

## ANGUS COUNCIL

## POLICY &amp; RESOURCES COMMITTEE

TUESDAY, 6 FEBRUARY 2001

## OUR NATIONAL HEALTH : A plan for action, a plan for change

## Report by the Chief Executive

**ABSTRACT**

This report outlines the core aims of the Scottish Health Plan 'Our National Health: A plan for action, a plan for change', and outlines the areas which have implications for Angus Council in implementing the contents.

**1. RECOMMENDATIONS**

It is recommended that the Policy & Resources Committee:-

- i) Agree that an analysis be undertaken to identify which areas within the plan are currently being addressed by Angus Council and those areas that will require further action. This analysis should be undertaken by March 2001 prior to the publication of the detailed change programme, which will outline the Executive's proposals to take the plan forward.
- ii) Agree that Lead Officers for each of the sub-sections of the plan be identified to facilitate co-ordination of the analysis.

**2. BACKGROUND**

The NHSiS Health Plan was published in December 2000 and identifies the major changes required, not only for the NHSiS, but also for those partner organisations that are involved in shaping the health of the population in Scotland.

The principles behind the development of this document are to rebuild a NHS to national standards to end the 'postcode lottery of care'. An NHS resourced and reformed to cut waiting and speed up treatment for patients. An NHS accessible from home and the High Street as well as hospitals and surgeries.

Many of the changes and proposals set out in the Health Plan are in outline only. The Scottish Executive has indicated that they would wish to work closely with CoSLA and local authorities to determine the best way of implementing the Scottish Health Plan.

### **3. IMPLICATIONS FOR ANGUS COUNCIL**

#### **Section 2 : Improving Health**

##### **Core Aims**

- build a national effort to improve health
- reduce inequalities in health

##### **Detailed implications:**

##### **Improving Health**

- the Health Improvement Fund will invest more than £100 million between 2000-01 and 2003-04
- NHS Health Boards and Local Authorities will work together to route money to local communities, with a particular emphasis on Social Inclusion Partnership areas

##### **Tackling the root causes of ill health**

- Healthy Living Centres are now coming on stream in communities across Scotland, supported by £34.5 million from the New Opportunities Fund
- the Scottish Executive will develop health indicators within the Social Justice framework of targets and milestones to track progress in tackling health inequalities
- the Scottish Executive will issue guidance to the NHS by March 2001 on the provision of health services to homeless people and appoint a Health and Homelessness Co-ordinator to work closely with other stakeholders on the provision of high quality accessible services

##### **Individuals and communities**

##### **The Scottish Executive:-**

- will establish a Health Promoting Schools Unit in the first half of 2001 and work to encourage every school to become a Health Promoting School
- will build on work to date to make healthy food available to children through the provision of fresh fruit in nursery schools and salad bars and healthy eating tuck-shops in schools
- will build new alliances with both private and public sector organisations to work in partnership to promote health and drive forward health improvement
- will invest in the Scottish Community Diet Project to allow it to help at least 50% more projects from 2000-01
- will launch the Physical Activity Task Force early in 2001 to take forward work across Scotland to promote and encourage exercise on physical activity
- will carry out a wide ranging consultation on children's oral health which will seek views on a range of measures including ways in which the benefit of fluoride can be made available, for example through the fluoridation of public water supplies or by means of fluoridated drinks or tablets
- will develop a plan for action on alcohol misuse, bringing together what needs to be done by all concerned. Prevention and services for people with alcohol problems will lie at the heart of the plan
- will initiate the new £100 million package of expenditure on drugs misuse

which was announced in September 2000. This will fund a series of interlinked activities to ensure that every school pupil, both primary and secondary, has effective drugs education to reduce the proportion of people under 25 who use illegal drugs.

- will ensure that each NHS Health Board, with partners in the Community Planning Process, will develop Health Plans for each Council area it serves within the framework of Community Planning.
- will ask the NHS will ask to tackle health inequalities. They will require each NHS Board to identify the action it is taking to tackle homelessness and reduce inequalities. Local Healthcare Co-operatives will play a key role in delivering this agenda
- will want to see Local Authorities develop their role as public health organisations and will work with CoSLA and others to achieve this

### **Section 3 : Rebuilding our NHS**

#### **Core Aims**

- set national standards to be delivered locally
- increase accountability
- streamline bureaucracy
- improve and integrate planning and decision making

#### **Detailed Implications:**

##### **Better local decision-making**

- in each of the 15 NHS Health Board Areas there will be a single *unified* NHS Board. In the 12 mainland NHS Health Board, areas, this new unified NHS Board will replace the separate board structures of the existing NHS Health Boards and NHS Trusts.
- in their local areas, Local Authorities should have a strong voice on the new NHS Boards
- in each NHS Board area, the existing separate Health Improvement Programmes and Trust Implementation Plans should be replaced by a single comprehensive document - a Local Health Plan
- joint resourcing and joint management of community care services will be introduced locally, as recommended by the Joint Future Group. This will start with services for older people, and the Executive will legislate, if necessary, to remove any remaining barriers to joint working between the NHS and social work and housing departments
- continue to develop the role of the LHCC's, working with hospital services, as vehicles for the planning and delivery of health improvement and healthcare at local level, and take steps to enable them to carry out this role more effectively within agreed national standards

### **Section 4 :Improving the patients journey**

#### **Core Aims**

- achieve better, fairer access to services
- increase flexibility
- reduce waiting and improve the patient's journey of care

- improve communications and break down barriers
- make best use of skills and resources

**Detailed implications:**

**Improving access**

- by April 2002 the NHS Boards in rural areas are required to draw up plans for rolling out good practice from RARARI projects across all rural areas, making use of up-to-date technology and tele-medicine techniques wherever appropriate

**A joined-up approach**

- the NHS will be expected to follow the principles set out in *The Scottish Compact*, on how Government and the voluntary sector should work together
- the NHS and Local Authorities should identify improved processes and share good practice across Scotland to reduce unacceptable delays in discharging patients from hospital to more appropriate care

**Section 5 : Involving people**

**Core Aims**

- give patients a stronger voice
- involve people and communities in the design and delivery of health services

**Detailed implications:**

**Changing culture**

- £14 million will be invested over the next 3 years to build the capacity of the NHS to communicate with, listen to and work in partnership with individuals and communities

**Support for those who lack a voice**

- by December 2001, all NHS Boards will work in partnership with Local Authorities to ensure that integrated advocacy services are available to those who most need them
- The Executive will work with Health Councils, the Scottish Consumer Council and other key stakeholders to develop proposals for improved local public involvement structures which will play a key role in revised accountability mechanisms for the NHS

**Section 6 : A lifetime of care**

**Core aims**

- a new priority to the health of children and older people
- give children the best possible start in life by improving child health and

children's services

- provide all children and their families with equal and easy access to comprehensive, combined and integrated services
- enable older people to maximise independence, dignity and good health

#### **Detailed implications:**

#### **Supporting parents**

- better parental support will be developed through initiatives such as Starting Well and Sure Start Scotland
- increased health input into family centres, with links between LHCC's and Family Centres

#### **Health in early life**

- improved lifestyle education, raising awareness of the lifestyle issues that will affect children's future health. Health promotion and health education in schools, including HEBS campaigns, will help pupils to make healthy choices for themselves on alcohol, smoking and drugs
- the Executive plan to revolutionise the school nursing service, building on experience of nursing roles in the New Community Schools to develop a service that focuses on identifying and addressing the health needs of the whole school community

#### **Joint working**

- the Scottish Executive will allocate over £70 million over 2002-04 to provide integrated children's services, and will expect the NHS at a local level to work closely with LA, voluntary sector and other partners to make best use of this resource

#### **Child health services**

- in early 2001, the Child Health Support Group will produce a Child Health Service Template that will provide a framework for all agencies involved in providing a combined integrated and co-ordinated child health service

#### **Children with special needs**

- the Executive will issue 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 local area co-ordinators who will co-ordinate services to provide information, family support and funding

#### **Young people**

- investment of £1 million from the HIF in the Walk the Talk initiative to ensure that local services are shaped in ways that effectively meet the needs of young people
- the NHS will work with partner agencies to ensure, that this transition is

- managed sensitively and with attention to young peoples' needs
- £3 million over 3 years will be provided for the 'Healthy Respect' national demonstration project that seeks to develop and share best practice in the promotion of sexual health, prevention of unwanted teenage pregnancy and reduction of sexually transmitted disease
- each local NHS Board will work in partnership with Local Authorities and voluntary sector

### **Older people**

- a single shared needs assessment will be carried out by a health or social care professional to avoid duplication and additional burdens on older people
- a local service in every part of the country for shopping, laundry and minor repairs, helping 10,000 - 15,000 people to preserve their independence at home
- fast, flexible rapid response teams in every part of Scotland to support up to 18,000 older people at home: for example, when a short period of help for an older person who falls ill might prevent hospital admission
- action to tackle delayed discharges from hospital free home care support for people who need it for up to four weeks following discharge from hospital

### **In addition**

- older people in Scotland will be the first to benefit from joint resourcing and joint service management locally, from 2002
- by October 2001, the Executive will introduce, in advance of other care groups, a single shared assessment for older people and people with dementia
- by April 2002, the Executive will set up a Commission for the Regulation of Care to regulate care homes and support services such as home care and day care in both the public and the independent sector, to standards devised from the perspective of users of services themselves

## **Section 7 : Meeting specific needs**

### **Core Aims**

- develop high quality services, in particular the three clinical priorities: coronary heart disease, cancer and mental health
- ensure the needs of specific groups are met

### **Detailed implications:**

#### **Mental Health**

- NHS Boards will work jointly with other organisations to improve and develop mental health services and will monitor progress through new performance management arrangements
- extra £2 million in 2001-02 for projects directly linked to the *Framework for Mental Health* agenda for improved care and access to care
- increase Mental Illness Specific Grant

- the Mental Health and Well Being Support Group has been established to help agencies deliver improved co-ordinated mental health services by the 2004 timetable set out in the *Framework for Mental Health*
- investing £4 million over three years in a campaign to promote positive mental health and well-being
- The Executive will publish an audit document that will help all agencies identify their role in the care and custody of this group and identify any gaps in current provision
- A Care Programme Approach will be widely used to ensure that all the services people need are well co-ordinated and agreed between health and other agencies

### **Learning Disability**

- investment of £36 million over the next three years to change for the better the lives of people with a learning disability and those who care for them

### **Excluded Groups**

- the NHS Boards will demonstrate that they are working with partner organisations to meet the healthcare needs of excluded groups and, where appropriate, provide specific services to meet those needs. In particular the NHS will address the needs of people who sleep rough and drug users

## **Section 9 : Working together**

### **Next steps**

- early in 2001 detailed change programmes will be published which will outline how the proposals in the plan will be taken forward

### **Detailed implications:**

#### **Roles**

- local Authorities, will co-ordinate the work of Community Planning, to which Local Health Plans, prepared by NHS Boards, will contribute. They will work with the NHS to improve the health of their communities and deliver healthcare and
- other related services as well as articulating the views of their communities at NHS Board level. The Executive want Local Authorities to be public health organisations in their own right, and will help them to develop that role

## **4. CONCLUSIONS**

There are clearly significant implications for Angus Council related to the important messages set out in the Scottish Health Plan. It is suggested that work begins immediately to undertake a detailed analysis of the implications, and that given the scale of the exercise, lead officers be identified to undertake this work. (Appendix 1).

It is clear that the development of Local Health Plans will have a major impact

on the working relationship between the Health Service in Tayside and Angus Council. Of particular importance is how the Health Plan dovetails with the Angus Community Plan, and discussions are underway between officers of the Council and Tayside Health Board in this regard. Central to these discussions is the need to ensure that the Health Plan is developed in such a way as to ensure that it has coterminosity with the Community Plan area.

Members are also advised that discussions are also taking place with Professor P Hanlon of the new Public Health Institute for Scotland regarding the possibility of the Institute supporting the work that will need to be undertaken with regard to the above.

**5. FINANCIAL IMPLICATIONS**

There are no financial implications arising from this report.

**6. HUMAN RIGHTS**

There are no human rights issues arising from this report.

**7. CONSULTATION**

All 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 on to any material extent in preparing this paper.**



SECTION	SUB-SECTION	LEAD OFFICER
2. Improving Health	Improving Health	
	Tackling the root causes of ill health	
	Individuals and communities	
3. Rebuilding our NHS	Better local decision making	
4. Improving the patients journey	Improving access	
	A joined up approach	
5. Involving people	Changing culture	
	Support for those who lack a voice	
6. A lifetime of care	Supporting parents	
	Health in early life	
	Joint working	
	Child health services	
	Children with special needs Young people	
	Older people	
7. Meeting specific needs	Mental Health	
	Learning disabilities	
	Excluded groups	
9. Working together	Roles	

