

## LOCAL AUTHORITIES AS HEALTH IMPROVEMENT ORGANISATIONS

### Introduction

1. There has been recognition both by COSLA and the Scottish Executive that Local Authorities have a key role to play in the development and delivery of health improvement to and with communities. This has often been badged as the role of Local Authorities as Public Health Organisations. There has been an assumption to date that there is consensus understanding of the term and what that means for policy and practice. Recent discussion across councils would indicate that this is not necessarily so.
2. COSLA has therefore developed this document in conjunction with Local Authorities to provide a framework for local discussion and decision making in relation to health improvement

The report is divided up into the following sections:

Section A (paragraphs 3 – 5) What do we mean by Public Health?

Section B (paragraphs 6 – 9) What is meant by Health Promotion?

Section C (paragraphs 10 – 12) What do we mean by Health Improvement?

Section D (paragraphs 13 – 15) Local Authorities as Health Improvement Organisations

Section E (paragraphs 16 – 35) What is meant by a Health Improvement Organisation?

Section F (paragraphs 36 – 43) Change

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## Section A

### What do we mean by Public Health?

3. Public health has been defined as ‘the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society’<sup>1</sup>. This rather cumbersome definition reflects the fact that public health is a complex and multifaceted issue and therefore difficult to easily or concisely define. It infers, however, that not only scientific fact but the interpretation and utilisation of these facts are used to improve the population’s health.
4. The term Public Health has meant many things over the centuries very much reflecting the social and political perceptions at the time. In the 19<sup>th</sup> and early 20<sup>th</sup> centuries it was linked closely with social change that led to significant improvements in the health of the population such as slum clearance, sanitation and the provision of clean water supplies.
5. Later it became more closely associated with public health medicine with significant contributions in relation to screening e.g. cervical screening for early detection of cancer, immunisation and the management of communicable diseases. These programmes very much targeted the individual although ultimately contributing to better health in the population. Recently the term has become more interchangeable with ‘health improvement’ and brings together again the concept of a wide ranging set of interventions which will improve health.

## Section B

### What is meant by Health Promotion?

“Health promotion comprises three overlapping spheres of activity: health education, prevention and health protection”<sup>2</sup>

6. Sometimes there is confusion as to what the differences are between public health medicine and health promotion. Health Promotion came into being to champion a social model of health and acknowledged that people not only needed knowledge and information to make appropriate choices concerning their health but that there were other external factors present which could impact on their ability to make choices or to have any choice at all.
7. Some professionals such as Health Promotion Officers have a role solely dedicated to taking forward this agenda in a number of settings. Many, although not all, are sited in Health Promotion Departments within the NHS. They work with others at a strategic and operational level to bring about positive change in population health. Health Promotion makes a valuable and significant contribution to the overall health improvement effort.
8. Local Authority personnel are most likely to consider this difference pragmatically in relation to liaison and contact with NHS Scotland at a local level. The contacts are likely to be Consultants in Public Health Medicine, Health Promotion Specialists and other clinical staff. Appendix 1 goes some way to begin to explain the differences in relation to role and remit.

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<sup>1</sup> Source: Public Health in England. The Report of the Committee of Enquiry into the Future Development of the Public Health Function, HMSO 1988

<sup>2</sup> Source: What is health promotion? *Health Education Journal A*. Tannahill 1985

9. The main crux of the matter is that no matter what disciplines, professions or terms are used; that the main function of health improvement is to find ways of preventing ill-health, protecting good health and promoting better health – this is closely linked to quality of life and the concept of well-being

## Section C

### What do we mean by Health Improvement?

10. One way of approaching health improvement is by using the 3 familiar headings from 'Towards a Healthier Scotland' (1999) namely:
- (i) Life Circumstances – these are external factors which impact on health and well-being. They can affect health directly, or indirectly by limiting choice and opportunity (see lifestyle). They include factors such as: unemployment, poverty, poor housing, limited educational achievement, the environment and social networks. It is now recognised that these underlying determinants need to be addressed if the health of the Scottish population is to improve
  - (ii) Lifestyle – refers to the health behaviours we choose to adopt. These can either be positive and health enhancing such as undertaking regular physical activity/eating healthily or negative and life threatening such as smoking and misuse of alcohol. It must be recognised that significant barriers exist for many people in choosing a healthier lifestyle. It is not necessarily about 'not understanding the message', although this may be the case in some instances, but also about the complex influences of life circumstances. Levels of income, support and social networks as well as access to services and healthy food all influence our ability to easily adopt healthy lifestyles. Whilst recognising individual choice, health improvement would support ways of making healthy choices an easy choice. This includes fiscal measures and legislation e.g. tobacco and alcohol tax, food safety & seat belt legislation
  - (iii) Health Topics – These highlight areas which are regarded as important to tackle if we hope to bring about a change in the health of the population. Currently they include Child Health, Dental & Oral Health, Sexual Health, Coronary Heart Disease and Stroke, Mental Health and Accidents and Safety. Effective Interventions in relation to Life Circumstances and Lifestyle will ultimately impact on Health Topics

### A New Focus

11. The New Health Improvement Action Plan suggests that success requires focussed policy and activity to impact on the population's health and that the following 4 themes should be prioritised:
- early years
  - the teenage transition
  - the workplace
  - community

Life circumstances, lifestyles and health topics can therefore be brought together and integrated into these target areas.

12. Its important to remember that these interventions are presented in this way for ease of management in reality they are all bound up in each other in terms of policy, planning, service delivery and personal perceptions of health.

## Section D

### Local Authorities as Health Improvement Organisations

13. The power to advance well-being is a key component of the proposed Local Government in Scotland Bill and currently states:

*'A local authority has power to do anything which it considers is likely to improve the well-being of its area an persons within that area....'*

14. Improving the health of communities clearly falls within this.
15. This paper could equally refer to Local Authorities as Public Health Organisations but we have chosen to change the terminology to Local Authorities as Health Improvement Organisations at this point in time for a number of reasons:
- Public Health has historically had the connotation of a more medical or health service approach although the term is again being used in a more inclusive manner.
  - At COSLA we find the term 'health improvement' more acceptable and accessible for local authorities because it appears to associate more and link with, the life circumstance issues which are key elements of local government planning and service delivery. (It has become the preferred term adopted in dialogue between these organisations.)
  - Until very recently when referring to Public Health within Local Authorities it was assumed by some that this was the sole responsibility of Environmental Health or Public Protection Services. Whilst this services contribution is of fundamental importance (see Appendix 2) it is important that other services also see and value their own contribution to a wider health improvement agenda.
  - We also think that this more accurately reflects the terminology used within Community Planning. The Community Planning partnership is charged with producing a Joint Health Improvement Plan for each local authority area as an integral part of the Community Planning Process. The new joint funded posts created to support the development of this plan and its implementation in local authorities are nationally named Local Authority Health Improvement Posts although locally titles vary to accommodate local structures.
  - Additionally the Scottish Executive already has a Health Improvement Strategy Division and have recently created the new post of Director of Health Improvement.

## Section E

### What is meant by a Health Improvement Organisation?

16. A Health Improvement Organisation is an organisation, which seeks to have health improvement as a core element and which in turn influences all aspects of the organisations activity. It will focus on an approach aimed at improving the population's health and reducing health inequalities.
17. Exploring inequalities in health is a complex issue and can be considered in relation to gender, ethnicity, life course and socio-economic factors.
18. The focus tends to be on the latter where it has been clearly evidenced that there is a link between mortality, morbidity and socio-economic status. This is an area though which has to be interpreted sensitively.
19. One of the clear challenges in reducing inequalities in health is accurately targeting people in greatest need. This is not as simple as it sounds. Firstly many initiatives focus on geographical areas of socio-economic deprivation which may effectively target appropriate populations in urban communities but is a difficult concept to apply within rural areas. Secondly within a given geographical area although general local trends may indicate performance around the national average this can mask local health inequalities where the differences between areas is considerable<sup>3</sup>.
20. Additionally it has been shown that programmes and activities aimed at improving population health are less likely to be taken up by those whose need is greatest This results broadly in people with reasonably good health achieving 'better' health whilst those in poor health remain in poor health. This can in fact increase the level of health divide between the groups although there may be an overall improvement of the population's health.
21. This sets a considerable challenge to Local Authorities who have a responsibility to respond to all of their populations needs whilst balancing that with channelling resourcing and activity to people in greatest need.
22. What this means for local authorities as Health Improvement Organisations is:

### Health improvement is an integral part of the corporate culture

23. Health improvement and tackling health inequalities should be regarded as an integral part of the way local authorities think, plan and deliver. It should become embedded in the corporate culture and regarded as a mainstream approach that drives the ethos of the organisation fitting within the overall corporate context of the Community Planning Framework. In this way it is similar to social inclusion, equality or sustainability – it should pervade all aspects of corporate life.
24. Health at work is an important emerging issue. As a major employer Local Authorities can, through health improvement programmes e.g. Scotland's Health at Work (SHAW) directly impact on the health and well-being of employees and indirectly influence their families and the communities within which they live. It is recognised that currently the progress in this area is often related to the level of support and resource that local Health Promotion Departments are able to dedicate as well as the priority given to employee health within the local authority.

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<sup>3</sup> Source – Paisley, A health profile of the town and its communities – Public Health Institute of Scotland

25. It is recognised that there is a key role for Human Resource departments in supporting the organisational development and change which are fundamental in creating a supportive culture

### **Accept health improvement as a 'core' function**

26. Health improvement should be viewed as 'core business' which makes it everybody's business. It should not be regarded as the responsibility of either a few individuals or departments. True, someone may have to take a lead role but this should not diminish the role and responsibility each service has in delivering a health improvement agenda. The overall objectives for health improvement should be laid out in the Joint Health Improvement Plan and each service should be aware of its contribution to meeting the objectives.

### **Support and build capacity in staff to take forward the agenda**

27. It is often glibly stated that the main resource any organisation has at its disposal is its 'staff'. This is nevertheless a truism for local authorities. Policy makers, key influencers, elected members and service deliverers all need to understand the issues relating to health improvement in order to deliver the changes required for 'positive health' in communities. It is essential that resources be allocated to raising awareness and offering development opportunities as appropriate. COSLA will play a part nationally in trying to secure resources and in planning a national approach. Capacity building for staff in relation to health improvement locally should be considered as an objective within the community planning process i.e. within the Community Plan itself and the Joint Health Improvement Plan.

### **Develop and Implement Policies that support health improvement**

28. Policy development is a vital component in the drive for health improvement. The process of policy development for health improvement will be the topic of a report to be issued at a later date from COSLA. It is possible here, however to reiterate the need for policy to be based as far as possible on evidence. Information can be used nationally from organisations such as the Public Health Institute of Scotland (PHIS), Health Education Board for Scotland (HEBS) and COSLA itself whilst there will be local information available through the Community Planning Partners.

### **Ensure that policy is transferred into service delivery and practice**

29. The Joint Health Improvement Plan will contain the agreed objectives to take forward the agenda. These must be translated into action to be effective. It is important that each service understands its role in implementing the objectives. The new Local Authority Health Improvement Posts have a key role in facilitating this process. There should be a clear trail from the health theme of the Community Plan into the Joint health improvement Plan into Service plans and into action. (see Appendix 3)
30. It is recognised that this is not a linear process e.g. communities maybe engaged at various points in the process.

### **Critically review the impact of policy and practice on the health & well being of communities**

31. 'How do we know we're making a difference?' Is a fundamental question that as individuals and organisations we should be constantly asking ourselves. There are several mechanisms for taking this forward e.g. Health Impact Assessment (HIA), Environmental

Impact Assessment (EIA), Learning, Evaluation And Planning (+LEAP), Best Value, Quality Management Systems etc. The important thing is that the mechanisms are systematic and appropriate for what is being reviewed. Some of these may already exist as reporting mechanisms e.g. to the Scottish Executive. There is no point in putting burdensome systems in place, which require high levels of commitment at the expense of delivering the activity itself.

### **Develop Partnerships, which bring added value to the health improvement effort**

32. It is now widely acknowledged that no single organisation is in a position to deliver all aspects of the health improvement agenda and that it is necessary to work with key partners to achieve success. This will involve all Community Planning partners including the NHS, the voluntary sector, business, other statutory organisations and communities themselves.
33. We know that partnership working can be time consuming and sometimes uncomfortable as differing cultures, systems and priorities often vie for dominance. This may result in difficult and sometimes negative experiences. If it is recognised by both the Scottish Executive and partners themselves that this process takes time, commitment and trust to work effectively – and is not always achieved overnight – then positive partnership relationships and results can emerge.
34. Local Authorities should not lose sight of the importance of ‘internal partnerships’. It is all too easy to externalise problems and issues without giving due attention to the relationships and partnerships which need to be forged between individuals and services within the organisation. A truly robust Health Improvement Organisation will have strong internal partnerships.
35. Forging partnerships with the community is a priority and focus for much of the ongoing work in community planning.

## **Section F**

### **Change**

36. It is not sufficient to recognise that change needs to occur – there needs to be drive and commitment to implement that change. Local Authorities have most definitely a key role to play in health improvement and have shown they are willing to accept the challenge this presents. This role, clearly acknowledged within the proposed Local Government Bill, does however come with added responsibility. New relationships and new ways of working will need to be developed to embrace the ‘community leadership role anticipated within the power to advance community well-being’.
37. The recent dialogue with the Scottish Executive in relation to the Spending Review has had health improvement as a central issue cutting across all Ministerial Portfolios. (See Appendix 4) (The full report Local Authority Contribution to Health improvement is available on the COSLA Website at the following link [www.cosla.gov.uk/index.asp?pagelId=100019D13-12214361&leftId=10001D731-10775015&rightId=10001D731-10777526&hybrid=false](http://www.cosla.gov.uk/index.asp?pagelId=100019D13-12214361&leftId=10001D731-10775015&rightId=10001D731-10777526&hybrid=false)) There is recognition within COSLA that to maximise Local Authorities effectiveness in taking forward this agenda they need to be appropriately resourced and COSLA would hope to see some change occurring in relation to this.

38. Managing change in relation to health improvement at a local level can appear daunting. It is a huge agenda cutting across all policy and service provision. In thinking this through strategically it is worthwhile keeping in mind the key components of the Ottawa Charter WHO, 1986 which identifies the key areas where change for positive health improvement can be facilitated. You will immediately see there is overlap between this and what has been laid out before in this paper.

### **Healthy Public Policy**

39. This was referred to in earlier paragraphs 28, 31 and should ensure that policy making endeavours to provide the maximum benefit for the population concerned and limit any harmful effects to health

### **Reorienting Services**

40. This was touched on previously paragraph 29 and we would expect to see reorientation of service provision through the Community Planning Process. Consideration should be given to how services can best configure and deliver the objectives identified within the Joint Health Improvement Plan & other relevant plans.

### **Strengthening Community Action**

41. To develop working partnerships with communities local authorities should continue to support community development, active citizenship, lifelong learning etc. which enable communities to be active participants in decision making which influence their own health and well-being. This strongly reflects aspects of both Community Planning and Social Justice and Community Capacity Building.

### **Strengthening Individuals**

42. Local Authorities are in a strong position to help people make choices that are good for their health through the accessibility and provision of effective and efficient services. This includes Scotland's Health at Work Scheme (SHAW), Health Promoting and New Community Schools as well as Leisure and Recreation facilities. Addressing issues of accessibility, affordability and acceptability will also help tackle health inequalities.

### **Creating Healthy Environments**

43. Environmental Health have a lead role in reducing the environmental threats to health and have much to contribute to the health improvement agenda. Other services such as planning, housing and transport also have the opportunity to design and deliver environments which not only protect but also promote positive health.

## **Section G**

### **Conclusion**

44. Local Authorities are continuing to take incremental steps towards becoming Health Improvement Organisations. The recent COSLA report (Local Authorities as Public Health Organisations: Continuing the Audit Cycle - Feb 2002) has shown just how much progress has been achieved over the last two years. It does however highlight where further change could and should take place. This report is available at the following link:  
<http://www.cosla.gov.uk/index.asp?pageId=1000197A2-12234366>

45. In taking forward this agenda it would be worth considering the components of what we perceive to be a Health Improvement Organisation and assessing your own Councils perceived performance in these areas. A self-assessment framework is attached for your consideration as Appendix 5. COSLA is likely to ask for this information at a later date as part of a continuing audit process.
46. It is anticipated that this paper may be used in the following ways:
- As a tool for Local Authorities in defining and developing their role
  - In raising awareness of the local authority role with partners
  - In lobbying for resource allocation

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## APPENDIX 1

### SEPARATE BUT COMPLEMENTARY ROLES

It is often said that Health Promotion Specialists are simply duplicating the work of others. It is true that on some occasions other Public Health specialists or clinical staff e.g. the Consultant in Public Health Medicine/Trust based staff and the Health Promotion Specialists might find themselves addressing the same issues e.g. women's health issues, children's services, drugs & alcohol, domestic abuse etc. Those Consultants in Public Health Medicine and Health Promotion Specialists who have shared long working relationships and have respect for each other's roles would be the first to acknowledge that there are different and complementary skills, even though they might be working on the same topic area.

An abbreviated worked example might be on the issue of **domestic abuse**:

CPHM	HPS	Clinical (Trust) staff
Epidemiology/incidence/scale of domestic abuse	Contact with women who have experienced domestic abuse to gain an understanding of the issues	Provide data for collation
Establish monitoring mechanisms in Primary Care/A&E/obs & gyn to provide further information	Develop training/development opportunities for staff working with women experiencing domestic abuse	Develop skills and protocols to help women acknowledge their experience of domestic abuse
Carry out a needs assessment on women experiencing domestic abuse	Establish/participate in multi-agency groups to consider the range/type of support services required for women and children	Consider how the local Trust/LHCC can contribute to the improvements in services for women
Identify areas for research on the domestic abuse issue e.g. mental health	Domestic abuse is consistently addressed in all local plans and strategies e.g. community plan, community safety strategy	Support research activity
Ensure domestic abuse is on the agenda in the NHS – e.g. at Board level	Ensure domestic abuse is on the agenda e.g. in HIP/Local health plan and departmental priorities	Ensure domestic abuse is on the agenda of the Trust Implementation Plan
Provide background rationale and supporting data for policy development/implementation	Support the development of policies on domestic abuse, so that employers can support women	Implement policy locally

Source: "The contribution of Health Promotion specialists in Scotland - Achievements, Challenges and Opportunities. A discussion paper for HPSs prepared by the HPMs group - August 2002"(unpublished)

**Examples of Environmental Policy and Protective Services  
Function and their link to Health Improvement**

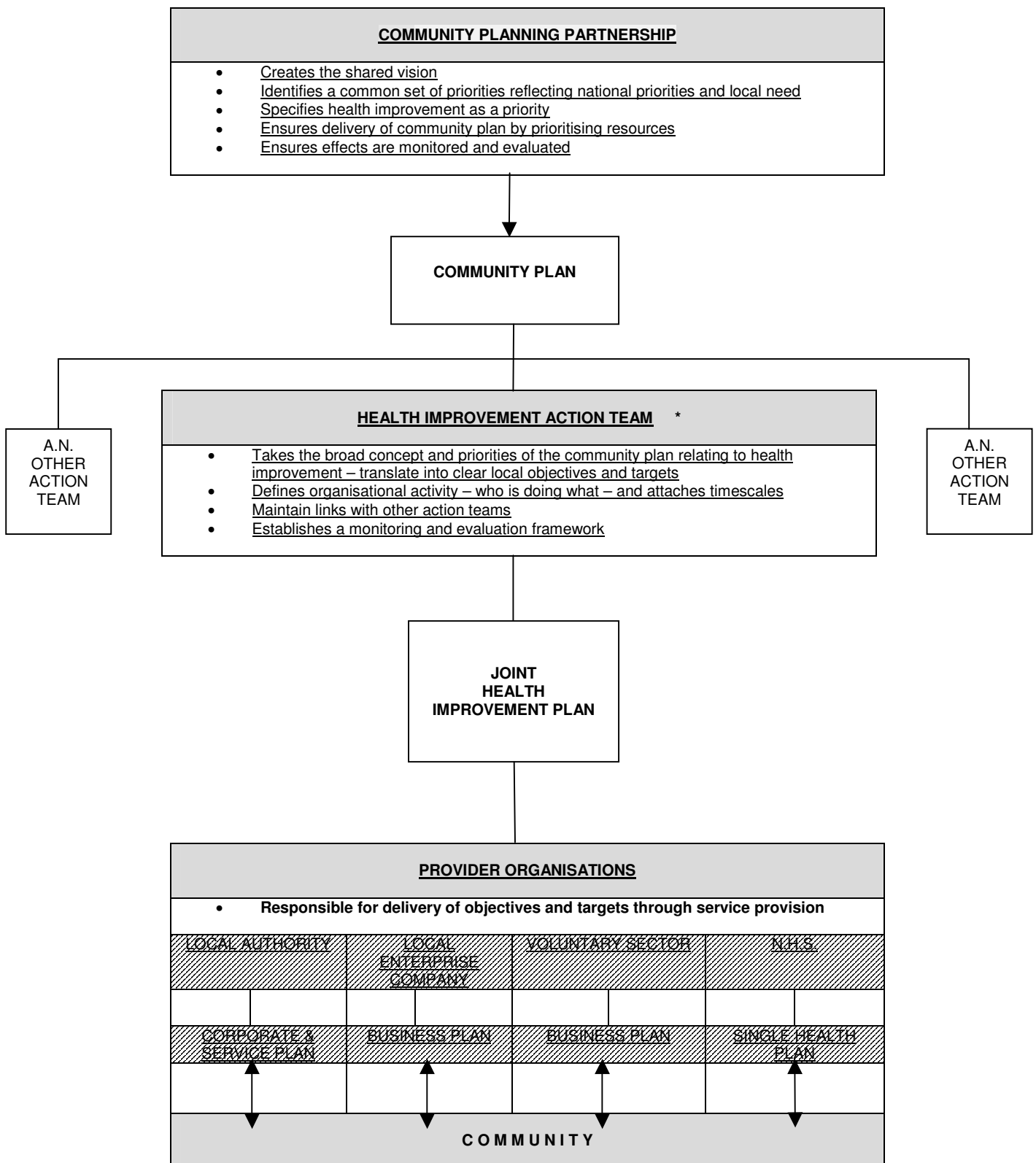
Please note this list of functions and examples is not exhaustive but is merely intended to illustrate the broad scope of the work of the service.

<b>Function/service</b>	<b>Linkage to public health/health improvement</b>
Public Health Control	Work with social work, housing associations, health officials and other agencies to ensure the environment in which citizens live and work does not present a risk to health. Dirty houses and unhygienic living conditions can result in a deterioration of the health of individuals and nuisance to other residents or neighbours. Often poor living conditions are associated with underlying health issues e.g. elderly unable to cope, mental illness or drug/alcohol abuse.
Water Supplies	Monitoring of private and public water supplies to ensure they do not present a risk to health.
Inspection & Licensing of Houses in Multiple Occupation	This form of residential accommodation tends to be populated by individuals and families who are most economically disadvantaged in society.
Air Quality Assessment & Monitoring	Work with transport planners, bus and freight operators, local business and communities to improve air quality in the city and ensure national standards are met.
Contaminated Land Regime	Self – explanatory
Food Standards	Food standards regulation is designed not only to ensure that the food is safe to eat but also meets minimum quality standards, for example minimum meat content in processed meat products. As many of these products are consumed by families on low incomes it is important that these products contain adequate protein levels to meet the appropriate recommended dietary intake.
Infectious Disease Control	Staff work closely alongside the Health Boards infection control team to investigate outbreaks of infectious disease within the community.
Animal Health & Welfare	For example: Some of this work entails the monitoring of procedures to control BSE and other diseases that may be transmissible to man or other animals.
Licensing Activities	Licensing of street traders, public entertainment etc. helps to maintain basic health and safety standards and reduce the risks of injury or ill-health to the public.
Port Health	Reduces the risk of disease entering via ports.
Pest Control & Enforcement	Self – explanatory

Dog Wardens Service	Removal of stray and feral dogs and cats from public areas, which present a risk of injury and nuisance, and promoting responsible pet ownership.
Public Conveniences	Self – explanatory
Abandoned Vehicles	Removal of these vehicles which present a physical hazard as well as adversely affecting the amenity of the area.
Recycling	Self – explanatory
Home Safety/Homecheck	Service providing advice on hazards in the home and on measures to reduce the risk of injury.
Trading Standards Enforcement & Business Advice	e.g. regulation of underage sales (which has a wider impact in that in addition to the obvious health risk which the legislation is designed to tackle there is also the knock on effects of smoking and addiction to butane gas).
Metrology – Verifications & Calibrations (Weights and Measures)	Ensuring the public are not exploited by unscrupulous traders. This is particularly important for people on low incomes.
Petroleum Licensing	Ensures that the storage of petroleum stocks do not present a hazard to the community.

Source: Adapted from Aberdeen City Council Environmental Policy & Protective Services response.

HEALTH IMPROVEMENT PLANNING AND PROCESS



\* groups, titled differently, may already have this remit

MINISTERIAL PORTFOLIO – EDUCATION & YOUNG PEOPLE

Life Circumstances	Lifestyle	Health Topics
<p>Positive educational opportunities not only contribute to the development of a skilled and equipped workforce but also are a key factor in developing self esteem and self worth.</p> <p>Research has shown where young women had clear aspirations re education and work that they were less likely to become teenage mothers</p> <p>Initiatives such as supporting young people through tenancy and Supporting ‘looked after’ young people are examples of practice</p>	<p>Local authorities contribute to promoting healthy lifestyles through policy development and service provision:</p> <ul style="list-style-type: none"> <li>- The Health Promoting School</li> <li>- Healthy Vending Initiatives</li> <li>- Active Primary Schools</li> <li>- Working with young people in a community setting in relation to sexual health &amp; other issues</li> <li>- Promotion of toothbrushing</li> <li>- Anti-bullying strategies</li> <li>- Mother and baby units</li> <li>- Dialogue Youth</li> </ul>	<p>Local authorities contribute to the prevention of disease and ill –health through a proactive, upstream approach to issues of concern e.g. The Nutritional Standards around School Meals will promote healthy eating contributing to a reduction in CHD &amp; Cancer</p>
<p><b>Services involved:*</b>            Education, Social Work, Corporate Procurement, Corporate Policy, Community Education, Housing</p> <p>* May be organised and badged differently across local authorities</p>		

MINISTERIAL PORTFOLIO: ENTERPRISE, TRANSPORT & LIFELONG LEARNING

Life Circumstances	Lifestyle	Health Topics
<p>There can be no substitute for adequately paid employment as a means of generating health improvement – it allows the population to access other opportunities and to have control and choice as an integral part of their lives.</p> <p>Life long learning offers opportunities for both personal development and access to the workplace e.g. community access to computing and the internet</p> <p>Transport is a major component in relation to health improvement. An integrated transport system could contribute to reduction in. It also offers or limits accessibility to other service provision e.g. Concessionary travel,</p> <p>Local authorities are pivotal in taking forward developments in these areas</p>	<p>Local authorities contribute to promoting healthy lifestyles through policy development and service provision:</p> <p>Adult education classes offer many and varied opportunities which may impact on lifestyle. These include physical activity such as Tai Chi, dance and sport as well as healthy eating/cooking on a budget</p> <p>Some local authorities also offer these during the day and at weekends – this addresses issues re perception of safety and transport issues</p> <p>Some schools also offer opportunities for the wider public to take part in some aspects of the curriculum</p>	<p>Local authorities contribute to the prevention of disease and ill –health through a proactive approach to issues of concern e.g. traffic calming and Safer routes to School actively contribute to a reduction in accidents</p>
<p><b>Services involved*</b></p> <p>Transport, Roads, Planning, Economic Development, Community Education, Education, Corporate Policy</p> <p>* May be organised and badged differently across local authorities.</p>		

MINISTERIAL PORTFOLIO; ENVIRONMENT & RURAL DEVELOPMENT

Life Circumstances	Lifestyle	Health Topics
<p>Research has shown that communities often identify the environment in which they live and work as a key issue in relation to their health. This relates as much to the urban as rural environment.</p> <p>A positive environment has been shown to be a major influencer in maintaining positive mental health</p> <p>Rural Communities often have specific geographical dimensions to deal with in relation to tackling health inequalities.</p> <p>Initiatives such as the promotion of Farmers Markets can contribute not only to the rural economy but in the promotion of healthy lifestyles</p>	<p>Local authorities contribute to promoting healthy lifestyles through policy development and services provision:</p> <ul style="list-style-type: none"> <li>- Access to the Countryside</li> <li>- Paths for Health</li> <li>- Provision of cycleways</li> <li>- Energy saving initiatives</li> <li>- Community transport projects aimed at promoting access to facilities</li> <li>- Provision of outdoor education</li> <li>- Farmers markets supplying healthy locally produced food</li> </ul>	<p>Local authorities contribute to the prevention of disease and ill-health through a proactive, upstream approach to issues of concern e.g.</p> <p>The provision of cycleways not only promotes sustainable transport but reduces environmental pollutants and promotes physical activity. This in turn contributes to a reduction in certain respiratory conditions and CHD &amp; stroke</p>
<p><b>Services involved:*</b></p> <p>Corporate Policy, Planning, Environmental Health, Rural Development/Sustainability, Transport</p> <p>* May be organised and badged differently across local authorities</p>		

MINISTERIAL PORTFOLIO; HEALTH AND COMMUNITY CARE

Life Circumstances	Lifestyle	Health Topics
<p>Local authorities contribute to the wider health improvement agenda through both the community planning process and service provision</p> <p>There are key players in influencing factors which determine the health status of individuals and communities e.g. employment, education, housing and the environment.</p> <p>The range of activity is too large to cite here but has impact on all council services and ministerial portfolios.</p>	<p>Local authorities contribute to promoting healthy lifestyles through policy development and service provision:</p> <ul style="list-style-type: none"> <li>- smoking and healthy eating policy</li> <li>- provision of opportunities for sport and physical activity</li> <li>- promotion of mental health through community safety</li> <li>- adoption of the health promoting school concept</li> <li>- LAs supporting Scotland's Health at Work Initiative</li> <li>- transport initiatives to increase accessibility</li> <li>- adoption of alcohol free zones</li> </ul>	<p>- through lifestyle programmes and the provision of services LA's are the key development delivery agency for health improvement.</p> <p>Activity in this area impacts on all health topic areas: CHD, Stroke, Cancer, Mental Health</p>
<p><b>Services involved:</b></p> <p>All</p>		

MINISTERIAL PORTFOLIO: JUSTICE

Life Circumstances	Lifestyle	Health Topics
<p>Justice is a fundamental building block for the provision of health and well-being in communities.</p> <p>Research has shown, for example, that the fear of crime is often greater than the actual incidence of crime.</p> <p>People’s lifestyles alter accordingly with this perception e.g. not going out. This impacts significantly on mental health and the ability to sustain social cohesion.</p> <p>‘the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being: in doing so, we affirm the dignity and worth of every person, and the equal rights, equal duties and shared responsibilities of all for health’. W.H.O.</p>	<p>Local authorities contribute to promoting healthy lifestyles through policy development and service provision:</p> <ul style="list-style-type: none"> <li>- community safety initiatives often have a health related component e.g. transport access for young people to leisure and recreation facilities; alcohol initiatives etc.</li> <li>- LA involvement in drug courts, drug action teams</li> <li>- lifeskills training and continuing education within prison sector</li> <li>- relationship building</li> <li>- social work involvement in HP prison initiative</li> </ul>	<p>Local authorities contribute to the prevention of disease and ill health through a proactive upstream approach to issues of concern:</p> <p>Tackling crime, the fear of crime and engaging positively with vulnerable young people will impact specifically on the priority areas of Child Health, Mental Health and Safety.</p>
<p><b>Services Involved*</b></p> <p>Police, social work</p> <p>*May be organised or badged differently across local authorities</p>		

MINISTERIAL PORTFOLIO: SOCIAL JUSTICE

Life Circumstances	Lifestyle	Health Topics
<p>Health Improvement and Social Justice are closely linked cross cutting issues which impact on the well-being of communities. The determinants influencing the outcomes relating to Health are often the same as those relating to Social Justice.</p> <ul style="list-style-type: none"> <li>- Anti poverty initiatives/maximising income</li> <li>- Adequate housing/rough sleepers initiative</li> <li>- Offering appropriate educational and employment opportunities</li> </ul>	<p>Local authorities contribute to promoting healthy lifestyles through policy development and service provision:</p> <ul style="list-style-type: none"> <li>- smoking and tobacco policy development</li> <li>- toothbrushing programmes</li> <li>- positive breast-feeding policy</li> <li>- New Community Schools</li> <li>- Sexual Health in the curriculum and work in the community</li> <li>- Implementation of Diet Action Plan</li> <li>- Anti-bullying strategies (SJ targets 3, 11 &amp; 18)</li> <li>- Alcohol free zones</li> <li>- Implementation of physical activity strategy for Scotland</li> <li>- Community Safety Partnership (SJ 23 &amp; 26)</li> </ul>	<p>Local authorities contribute to the prevention of disease and ill-health through Health Improvement Initiatives outline contribution to reduction in dental decay, CHD and substance misuse as well as promoting positive mental health</p>
<p><b>Services Involved</b></p>		
<p>All</p>		

MINISTERIAL PORTFOLIO: TOURISM, CULTURE & SPORT

Life Circumstances	Lifestyles	Health Topics
<p>Tourism, culture and sport not only offer employment opportunities and generation of income for the local economy but also opportunities to develop the social networks and support mechanisms valuable for health and well-being.</p> <p>Local authorities can develop local facilities as tourist facilities as well as promoting sporting and cultural events which contribute to community and social cohesion</p>	<p>Local authorities contribute to promoting healthy lifestyles through policy development and service provision:</p> <ul style="list-style-type: none"> <li>- Dance, drama and the arts can be used as an interactive medium to explore health related issues e.g. drug use, relationships etc</li> <li>- Sport &amp; cultural activities are an integral part of promoting physical activity in the population</li> <li>- Libraries and Museums build social cohesion and a sense of community through programmes and projects e.g. local history projects</li> <li>- Reminiscence sessions in different settings including residential care</li> <li>- Sport &amp; Cultural activity can be a strong tool in supporting vulnerable or minority groups and in implementing policy around social inclusion</li> </ul>	<p>Local authorities contribute to the prevention of disease and ill-health through a proactive, upstream approach to issues of concern;</p> <p>e.g. Lack of Physical Activity is the single most important risk factor in relation to developing CHD. Any activity which contributes to activity is therefore health enhancing.</p> <p>A sense of 'inclusion', 'belonging' and 'being supported' are fundamental in countering the effects of social isolation and in promoting positive mental health. These activities offer opportunities for this as well as the proven effects of exercising on promoting a positive sense of well-being.</p>
<p><b>Services involved*</b></p> <p>Economic development, planning, transport, libraries, museums, parks, leisure and recreation, outdoor education, community education, education, corporate policy</p> <p>*May be organised or badged differently across local authorities</p>		

## **SELF ASSESSMENT FRAMEWORK**

### **Purpose of Framework**

It is important that in developing Local Authorities as Health Improvement Organisations that we actively appraise our progress.

This framework has been developed in response to feedback from the first working draft paper: 'Local Authorities as Health Improvement Organisations'. It asks a series of questions aimed at encouraging Local Authorities to reflect on their current practice, assess for themselves their strengths and weaknesses and to help plan and prioritise action. It should be seen as an integral part of Best Value and Continuous Improvement.

There are many stages in the development of Health Improvement Organisations and as each Local Authority is different we have attached no weighting to the importance of each section, processes or outputs.

As part of dialogue with Local Authorities the Health Improvement Team at COSLA are likely to ask for the information gathered through using the framework. This will inform our continuing audit process and contribute to our next report on the 'Current State of Play'. The team at COSLA are also happy to receive any comments or suggestions you have and will take these into account when updating the framework.

### **Use of Self Assessment Framework**

This should not be regarded as a definitive tool – it is intended as guidance. There may be other questions that you feel more accurately capture your local circumstances and you should feel free to use them.

It is however not desirable to adopt a 'tick-box' approach to this process. Each time you answer 'yes' you should consider how you would evidence this or explain to others how you know it's happening. Each time you answer 'no' you should consider what actions you may wish to take in the short, medium and long term to change this negative response.

It is recognised that not all areas can be developed simultaneously. Therefore you may wish to develop your own grid to accompany the tool which could be used to identify priority areas for development, incremental steps needed to achieve the output required and linked to timescales.

## **HI as part of the Corporate Culture**

### **Do you:**

Have someone sitting 'centrally' who has a responsibility for health improvement?

Support health improvement through your internal structures and mechanisms?

Have a clear strategic approach to health improvement – including tackling health inequalities and resource management and a mechanism to link health improvement to other cross cutting agendas and vice versa as appropriate?

Have a communications strategy that takes account of the fact the health improvement is part of everyone's business?

Have policies and practices in place which support 'health' in your workplace?

Have full commitment and the correct level of resourcing for HR/OD to support a 'health improvement' culture?

Actively involve elected members in the agenda? Do any of your elected members have a specific responsibility for health improvement?

## **HI as a 'core' function**

### **Do you:**

Ensure all Heads of Service are actively engaged in the development of the Joint Health Improvement Plan?

Ask for evidence that the objectives in the JHIP are included within key objectives for services, with appropriate actions and resources against them?

Seek evidence that individual services are making connections among themselves, within their service plans, in terms of health improvement?

## **Building Capacity**

### **Do you:**

Have employees, where appropriate, with the right level of knowledge, skills and attitudes to progress specific health improvement themes and issues?

Have a Local Authority Capacity Building Plan, including health improvement, aimed at local authority employees? Does it make links to other multi-agency learning opportunities as appropriate?

Ensure these plans figure within for example the community plan, the joint health improvement plan, corporate education, training and development plans?

Have employees with the right mix of generic skills, knowledge and attitudes to progress cross cutting agendas such as health improvement, for example in the areas of leadership and change management and partnership working?

Utilise different methods for health improvement capacity building in addition to the provision of training?

## **Policy for Health Improvement**

### **Do you:**

Have mechanisms in place to ensure policy is based on the best available evidence?

Have access to local information on the health status of your population, including life circumstances?

Have an understanding of the pattern of health inequalities in your area?

Use the appropriate national sources to access current thinking?

Have a systematic programme in place for policy review?

Have processes in place, which help support the development & implementation of policy?

Have an inclusive approach to policy development – particularly where this relates to your own workforce?

## **Service Delivery**

### **Do you:**

Have key objectives for health improvement within your service plan?

Have programmes/activity which contribute to those objectives

Monitor and evaluate the impact to this activity re health improvement?

Have Managers who view health improvement as a priority and ensure that this is allocated sufficient time within employee work/personal development plans?

Have staff who understand their role in taking this forward?

## **Critical Review**

### **Do you:**

Have a systematic approach to collating and sharing information?

Have an agreed systematic approach to different levels of appraisal e.g. for policy, for mainstream activity, for programmes and for specific projects?

Have a clear understanding of what is appropriate for each level?

Have someone in post that has an overview of monitoring and evaluation?

Ensure that information is fed back to: Community Planning Partnership; Internal Committee structures; Elected members and key personnel

## **Developing Partnerships**

### **Do you:**

Have an internal senior management group that meets to decide/review the organisations contribution to Health Improvement and the Joint Health Improvement Plan?

Have mechanisms to bring people together from different services around the health improvement agenda?

Consider and apply the best ways of supporting cross-organisational partnerships?

Contribute to any local networks around health improvement?

Have mechanisms in place to deal with 'partnership' difficulties or issues?