

## PEER REVIEW OF HEALTHY COMMUNITIES

**EXECUTIVE MEMBER:** Councillor Norman Williams  
**LEAD OFFICER:** Cath Coombs  
**REPORT AUTHOR:** Keith Parker

### Summary and Recommendation:

During the summer Officers commissioned the IDeA to conduct a Peer Review of Healthy Communities for the Council. This report summarises the IDeA's finding and their recommendations.

Executive is asked to note the report and the actions being taken in support of the reports recommendations as identified in section 2.1.

## 1. INTRODUCTION

1.1 Earlier in the summer, the Council was able to take advantage of a free of charge IDeA Peer Review of Healthy Communities. The offer represented a good opportunity to get an independent external evaluation of the Council's activities in this area, and one which is extremely important given the poor health record of Copeland residents. The IDeA's final report was published in August and subsequently was presented to the OSC Children and Young People & Healthy Communities who endorsed the recommendations in broad terms.

1.2 The report was positive in commenting that there is an emerging commitment to the preventative health agenda amongst Members and officers in Copeland Borough Council, and health is now being seen as an area of responsibility and priority particularly in terms of health improvement. It is equally important because, as we are all aware, the people of Copeland suffer poorer health outcomes than many other areas, and within the borough there are some areas with markedly poorer health than others. This priority is something which has been more recently confirmed during Septembers Choosing to Change events.

1.3 As part of the review process, when questioned, partners and community groups unanimously welcomed the opportunity to develop a shared vision for health for the borough and fully accepted that it is everyone's collective responsibility to develop priorities to move forward on health together.

1.4 The review report comments that a strong message was heard from both Members and partners about the priority placed on health care by Members and the role that they have played in community leadership which has delivered good outcomes. Members spoke of “singing from the same hymn sheet” and that they were unified, this delivered a clear message to communities on the importance placed on health by the Council. It goes on to say Members demonstrated a sound understanding of the wider determinants of health, and understood how need is captured in reports such as the Joint Strategic Needs Assessment (JSNA) and how this should inform the work of the Council. Members take an active scrutiny role focused on health; the peer team were impressed by member’s enthusiasm and commitment to the health agenda.

1.5 Amongst other positive comments from the Peer Review Team they noted that a significant outcome for Copeland has been the successful drive of Members and communities working together to save Whitehaven Hospital. The peer team have been impressed by the considerable success demonstrated by Members in engaging local communities to act to prevent the withdrawal of this hospital. They go on to say there are a range of successful projects and initiatives demonstrating health improvement in Copeland, such as Pathways to Art, Heritage volunteers, community sports coaches, smoking cessation and many others. The Pathways to Art project in particular, has resulted in significant outcomes within the first twelve months of the programme, the success of which has allowed Copeland to access £65k from Arts Council England for future funding. But they also noted that Copeland is not good at marking achievement and that we should celebrate and communicate our successes and in doing so, raise our profile with our communities and raise the motivation levels of staff.

1.6 In partnership terms, the report comments that the Primary Care Trust (PCT) and the Council identified that their partnership was beginning to develop. That we, at that time, were working towards the recruitment of a joint appointment with the PCT for health and how this is regarded as a positive move by officers and Members. They confirmed the joint post should serve to strengthen the partnership between the authority and the PCT and would send a powerful symbolic message to communities and stakeholders of the Council’s intention to prioritise health issues. They also commented that the Council is fortunate to have a well resourced third sector willing to engage with them. They suggest the council could harness the offer of help and enthusiasm of the third sector and should consider which activities it could provide in partnership with them. This would provide the council with a valuable opportunity to audit the various activities in the borough that the third sector, PCT partners and the council deliver and to limit duplication of effort and better coordinate activity. On a less positive front they commented that partners perceived that the council missed opportunities for accessing resources to address health issues, and staff and managers considered that some working methods limited a more corporate and strategic approach to addressing health.

1.7 In performance management terms, the team identified that the Council has a good performance management framework in place. They suggest the Council should ensure that it demonstrates a 'Golden Thread' that links the Corporate Plan to the Health Strategy, and then directly to business plans and into individual objectives. This will help embed health matters into Council plans and support the achievement of outcomes. Members will be aware that health has recently come out as a key area for the Council from the Choosing to Change events with Members in September.

## **2 RECOMMENDATIONS**

2.1 The report makes a number of recommendations for the Council to consider which are briefly summarized below, with comment about subsequent or proposed action to be taken where appropriate (*in italics*)

a) The Council should ensure that it improves joint working and engagement on key health and wellbeing issues. The Council may find it helpful to identify fewer priorities, and to concentrate on setting priorities on alcohol reduction, smoking cessation and obesity which were particularly cited as being important. This would enable greater focus on the issues that were of greatest concern for the borough and improved targeting of Copeland's limited resources.

*Since the report was issued, the Council has appointed to the joint health post which should improve integration and partnership working over a period of time. Equally as locality working arrangements become embedded these should provide an opportunity to target activities with partners on the needs of individual communities, and recent discussions with the PCT have shown a strong desire by the PCT to be engaged in our locality working arrangements. In terms of priority setting to development of the 2010/11 service plans and associated Corporate Implementation Plan provide a framework for more focused prioritization.*

b) The Council and the PCT could usefully work together on the development of key areas of policy within the Council such as the Community Plan and the Housing Strategy for example. The PCT are willing to work closely with the council and to jointly deliver relevant services for Copeland targeted at reducing health inequalities.

*This has been taken forward more recently and the PCT have provided a named contact to assist with the development of the LDF and other such strategy's as these are drafted.*

c) Copeland Borough Council is a small organisation with limited resource and therefore consideration needs to be given on how to obtain optimum health gain from policy and service development. The peer team suggest that the council consider working with the PCT and the IDeA to develop and use health impact assessments (HIA) effectively on major developments to ensure that the health impact is fully considered in all future developments and policies.

*Although this is in need of further work it should be noted a number of Members and Officers were involved in the new hospital HIA event at Cleator Moor, equally a number of staff have undergone specific HIA training.*

d) Building on the enthusiasm of members about health care provision, the peer team suggest that increased training and development should be delivered for members to enable them to successfully make the transition from the focus on acute health issues to the promotion of health and the preventative agenda within the organisation.

*The PCT are willing to provide this training and development activity which has been offered to the C&YP and HC OSC. It is envisaged that training and development opportunities will be opened up to all Members. A further Copeland Health event following on from the event at Sellafield earlier in the year has been agreed with the PCT at which it anticipated officers will also provide an overview of work they are doing in support of the health agenda.*

e) The commissioning agenda is not well understood by senior officers in the council. The council should ensure that it works closely with the PCT to understand commissioning and be in a position to influence locality commissioning for services provided to residents.

*Planning is underway to develop improved communications between senior officers and health commissioners in response to this recommendation.*

f) Officers informed the peer team that they did not have enough access to health at work, or work/life balance opportunities. The peer team recognised that some work has begun with the introduction of the occupational health service. It is recommended that the Council adopt a health at work programme. The Council needs to understand its communities better, and engage more widely with them. This should be prioritised in order to develop strategies and services which are more responsive to community needs.

*The Council's sickness performance continues to be a concern. More work has been done to encourage healthier lifestyle in employees but more remains to be done. The comments about the Council's knowledge base of its minority and disadvantaged groups is, as the report says, acknowledged and steps are in hand to develop a greater understanding of the community, for example by the use of the MOSAIC profiling tool.*

### **3. CONCLUSIONS**

3.1 This report briefly summarises the full IDeA Peer Review Report. However, Executive will note a number of actions have already been taken to respond to its recommendations consistent with the Corporate Plan, Corporate Improvement Plan and emerging Choosing to Change activities. Members are asked to note the IDeA report, its recommendations and endorse the actions identified in section 2.1 a – f above

### **5. FINANCIAL AND HUMAN RESOURCES IMPLICATIONS (INCLUDING SOURCES OF FINANCE)**

5.1 There are no direct additional financial or human resource implications of this report, some future reprioritisation is likely to be required in how the Council directs its resources but these can be accommodated within our normal service planning and budget setting processes . Costs of the joint health post, customer profiling tool and locality working have been reported elsewhere.

### **6. PROJECT AND RISK MANAGEMENT**

6.1 There are no direct Project or Risk Management issues arising directly from this report although individual actions or initiatives under the health improvement agenda may need to develop specific project and risk management plans.

### **7. IMPACT ON CORPORATE PLAN**

7.1 This report directly supports quality of life objectives.

**List of Appendices:** None

**List of Background Documents:** IDeA Peer Review of Healthy Communities

**List of Consultees:** Corporate Team; Cllr N Williams

### **CHECKLIST FOR DEALING WITH KEY ISSUES**

Please confirm against the issue if the key issues below have been addressed .  
This can be by either a short narrative or quoting the paragraph number in the report in which it has been covered.

Impact on Crime and Disorder	none
Impact on Sustainability	none
Impact on Rural Proofing	Indirectly supported
Health and Safety Implications	
Project and Risk Management	none
Impact on Equality and Diversity Issues	Supports through the future shaping of health improvement initiatives
Children and Young Persons Implications	Supports as above
Human Rights Act Implications	Indirectly supports
Monitoring Officer Comments	No legal issues arise from the report
Section 151 Officer Comments	No further comments to add

Please say if this report will require the making of a Key Decision    NO