on the Curriculum and COSLA should set up a small specialist unit to help develop health promoting schools throughout Scotland. (paragraph 180)

Under proposals launched in December 1997 in the White Paper *Designed to Care: Renewing the NHS in Scotland*, Health Boards, as public health organisations, will be responsible for securing health improvement in their area. Health Boards, NHS Trusts and primary care services already work together to draw up health improvement programmes. Many professionals employed in the NHS, from public health doctors, through hospital staff, family doctors, health visitors, retail pharmacists and health promotion officers have relevant skills to work with the public and will be expected to target resources to help people in disadvantaged communities.

- How can the overall contribution of the Health Service be maximised? (paragraphs 158-175)
- How, in particular, should the Health Education Board for Scotland, which leads health education, best contribute? (paragraphs 176-184)
- How can the explosion in information technology be harnessed to health improvement? (paragraph 182)
- Other parts of Scottish life include direct contributions to health. How does industry consider the public health impact of its actions both in the market and in the workplace? (paragraphs 186-190)
- How can the distinctive role of the voluntary sector assist health improvement? (paragraphs 191-194)

Indicators, Targets and Research

The success of our policy will be measured by our impact on health in Scotland. Indicators and targets must be seen as relevant and credible, and be owned by the people who work towards them. Before agreeing them, with the help of an expert group, the Government would welcome views on the priorities to set, the indicators and targets which should follow, and the period that they should cover. Our Green Paper suggests health outcome targets for coronary heart disease and stroke, cancer, teenage pregnancy, dental and oral health and accidents. Lifestyle targets are proposed for smoking, alcohol misuse, caring for health and physical activity. Views are sought on whether targets should be set also in the mental health, HIV/AIDS and drug misuse fields. (paragraphs 196-212)

Good research is vital to guide the development of effective public health policy. What priorities should be set for a research programme to inform, guide and evaluate Scotland's health efforts? (paragraphs 214-218)

Commitment

The Government are committed to tackling public health on a broad front, enlisting the help and support of all those who can make an impact, including members of the public and local communities. Please help us work together towards a healthier Scotland through your ideas, comments and commitment.

Comments should be sent by 30 April 1998 to The Public Health Policy Unit, The Scottish Office Department of Health, Room 433, St Andrew's House, Edinburgh EH1 3DE, marked "For the attention of Mrs J Niven". The Government may wish to publish these comments or make them available to others. You are asked to make it clear if you would prefer your comments to be treated in confidence.

April 1998

The Public Health Policy Unit
The Scottish Office
Department of Health
Room 433
St Andrew's House
EDINBURGH EH1 3DE

Attention Mrs J Niven

Dear Mrs Niven

**“WORKING TOGETHER FOR A HEALTHIER SCOTLAND”
A CONSULTATION DOCUMENT**

Angus Council welcomes the opportunity to comment on the above document and wishes to make the following observations:-

1. NECESSITY TO BUILD UPON EXISTING PARTNERSHIP WORKING

Para. 154 of the paper begins “Local Authorities wield a significant influence on health right across the range of their functions. Maximising their potential to improve health must be fundamental to any strategy”. This is agreed.

It is also clearly important that health and local government work in partnership - and it is essential that we take into account the extent to which partnership working already exists. The joint planning and liaison arrangements which exist in Angus are as follows:

HEALTH & COMMUNITY CARE LIAISON GROUP

This is a joint member group and is the main forum in which information is shared and consultation takes place on matters of mutual interest.

Composition:

4 members of Angus Council
2 members of Angus NHS Trust
2 members of Tayside Health Board

Appropriate officers from Angus Council, Angus NHS Trust and Tayside Health Board attend. We are currently adding 2 representations from GP's. The chair rotates annually.

The Liaison Group is supported by:

HEALTH LIAISON OFFICERS' GROUP

This comprises appropriate senior officers of the Departments of Education, Environmental & Consumer Protection, Housing, Finance, Recreation Services and Social Work together with senior officers from the Health Board and is convened by the Chief Executive/General Manager on an alternating basis. The Officers' Group ensures the compilation of the agenda for meetings of the Health & Community Care Liaison Group, and progress chases as necessary.

CARE IN THE COMMUNITY JOINT COMMISSIONING GROUP

This Officer Group chaired by the Director of Social Work co-ordinates and manages the joint community care planning and commissioning activity of Health, Housing, Scottish Homes and Social Work. It involves other departments and agencies as appropriate and overviews the production of the joint community care plan. This Group feeds into the liaison arrangements.

COMMUNITY CARE PLANNING GROUP

The detailed planning activity of care in the community is undertaken by this joint group. Membership of this group includes Social Work, Housing and Education Departments of Angus Council, Tayside Health Board, Angus NHS Trust, Scottish Homes, the private and voluntary sectors, users, carers and general practitioners.

Liaison arrangements will vary from Council to Council, but it is important to recognise that there are current arrangements, and to take pains to start from where we are .

2. TASK GROUP APPROACH TO HEALTH FOR ALL

In Angus, we have been working to the Tayside Health Promotion Matrix which was devised by Dr. Zelda Mathewson and which provides a conceptual framework in which health issues can be considered in different settings for a range of considerations.

Health promoting initiatives can be based on this conceptual framework. Activities can take place in a variety of settings such as the home, within educational establishments or the workplace, or in leisure or in social settings. Within each setting, programmes may focus on issues such as the environment, food and nutrition, substances use, sexual health and mental well-being, and within each of these issues consideration is given to age, gender, disability, minority groups, income and geographic location such as localities.

From a Health Board perspective, the strategy for promoting and improving health is mainly implemented by ensuring that health promotion activities are undertaken through:

NHS Providers, including Trusts, health promotion services, primary care, and Joint Working with key partners, including statutory and voluntary bodies, primary care and the community itself.

From a Local Authority perspective, Angus Council, given the breadth of the services that it provides, recognises its central role in the development of a healthy community within the boundaries of Angus. Health for All impacts on and is impacted on by Education, Social Work, Environmental & Consumer Protection, Housing and other local authority services. The Council believes that by working in partnership with other agencies, major positive difference can be made to the health of the Angus community.

The Council already has a Task Group chaired by a member of the Chief Executive's Department which includes representation from Angus Council, Angus NHS Trust, Tayside Health Board, primary care and the voluntary sector with the following remit:

- building upon what has been achieved by Tayside Health for All, to produce a strategy document in respect of Health for All in Angus for submission to the Health and Community Care Liaison Group. This exercise will include any necessary modification of the Health Promotion Matrix which has operated in a Tayside context
- to produce a detailed and fully costed action plan, with targets and timescales set against the various partners, by the end of June 1998, and to identify therein particular action points which might be achieved in the short term
- to give attention to how ownership of the strategy might be achieved, with particular emphasis on the community dimension, and in this context to explore the possible linkage between health localities and Angus Council's Area Forum concept
- to identify and maintain a record for all "Health for All" and Health Promotion activity in Angus

There needs to be recognition and support of the work of already existing local groups e.g., local drugs forum, local alcohol forum, rural partnerships, and community regeneration groups to assist them in improving and promoting health.

The importance therefore of starting from where we are is reiterated.

Lifestyles that cause illness are often linked to wider inequalities and social exclusion and all too often to people who have no hope for a better future. Tackling these lifestyles must also focus on tackling poverty and inequality within an approach which promotes social inclusion and participation. Specific vulnerable groups and communities should be targeted but programmes to promote health must be linked to social, economic and political activities and initiatives.

Local authorities are well placed to work in partnership with health boards and with the Scottish Office to develop practical policies and programmes which address illness priorities and health inequalities within a strategic approach to promoting social inclusion and healthier and safer communities.

In tackling lifestyles which can cause illness, there will almost certainly be specific issues to be addressed. The over-arching Angus Health for All Group is ideally placed to initiate the establishment of certain groups, to promote the activities of existing groups, and to assist in the important processes of minimising duplication and maximising effectiveness.

As a result of discussion within the Angus Health for All Group, work is currently underway to agree a Policy Statement on Physical Activity for Angus.

The important issue of Domestic Violence is also pertinent and is presently a topic under discussion in the Community Safety Steering Group.

Considerable work is also underway on accidents within Council facilities, on risk assessments and safe working practices.

The Council would suggest that the planning system also makes a significant contribution to improving the quality of life and protecting the environment on issues which the Green Paper considers to be important as evidenced by the following extract 'True public health policies are embedded in action to improve our quality of life and protect our environment'. The policies and proposals in the recently published draft Local Plan for Angus address these issues and have a major role to play in -

- providing good quality housing sites and living environments
- improving the environment and safety in town centres
- protecting the natural and built environment
- protecting valuable public open space
- allocating sites for community facilities
- protecting safety by implementing the Building Regulations
- protecting amenity through Development Control

In addition, the activities of the Transport Team in promoting public transport makes a contribution to more sustainable transport.

3. GOVERNMENT INITIATIVES - NEED FOR AN INTEGRATED APPROACH

There are a number of government initiatives currently under discussion:

- Working Together for a Healthier Scotland
- White Paper: "Designed to Care"
- Community Planning
- Social Exclusion
- Local Agenda 21

The Council welcomes the acknowledgement on P39 that the Government has a particular responsibility to ensure that all other policies are brought together in a coherent way so that the potential for health gain is achieved.

It is important that these initiatives are taken forward in an integrated fashion, and not each down separate tramlines which may or may not have occasional junctions. In addition to a corporate approach on the part of the Health Service and Local Government, we also need a corporate approach within the Scottish Office. Community Planning provides a window of opportunity to achieve an integrated approach.

4. A SYSTEMATIC APPROACH

The section of the paper on Life Circumstances, Health Lifestyles and Illness Priorities provides a sound starting point, although it may be subject to adaptation in light of local circumstances but it is essential that there is a systematic approach to this agenda in respect of each Council area.

Angus Council has had some success with its Community Safety Strategy, and believes that major contributory factors have been:

- setting up an appropriate infrastructure (a corporate group and a steering group)
- having the secondment of a police sergeant to the Chief Executive's Department to act as a facilitator/catalyst, "assisting departments of the Council and if appropriate, other agencies to develop appropriate inter-departmental/inter-agency community strategies"
- articulating a policy statement and then identifying Key Tasks

Angus Council's view is that this kind of systematic approach could be used effectively to co-ordinate the agenda set out in the Green Paper. The process is about translating strategy into an action plan with targets and timescales allocated to individuals.

5. DIRECTORS OF PUBLIC HEALTH

With regard to the proposal to co-opt Directors of Public Health on to appropriate Council committees, (e.g. Housing, Social Work and Education), this is regarded as inappropriate and would be unlikely to work anyway. The place for the Director of Public Health to make an impact is at the core corporate group level, and in the case of the Health Agenda, that could well involve the Chief Executive's Department, the Director of Education, the Director of Housing, the Director of Social Work, and representatives from the Health Board, the Health Trust(s), and/or GP's.

6. SECONDMENT OF HEALTH STAFF TO COUNCILS

The Council also takes the view very strongly that just as the secondment of someone from the Police to the Council has worked successfully in respect of community safety, secondment of health staff to an appropriate Council department would be an effective way forward.

7. **CoSLA**

The creation of a public health post in CoSLA would add a further dimension to the co-ordination.

8. **DEMOCRATIC ACCOUNTABILITY**

With regard to the wider health agenda, the Council is strongly in favour of moves to have greater citizen and community involvement in influencing meaningful patient choice and the quality of patient care and would urge that local authorities be represented at Member level within Boards and Trusts as a recognition of the need to introduce greater democratic accountability at a local level.

9. **HEALTH EDUCATION BOARD FOR SCOTLAND**

With regard to the Health Education Board for Scotland (HEBS), clearly Councils, as education authorities have a direct interest.

Of course there is a need to continue to develop health promoting schools in Scotland and it is important to ensure that developments in this area are securely located within existing structures, and particularly within the development plans of Council education departments and of schools. There are concerns that inappropriate centralisation of initiatives can lead to a surfeit of projects which become regarded as "bolt-ons" - parachuted in on schools - lacking ownership.

Much of our work in schools in Angus has been developed in close liaison with Tayside Health Board's Health Promotion Centre. If HEBS/CoSLA/SCCC were "to establish a specialist unit to further develop health education and health promotion in schools," this might be helpful provided the unit was seen as a support for the local education/health/partnership - and not as an alternative co-ordinating mechanism.

One current example of effective local work following on from a helpful national starter paper is the Scottish Diet Action Plan - now being taken forward in Angus through a range of local partners including the Council, Tayside Contracts (who supply school meals) and the Health Promotion Centre.

It is agreed that the IT potential is enormous. Development of e.g HEBSWeb seems eminently sensible and will provide one more avenue to raise awareness of important health issues.

With regard to paras. 183-184, the role of HEBS in identifying priority issues, and in identifying need (including geographical need) is critical. The Council also believes that HEBS has an important role to fulfil in terms of circulating examples of good practice.

However, the delivery of service to meet these needs should best be left to local agencies - and the Angus Health for All Model mentioned earlier offers a good example of local partnership.

10. JOINT HEALTH IMPROVEMENT PROGRAMMES/JOINT FINANCIAL PLANS

Consideration should be given to having joint Health Improvement Programmes supported by joint financial plans which allocate resources according to agreed priorities. The role of local authorities in local governance and community planning could be harnessed to ensure meaningful citizen and community participation in determining local priorities.

11. EARLY MILESTONES

Part of the problem facing a strategic approach to health improvement lies in the fact that results become apparent in the medium to long term and the Council advocates identifying some early milestones if at all possible and with a view to being able to point to early success - i.e. go deliberately for initiatives which can show short-term measurable success, and by so doing increase public support and enthusiasm for moving forward with the Health Agenda.

I trust that you will find these comments helpful.

Yours sincerely

A B Watson
Chief Executive

