

ANGUS COUNCIL
POLICY & RESOURCES COMMITTEE
TUESDAY, 4 DECEMBER, 2001
COMMUNITY PLANNING AND PUBLIC HEALTH

Report by the Chief Executive

ABSTRACT

This report seeks homologation by the Policy & Resources Committee of a decision to enter into a tendering process regarding a piece of work looking at the effectiveness of arrangements in the Angus Council area with regard to the integration of Public Health (in its widest sense), and Community Planning.

1. RECOMMENDATIONS

It is recommended that the Policy & Resources agree to homologate a decision by the Chief Executive to enter into a tendering process for a piece of work to investigate the current, and future arrangements to ensure maximum integration of Community Planning and Public Health.

2. BACKGROUND

During discussions that took place in the early part of 2001 between the Chief Executive and Dr Phil Hanlon, the Director of the new Public Health Institute for Scotland, an opportunity arose for the Angus area to be used for a pilot exercise to investigate the interface between Community Planning and Public Health in its widest sense.

The Public Health Institute for Scotland agreed to fund the initiative, and earlier in the current year paid Angus Council a sum of £50,000 with a view to the Council entering into a contract for an external piece of consultancy work.

A Project Management Board has been established for the initiative including representation from:-

- a) Angus Council.
- b) Public Health Institute for Scotland.
- c) The Arbroath and Friockheim Local Health Care Co-operative.
- d) The Angus Local Health Care Co-operative.
- e) NHS Tayside (Public Health Directorate).

The Project Management Board has now met and agreed a brief for the consultancy work, and this is attached as Appendix 1 to this report. The Project Management Board agreed that there was a degree of urgency in terms of letting of this contract, and following discussions with the Convener and Vice-Convener of the Policy & Resources Committee, it was agreed that a tender process be entered into with 8 possible contractors. The 8 contractors were identified as those within Scotland who might be able to undertake this specialist piece of work.

3. **FINANCIAL IMPLICATIONS**

The Public Health Institute for Scotland has agreed this initiative and has paid Angus Council the sum of £50,000 to cover the costs. Until the tender process is complete, no definitive figure can be given as to the cost of the consultancy work, but this will be reported to committee in due course and certainly will be within the £50,000. There will be no costs directly attributable to Angus Council with regard to this initiative.

4. **HUMAN RIGHTS**

There are no human rights issues arising from this report.

5. **CONSULTATION**

The Director of Law & Administration, Director of Finance and other Chief Officers have been consulted during the preparation of this report.

A B Watson
Chief Executive

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 upon to any material extent in preparing this report.

Draft Research Brief

Background

Angus Council along with all other public and voluntary sector agencies have agreed and launched the first Community Plan for Angus.

The Plan has five themes:

- The Economy
- Lifelong Learning
- Healthy & Safe Communities
- Caring Communities
- The Environment

Underpinning these themes are the following core principles:

- Active Citizenship
- Social Inclusion
- Sustainable Development

The partners recognise the importance of the inter-connection of all these factors in promoting the well being of the Angus Community.

The recently launched National Health Plan also recognises the role and inputs of a variety of agencies and services in securing more positive health for the citizens of Scotland. And within the context of Community Planning, the new unified Health Boards are required, in partnership with other agencies to develop Health Improvement Plans for the local authority area.

Much of the public sector resource is often spent on direct service delivery built on a foundation of professional backgrounds and understanding. Whilst this is understandable, and perhaps inevitable, this focus potentially takes us away from a longer term and more holistic commitment to both identifying the broader spectrum of positive health and well being indicators, and developing joint objectives, plans, and strategies to achieve that well being.

The determinants of good health relates not only to the parts of the Angus Community Plan, where health is specifically mentioned, but also depend on the economic, environmental and other aspects of the agenda.

'Social Justice....a Scotland where everyone matters' sets out targets and milestones to commit Scotland to action and change in relation to social justice and defeating child poverty. The milestones as described in this document are intended to provide a clear and concise overall measure of progress, although it is recognised that a fuller range of detail is required. The milestones within this document require information systems that are co-ordinated across Angus, and as yet this is not possible.

The development of an Angus Health Improvement Plan within the context of community planning, which informs, and is informed by a Tayside Health Plan, will require the identification and ongoing management of information to inform future strategy and plans.

Research Aim and Objectives

Aim:

To evaluate the impact of the health improvement agenda on the community planning process and explore the potential for greater integration of health and community planning in Angus.

Objectives:

1. To clarify and agree with principal stakeholders what the community planning approach aims to achieve, the key steps necessary in the process and how progress should be measured.
2. To describe the current process in place for the development of health and community plans. This should encompass national strategic directives and more localised planning processes including infra structure, membership of working groups and respective contributions from different organisations and the public
3. To review the current partnership arrangements between key players involved in the creation of health and community plans for the area i.e. are there formal or informal partnership arrangements, how democratic and how flexible is decision making, are there pooled budgets, is there joint accountability? What are the outputs and how are they evaluated?
4. To evaluate previous public involvement in the planning process and identify mechanisms for strengthening future public involvement. What mechanisms have been used in the past to involve the public in the planning process? How successful have these been? Also, how accessible are completed community/health plans to members of the public in terms of physical location, language and relevance?
5. To identify organisational and other facilitators and barriers to joint planning between health boards and local authorities and make recommendations for future organisational and strategic change. In ensuring that an effective Health Improvement Plan and Public Health Strategy are developed and delivered in Angus, there may require to be a rationalisation or streamlining of existing planning structures from which falls both the Community Plan and the Health Plan. Work should be undertaken to examine where the barriers to this are and what possible solutions could be implemented to allow a truly joined up approach to developing the health agenda. What has worked and why? What needs to change and how? What new knowledge and added value has been obtained from this project with respect to:
Cross boundary accountability for health
Pace of change
Environment/context of joint planning

Future agenda for health improvement

Research Design and Methodology

The research design should involve a 2 stage process with an interim report reviewing the research objectives including recommendations for change (by approx Summer 2002). Following this, further research should elicit whether recommendations have been implemented with a final report (by approx Spring/Summer 2003).

The research team may wish to consider using an action research/theory based methodology. A working definition of action research is

“Research which involves all relevant parties in actively examining together current action (which they experience as problematic) in order to change and improve it. They do this by critically reflecting on the historical, political, cultural, economic, geographic and other contexts which make sense of it.”

A theory based approach such as the “Theories of Change” framework allows:

- Prospective detailing of activities, interventions and processes planned over the course of a project.
- Close working relationships between evaluator and programme implementers to identify an overall theoretical framework or “Theory of Change” (ToC) for the project. This should help to make explicit the assumptive logic, the evidence-base, and the links underlying the plans and mechanisms that are expected to deliver the agreed short, intermediate and longer-term project outcomes.

A “Theories of Change” framework can be used to sharpen planning or to identify areas that are unclear or conflicting and also allows formative feedback to take place during the research period to change existing processes for the better. It can be particularly useful as a template to guide both internal and external evaluation over the course of an intervention or project. It can set project activities in their wider socio-political context and can be used to reduce problems of attribution and increase understanding as to why and how an activity is, or is not, effective as well as whether it is effective. This in turn can enhance policy learning.

Proposals as to the best way to achieve the research objectives would be welcomed as single or joint bids between collaborating bodies. The commissioning team are aware that a range of knowledge and skills are required for this project including a sound knowledge of health policy; local authority and health board structures; performance management and organisational change.

Outputs, Reporting Requirements and Timescale

- Allocation of research brief by December 17th 2001.
- A presentation of process and immediate findings as an initial interim report by 31st March 2002.
- Presentation of 1st stage report by 30 June 2002.
- Presentation of final report by 31 May 2003.

The brief requires the consultants to produce:

- A critical analysis of factors effecting the projects objectives.
- A detailed report which addresses the requirements set out in the project brief.
- A production of an interim report by 31 March 2002.
- An electronic version of all reports produced plus 15 copies of each.

Meetings

A number of meetings will be required as follows:

- Presentation of proposals for carrying out the brief preferably by the people doing the actual work.
- Initial briefing of appointed consultants.
- Interim progress report presentation.
- Draft 1st Stage report presentation.
- Draft 2nd Stage report presentation.
- Final presentation of reports to the partners.
- Occasional meetings with nominated officer for joint management board.

Publicity and Media – see attached.

Proposals for undertaking the study – see attached.

Costs – see attached.

PUBLICITY AND MEDIA

Any approach from the press/media about this initiative should be referred to Moira Naulty, Media Relations/Press Officer for Angus Council, (telephone no. 01307 473021), and all press releases/statement must be cleared by all parties.

Proposals for undertaking the study

Consultants are required to submit proposals for undertaking the study, including proposed methodology must be submitted, by 7 December 2001, to Bill Strachan, Head of Policy & Performance Unit, Chief Executive's Department, Angus Council, The Cross, Forfar, Angus DD8 1BX, in both hard copy and electronic format.

Costs

Submissions should provide a detailed breakdown of the proposed fee, on a fixed price basis, the full cost of meeting the brief and providing details of:-

- i) Daily rates for individuals involved in the work.
- ii) Envisaged expenses with a breakdown of budget ceiling costs for the work.
- iii) VAT to be shown separately.

The maximum cost for the whole work must not exceed £50,000.

