



scottishdevelopmentcentre  
for mental health

## **Evaluation of Local Authority Health Improvement Posts**

### **Final Report**

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## **EXECUTIVE SUMMARY**

### **LOCAL AUTHORITY HEALTH IMPROVEMENT POSTS**

Health improvement is not a new role for local authorities in Scotland. However, the health improvement function of local government has not been exploited to its maximum potential; nor has the range of activity that local government supports been fully recognised or made explicit. The establishment of the Health Improvement (HI) posts marks a relatively new development in the way that local authorities fulfil HI functions and is indicative of the growing importance attached to health improvement in current social policy at national and local level.

National policy priorities for HI have been recently reaffirmed in a statement, issued jointly by the Health Department and COSLA (Scottish Executive, 2004), that reports on progress 18 months after the issuing of the Health Improvement Challenge document. The statement makes reference to the key role of local authority HI posts in supporting the development of local Joint Health Improvement Plans, in encouraging and developing joint working between local authorities and the NHS and in driving HI work across all council departments.

Local Authorities face considerable challenges in ensuring that HI becomes an integral function, shaping policy and service development and influencing internal systems and working practices. Local Authorities need to be able to make and maintain effective links internally across departments as well as to forge partnerships with a wide range of other public and private sector agencies and community organisations. The establishment of the HI Officer posts within Local Authorities was intended to make a key contribution to the development of capacity to take forward HI. The Scottish Executive Health Department provided funding, matched by local authorities and NHS Boards, to establish the posts for three years in the first instance. The objectives of these posts were:

- To contribute to the development of Joint Health Improvement Plans (JHIP) as part of Community Planning
- To support and facilitate the translation of JHIP objectives into service delivery in Local Authorities
- To foster partnerships internally and externally to enable achievement of the plan's objectives.

### **THE EVALUATION**

The Scottish Development Centre for Mental Health (SDC) was commissioned early in 2003 by a multi agency Steering Group, led by COSLA, to undertake an evaluation of the Local Authority HI posts. The objectives of the evaluation were:

- To identify examples of policy development and work practice that provide evidence of achievement of the purposes of the posts
- To identify additional objectives the post holders have agreed

- To identify factors that have either facilitated or impeded the successful operation of the posts
- To describe levels of partnership working
- Identify monitoring and evaluation mechanisms where these are being used locally

The evaluation was largely qualitative and comprised five stages:

1. Regional workshops with HI post holders and managers
2. A postal survey of all Local Authorities to gather baseline data
3. Cases studies on HI partnerships in selected local areas
4. Thematic workshops to explore key HI themes and to gather evidence of achievement
5. Telephone interviews with HI post holders in each Local Authority to track progress and impact.

## **KEY FINDINGS**

### **Achievement and impact**

The evaluation of the HI posts in local government demonstrated a considerable body of achievement in a complex area of policy and practice development. The evaluation indicated that the posts brought significant added value and were making a major contribution to the health improvement capacity of local authorities and of local partnerships, acting as catalysts to change and develop HI policy and practice.

One of the main themes emerging from the evaluation was that of variability:

- The level of priority attached to HI differed, relative to other policy objectives that required attention and action
- The position of the posts within the LA structure, the post's seniority and status all varied considerably
- HI post holders were operating at many different levels, ranging from involvement in briefing elected members and senior officers within the council through to contribution to the development of community based initiatives
- HI officers played a variety of roles in a range of different partnership arrangements.

This variability was an indication of the richness of health improvement activity within local authorities and of the way in which the posts had been able to work within a common framework set nationally and at the same time adapt to local priorities.

### ***Policy development***

There was clear evidence that HI post holders were making an important contribution to HI policy and planning by facilitating joint planning processes, broadening engagement and enabling authorities and their partners to identify priorities, roles and responsibilities for HI.

The posts acted as a highly valued resource to support HI and had been instrumental in enabling local authorities to adopt HI priorities within mainstream policies. The posts were able to bring key national policy priorities into focus within the local context.

### ***Operational / practice development***

At an operational level, post holders supported the implementation of HI policy in a number of ways, by:

- Setting up structures and systems for implementation
- Facilitating and leading key initiatives
- Bringing together relevant research evidence and local intelligence, to inform the design, delivery and evaluation of interventions and services.

### ***Partnerships***

HI officers were instrumental in broadening the range of partnership arrangements, working through existing networks and structures and also filling gaps in these. The post holders nurtured links with an extensive set of groups and networks. This aspect of the role was regarded as vital by stakeholders, to achieve shared HI priorities.

Within local authorities post holders had been effective in building and strengthening bridges between departments, leading to new connections between policies and between service developments. This work produced considerable benefits for the authority and potential health improvement gains for the population served, in the longer term.

The posts were also key in facilitating the development of HI partnerships with external partners, and acted as a conduit and valued point of contact between the local authority and external agencies. Developing partnerships with the NHS for HI was a central and challenging aspect of the role.

### ***Capacity building***

Post holders were acutely aware of the imperative to enable and empower others to engage effectively with local HI priorities and this remained a major feature of their work. It had entailed raising awareness of HI at all levels of the LA and identifying allies; briefing elected members and building their knowledge of and support for HI; building corporate commitment to the HI priorities and goals. Post holders were also increasingly involved in work to secure the engagement of local communities in HI activity.

### **Features associated with the effectiveness of the HI role**

HI activity within local government and within Community Planning and Joint Health Improvement Planning is highly complex and multifaceted. The achievements and impact of the posts were influenced by the nature of the policy, organisational and practice environments in which they were working. A number of significant factors stood out as critical:

### ***Influences within the local authority***

The extent to which HI post holders were able to achieve their objectives was associated with the priority attached to and processes identified for joint HI planning locally.

The level of commitment to and active engagement with the HI agenda as a corporate priority for the local authority as a whole influenced the reach and sustainability of the work of the HI post holders.

The understanding and engagement of elected members in the local authority's agenda for HI was considered to be crucial in ensuring this became and remained a priority in planning and service delivery. In some, but not, all authorities the HI post holders were able to inform and support elected members directly.

### ***National support for local health improvement***

National health improvement policy impacted on the posts in ways that were challenging. The plethora of topic related policy initiatives and funding streams that remained tied into mainstream services were found to constrain local capacity to take an integrated approach to HI. A perceived lack of consistency in HI messages issuing from the Scottish Executive and the range of Executive departments involved added to the complexities of the role for HI post holders.

### ***Partnerships***

Working with diverse partners required sensitivity and respect for different cultures, values and ways of working. Significant time and effort were required for information giving, communication and training to build understanding and awareness of HI and to explore roles and responsibilities for progress towards HI objectives. These support activities were considered essential to enlist the support and active participation of the range of participants needed for the successful attainment of local HI objectives.

## **LOOKING AHEAD**

### **Policy**

Progress to date in local HI partnerships suggested that work remains to be done to ensure that joint HI planning dovetails effectively with Community Planning. The role of local communities in formulating and contributing to HI objectives requires further development, to support and involve communities and to develop a common understanding of how inequalities can be reduced.

Further consideration is needed on how best to engage with the developing Community Health Partnerships in relation to HI for local communities. The establishment of CHPS will have implications for the nature and level of partnerships between the local authority and the NHS in relation to HI.

There is a need to maintain a strong strategic focus in the deployment of the HI posts, coupled with the ability to connect into service and practice development. Links with

significant strands of policy and service development such as Joint Future and Children's Services Planning have yet to be developed in some areas.

The importance of mainstreaming HI priorities is critical, to ensure that these influence resource allocation and that consideration of HI goals informs the design and delivery of mainstream services and interventions. This is key in being able to address inequalities.

### **Partnerships**

Key partnership issues for the future include promoting and supporting the involvement of local communities and retaining the focus on HI in a range of partnership structures and processes.

### **Capacity for health improvement**

To maintain momentum and continue to build commitment and to mainstream responsibility, action is required on the following fronts:

- Continuing to garner the support of elected members for HI and inequalities
- Strengthening commitment to HI as a corporate function of the local authority
- As the agenda locally moves from strategy and priority setting for HI, it will be important to ensure there is sufficient capacity in place to implement the priorities identified
- Championing the HI process through the plans and activities of mainstream local government departments.

## **RECOMMENDATIONS**

### **It is recommended that Local Authorities should:**

- Review how they can maximise their capacity as HI organisations in the light of the findings from the evaluation
- Consider the steps required to strengthen health improvement as a corporate policy priority
- Continue to support the HI posts and their optimal deployment as a key resource to support HI activity within the authority and with local partners
- Review with partner agencies opportunities to develop joint resourcing of HI activity and joint accountability through partnership structures for HI objectives
- Review the opportunities for HI within mainstream areas of service delivery
- Ensure active local authority participation in the planning and establishment of Community Health Partnerships as a key vehicle for collaboration on HI with the NHS and with local communities
- Ensure that Community Planning incorporates HI objectives
- Continue to promote the engagement of local communities in HI activity.

**It is recommended that the HI post holders should:**

- Continue to maintain the strategic focus of the posts on local HI priorities
- Pursue opportunities to influence key areas of local authority activity, including Joint Future and Children's Services Planning
- Continue to build partnerships for HI with the NHS, including through the emerging Community Health Partnerships
- Develop further the opportunities for local community engagement in HI activity by working through existing structures.

**It is recommended that the Scottish Executive Health Improvement Division should:**

- Continue to support the HI posts with LAs
- Review how best to ensure coherence and consistency in national health improvement policy initiatives and in the funding streams available for implementation
- Ensure effective communication and contact with local authority HI posts is maintained
- Support workforce development for health improvement in local authorities, as well as in the NHS and non statutory sector, to ensure the effective recruitment, retention and professional development of the staff required for this policy priority
- Continue to develop the evidence base to inform local health improvement activity.

**It is recommended that COSLA should:**

- Continue to promote and support the HI work of local authorities as a corporate priority
- Review how best support can be provided to HI post holders to promote good practice and to build workforce capacity.

# 1. INTRODUCTION AND BACKGROUND

## 1.1 LOCAL AUTHORITIES AS HEALTH IMPROVEMENT ORGANISATIONS

Health improvement (HI) is not a new role for local government in Scotland. Environmental health is well established as a key statutory function of local government and many other aspects of local government work contribute to HI, both by actively responding to inequalities in life circumstances through, for example, housing provision, educational attainment and economic development, and by raising awareness and providing services to encourage healthier life styles. However, this health improving function has not been exploited to its maximum potential and the range of activity local government supports has not always been fully recognised or made explicit in the way in which local government activity is portrayed and its performance assessed.

The evolution of local authorities as HI organisations has to be viewed in the context of recent national policy that has brought a renewed emphasis to the contribution of organisations and agencies outside the NHS, including local authorities, in working in partnership to achieve better health and to tackle health inequalities for local populations.

The establishment of the HI posts denotes a relatively new development in the way that local authorities fulfil HI functions, although some authorities had dedicated HI capacity that predated the creation of the cadre of the posts in 2001-2.

### 1.1.1 National health improvement policies

Social policy in Scotland is currently driven by the twin engines of social justice and HI. Recent Scottish Executive policy on public health and HI is premised on a multi-factorial model of health in which health and well being is influenced by life circumstances as well individuals' life styles and behaviours.

'Towards a Healthier Scotland' (Scottish Executive, 1999) identified the need for action on three fronts to address:

- Life circumstances: the external factors which impact on health and well-being either directly, or indirectly by limiting choice and opportunity. It was recognised that these underlying determinants of health status had to be tackled to achieve HI for people in Scotland
- Lifestyle or health behaviours, acknowledging the complex influences of life circumstances on lifestyle choices and opportunities
- Health topics: areas regarded as priorities to bring about a change in the health of the population, e.g. child health, sexual health etc.

The HI Challenge document (Scottish Executive, 2003) introduced an approach that set out to prioritise policy development and activity to impact on the population's health in relation to four core themes: early years; teenage transitions; workplace; and community. Explicit reference is made to the HI role of local authorities and to HI as a core function,

to be addressed through strategic and operational level delivery and through partnership working.

The direction of national policy priorities for HI has been recently reaffirmed (Scottish Executive, 2004). This statement issued jointly by the Health Department and COSLA reports the establishment of a Joint Ministerial Steering Group for HI and Inequalities between Scottish Ministers and COSLA's political leaders. The account of progress provided 18 months after the issuing the Challenge document reiterates that the JHIP is to be regarded as a statement of the shared local vision and objectives for health developed by Community Planning partners. The statement makes reference to the key role of local authority HI posts in supporting the development of JHIPs, in encouraging and developing joint working between local authorities and the NHS and in driving HI work across all council departments. The statement also notes progress at national level, through the work of COSLA, towards the development of standards and the formation of a professional association of HI officers.

### **1.1.2 Community Planning**

Community Planning provides an important vehicle for local authority engagement in HI and for the furtherance of local HI goals. The HI Challenge document envisages that the LA will build commitment to HI and joint health improvement planning through the Community Planning process, with the intention to ensure that HI is mainstreamed at all levels of decision making, at both policy and service level.

In addition the NHS and LAs are expected to work jointly to develop local proposals, bringing together locally agencies to improve the health and well being of the local community and communities themselves.

### **1.1.3 Role of local government in health improvement**

The recent evolution of HI in local government in Scotland can also be traced in a series of policy statements and guidance documents produced by COSLA which set out the role and unique contribution of local authorities in HI.

A paper providing guidance on the preparation of joint HI plans (COSLA undated) refers to the role of the local health system, made up of local public sector organisations and of communities and individuals in HI.

Attention is drawn to the importance of life circumstances as determinants of health along with lifestyle choices, recognising that life circumstances, particularly where these are deprived, have a significant influence on the capacity of communities to make healthy choices.

It is noted that the health and well-being of individuals and communities lies at the heart of many local authority policies and actions. There is an especially strong link with

social justice, since the well-being of communities requires reduction in health inequalities as well as improvements in overall health.

Importantly in laying the foundations for the establishment of the HI posts, COSLA stated in 2000 that local authorities had a key leadership role in delivering HI both through the Community Planning process and through direct service delivery (COSLA, 2000a). However, for LAs to fulfil and develop their role as public health organisations, the resources available for HI activities would require to be sustained and to grow. A case was made for additional investment in building the capacity of LAs for HI, taking account firstly of the internal organisational development and change agenda required to enable each local authority department to recognise their contribution to and potential impact on HI and to foster interdepartmental collaboration. It was contended that LAs need to be able to participate in multi-agency HI initiatives and work in partnership for HI, and this also had implications for capacity.

A stock take of progress in establishing more firmly the role of local government in HI in 2002 indicated that:

- HI as a central function of local authorities had been considerably enhanced, through supportive policy from the Scottish Executive, the Community Planning process, support from COSLA and the willingness of Local Authorities to further embrace the HI agenda
- Tensions persisted between centrally and locally driven approaches
- Local authorities had often had to reconsider their own structures and thinking to facilitate the cross cutting approach necessary to deliver effective HI, prompted by the Community Planning process
- A lack of capacity to respond proactively to HI was a continuing challenge. It was anticipated that the appointment of the HI posts within local authorities would go some way to address this (COSLA, 2002b).

Arising from an identified need to build an agreed understanding of HI and what it meant for local authority policy and practice, a briefing was prepared by COSLA and Local Authorities (COSLA 2000c) as a framework for local discussion and decision making in relation to HI. This described the following components:

***Key features of a health improvement organisation***

- *HI as a core element* which influences all aspects of the organisation's activity, in particular through the use of approaches aimed at improving the population's health and reducing health inequalities (in relation to gender, ethnicity, life course and socio-economic factors and in order to target effectively people in greatest need)
- *HI integral to the corporate culture*: HI and tackling health inequalities should be regarded as an integral part of the way local authorities think, plan and deliver services; it should be embedded in the corporate culture and regarded as a mainstream approach that drives the ethos of the organisation within the overall corporate context of the Community Planning framework

- HI as a *core function*, viewed as ‘everyone’s business’: the overall objectives for HI should be laid out in the Joint HI Plan and each service should be aware of its contribution to meeting the objectives
- *Support and capacity building* to take forward the agenda: policy makers and decision makers, elected members and service deliverers require an understanding of the principles of HI in order to achieve the changes required for positive health in communities
- Development and implementation of *policies* that support HI, translation of policy into service delivery and *practice* and mechanisms to assess the *impact* of policy and practice on the health and well being of communities, in collaboration with them
- Development of *partnerships*, which bring added value to the HI effort with the NHS, the voluntary sector, business, other statutory organisations and communities themselves.

The Local Government in Scotland Act 2003 consolidates the pivotal role of local government in the arena of HI by conferring on local authorities a duty to promote well-being of local communities.

Set against this national policy backdrop, the role of local authorities as HI organisations has therefore become more clearly defined.

## **1.2 LOCAL AUTHORITY HEALTH IMPROVEMENT POSTS**

Local Authorities face considerable challenges in ensuring that HI becomes an integral function, shaping policy and service development and influencing internal systems and working practices. To achieve the HI gains desired Local Authorities need to be able to make and maintain effective links internally across departments as well as to forge partnerships with a wide range of other public and private sector agencies and community organisations. The establishment of the HI Officer posts within Local Authorities was intended to make a key contribution to the development of capacity to take forward HI. The Scottish Executive Health Department provided funding, matched by local authorities and NHS Boards, to establish the posts for three years in the first instance. The objectives of these posts were as follows:

- To contribute to the development of joint HI plans as part of Community Planning
- To support and facilitate the translation of the plan’s objectives into service delivery in Local Authorities
- To foster partnerships internally and externally to enable achievement of the plan’s objectives.

The introduction of the posts was supported by a HI Team in COSLA, which served as a resource for local authorities and which worked to promote consistency and communication and to build the capacity and confidence of post holders. This team was instrumental in creating the following materials and resources:

- Framework for local authorities including a framework for self assessment of capacity and readiness and competence to fulfil HI functions
- Template for HI posts, to ensure consistency in job descriptions and core objectives
- Training and development programme for post holders
- Development of a training resource on HI, for use by local post holders.

Following organisational changes within COSLA late in 2003 - early 2004 and as the post holders became better established within authorities, the HI team within COSLA became an integrated cross cutting function, rather than a discreet team and this altered the nature of the relationship with post holders as a consequence. There was also some change in key personnel in COSLA.

### **1.3 EVALUATION OF THE HEALTH IMPROVEMENT POSTS**

#### **1.3.1 Aims and methods**

The Scottish Development Centre for Mental Health (SDC) was commissioned early in 2003 by a multi agency Steering Group, led by COSLA, to undertake an evaluation of the Local Authority HI posts. The objectives of the evaluation were as follows:

- To identify examples of policy development and work practice that provide evidence of achievement of the purposes of the posts
- To identify additional objectives the post holders have agreed
- To identify factors that have either facilitated or impeded the successful operation of the posts
- To describe levels of partnership working
- Identify monitoring and evaluation mechanisms where these are being used locally.

The evaluation comprised five stages:

1. Three regional workshops with HI post holders and managers, to identify the primary purposes of the posts and explore success factors. These were held in May 2003
2. A postal survey of all Local Authorities to gather baseline data on proposed objectives and priorities, contextual factors, partnerships and monitoring and evaluation arrangements. The survey was conducted between July and September 2003
3. Four cases studies to provide an insight into partnership working towards the objectives for HI in selected local areas, conducted in January and February 2004
4. Four thematic workshops in February 2004 to explore approaches taken to progress work on key HI themes and to gather evidence of achievement and the lessons of learning to emerge. The selection of themes was informed by responses to the postal survey, to explore areas of work that appeared relevant to a number of authorities. The four themes were: needs assessment, health impact assessment and research; healthy lifestyles; suicide prevention; life stages

5. Follow-up telephone interviews with HI post holders in each Local Authority to track progress and gather information on key areas of impact relating to policy and practice development. These were conducted in May 2004.

Table 1.1 below gives a more detailed summary of the methods used at each of these stages.

**Table 1. Summary of Evaluation Methodology**

<b>Evaluation Stage</b>	<b>When</b>	<b>Purpose</b>	<b>Method</b>	<b>Data Source</b>
1 Regional Workshops	May 2003	Introduce the plan for the evaluation. Gather information about post objectives and how they were being operationalised. Identify the indicators that HI post holders and their managers considered appropriate to gauge progress and achievement	Three workshops were held in different regions of Scotland. All HI post holders and their managers were invited to attend any one of the regional workshops. Workshops were facilitated by SDC.	HI post holders and their line managers. All 32 LA areas were represented at the workshops.
2 Postal Survey	Jul – Sep 2003	To build a comprehensive picture of the HI post holders’ work and important contextual information surrounding this including: contextual factors, JHIP objectives, post objectives, post work programmes, networks and partnerships, building capacity, monitoring and evaluation, examples of good practice	Postal questionnaire sent to each HI post holders for completion within an eight-week period.	HI post holders, their line managers and any colleagues they conferred with. 29 completed questionnaires were returned.
3 Case Studies	Jan– Mar 2004	To gather more in-depth information on the role and perceived impact of the HI post in achieving the local HI objectives. To explore the dynamics of partnership working around the theme of HI.	4 areas were selected using criteria such as level of commitment to HI, planning structures, status of post holder. Face to face interviews were conducted with the HI post holder and other individuals. (approx number we spoke to overall?)	4 HI post holders, their line managers, senior LA officers and staff, staff from other public sector and voluntary agencies and local community groups.
4 Thematic Workshops	Feb 2004	To explore the range of work in hand on a range of HI themes emerging from the postal survey: Choose Life, Life Transitions, Needs Assessment, Evaluation and Research and Healthy Living.	4 workshops were planned at across Scotland and HI post holders and their line managers were invited to attend one or more workshops.	17 HI post holders and one line manager attended the workshops (three attended more than one).
5 Telephone Interviews	Apr – May 2004	To build on the postal survey by tracking progress and gathering information on key areas of impact relating to policy and practice development and experiences of partnership working.	All HI post holders were written to and invited to participate in a telephone interview, followed by three reminders.	22 HI post holders took part in the telephone interviews. Two were on maternity leave, one had left post. No reason was given for the remaining non-responders.

A Steering Group was convened by COSLA to guide the evaluation. Details of the group's membership are given in Appendix 1.

The evaluation was originally commissioned to run between May 2003 and October 2004. However, as the three year period for the posts neared its conclusion, both COSLA and local authorities were eager to have the results of the evaluation to inform their forward planning for HI in local government and the timescales were revised to bring forward the final round of data collection and analysis.

This report provides a summary account of the main findings from the evaluation, drawing on data collected using the range methods described. A series of working documents was produced throughout the evaluation summarising each stage of the evaluation and shared with the Steering Group and with post holders. These background reports are available from COSLA's website at [www.cosla.gov.uk](http://www.cosla.gov.uk).

### **1.3.2 Strengths and limitations of methodological approach**

It is important to acknowledge the methodological strengths and limitations involved in conducting an complex evaluation of this type with rigour.

Firstly, the evaluation set out to track and assess the impact and contribution of a set of single posts operating within complex organisational systems and partnership arrangements, over a relatively short time period (May 2003 to June 2004).

Secondly, local authorities, as hosts for these posts, are characterised by diversity, as measured in terms of geography, population profile and trends, health profile and trends, history of work on HI, partnership arrangements and organisational structures, and, as will be discussed below, in the deployment of the HI posts.

Thirdly, the methods used in the evaluation were almost wholly qualitative and relied to a considerable extent on self-report from post holders, although the case studies included wider perspectives and workshops included both post holders and managers.

Finally, as with all social research the evaluation was undertaken in a policy and practice context that went through considerable change in the course of the evaluation:

- At national level: developments took place in national policy building on the HI Challenge (e.g. policies on mental HI and on child health); structural changes were also introduced within the NHS in the form of community health partnerships; as noted, changes occurred within COSLA
- At local level, some post holders left and new ones were recruited; some posts were made substantive, others shifted place within structure
- Change in pace as posts become established in particular in areas where there was little identified HI capacity previously. As will be described further in the following

section, posts have moved through a process of development and postholders accounts indicate that their role has evolved over time.

Taken together these factors mean that the results of the evaluation must be kept in balance. The evaluation is able to tell part of the story about how posts have been utilised, at a formative stage, and is able to point to some evidence of early impacts, in particular in relation to building capacity. To make claims to achieving impact on HI in the general population would be inappropriate not least because of the timescales required for any such trends to be discernible. Much of the analysis and output from the evaluation, therefore, had to be based on broad themes emerging from the data with specific examples of good practice and key areas of challenge included where appropriate.

These emerging themes and examples bring rigour to the evaluation in that they were based on evidence gathered during the evaluation and maximise the potential for this evidence to be translated into learning for all stakeholders. The findings and conclusions were produced with the primary aim of producing learning that had applicability and relevance to most post holders and local areas.

### **1.3.3 Links with the evaluation of Public Health Practitioner Posts**

From the outset there was an expectation that the evaluation of the local authority posts should link with the parallel work being undertaken to evaluate NHS Public Health Practitioner (PHP) posts who have a similar remit to health improvement post holders but are based in the NHS. However the PHP evaluation was a longer term project over 3 years which was still ongoing at the time of completion of the local authority HI evaluation. The PHP evaluation reflected the fact that the funding for the PHPs was neither short term or time limited. The membership of the Steering Group for the HI evaluation ensured there was opportunity to make connections and to cross reference progress and emerging findings. In addition the HI evaluation team had regular direct contact with the team working on the evaluation of PHP posts and working papers and drafts were exchanged.

## **1.4 STRUCTURE OF THE REPORT**

Section 2 provides an account of the main areas of achievement of the posts, by considering in turn policy and practice development, partnerships for health improvement and the contribution to and impact of the posts in building capacity for health improvement locally. Section 3 examines the role of the post holders in more depth, to look at how roles have changed over time. Section 4 stands back to view the role and the achievements of the HI post holders in the context of national and local policy, organisational structures and partnerships to identify the features of effective working and key challenges for HI post holders. Section 5 reviews and summarises the main achievements of the posts and sets out a range of challenges for the future for the posts and for health improvement in local government.

## **2. EVIDENCE OF ACHIEVEMENT AND IMPACT**

### **2.1 STARTING POINTS**

In assessing the achievement and impact of the posts, it is important to recognise the variation between LAs in how the posts were deployed and in the baseline from which they started. The foundations on which the posts could build differed considerably:

- Local Authorities appeared to have differing levels of commitment to HI relative to other strategic and operational priorities requiring attention and action.
- Some areas had well established planning partnerships in place for HI; others were only starting to create these
- Some places had JHIPS or equivalent strategic plans in place, others were at the starting point of that process. Levels of NHS engagement in both the HI agenda and funding and management of the HI posts varied
- HI post holders had different levels of profile and position within LAs; some post holders were working in a corporate role directly with senior management and elected members on strategic issues and others were taking on more operational tasks such as the development of community based initiatives or administrative level tasks.

A number of significant factors were identified by HI post holders at an early stage in the evaluation as having an important bearing on the achievements and effectiveness of the HI posts. These were:

- Maturity of local partnership arrangements and the extent to which there is a readiness and commitment to work jointly towards HI goals
- Supportive broader policy context that continues to emphasise HI and stresses the need for this to be cross cutting and implemented through partnerships
- The extent to which HI is a priority for the Local Authority as an organisation, as indicated by the existence of senior champions
- Support structures, both at a national level through the support and training provided by COSLA and at local level through good partnerships, networks and support arrangements within the workplace.
- Clarity about the priorities, work plan and focus of the HI posts within the organisation.

Throughout the evaluation period there was positive movement in most LA areas. There was a growing understanding and acceptance of the HI agenda, with more supportive structures in place for local HI partnerships, HI policy development, implementation and monitoring.

The following section considers the extent to which the impact of the HI posts can be substantially demonstrated, providing evidence of their added value. It is important to consider this information in the light of two key themes of the evaluation. Firstly, there was a strong perception amongst the participants that the evaluation only touched on the 'end of the beginning' of the HI agenda work. And secondly, HI post holders, their line

managers and those working alongside the HI post holder locally, identified a number of ways in which the HI posts have impacted on the implementation of the HI agenda but were clear that the impact of the HI posts was about partnership and built on the work of many.

## **2.2 EVIDENCE OF ACHIEVEMENT**

### **2.2.1 Policy development**

Over the duration of this evaluation, Community Planning in general had developed a climate that was more supportive of HI work. The development of Community Planning organisational and financial structures had also enhanced approaches to consultation to inform decision-making.

HI post holders and those working around them reported that their LAs were developing a range of policies which incorporated HI goals. At the end of this evaluation in nearly all areas health and well-being had become part of central corporate policy, usually embodied in the Joint HI Plan (JHIP). This indicated a positive shift in the policy environment from the initial evaluation findings where one LA was reported to have had health and well being on the corporate agenda. HI post holders have played a lead role in facilitating the implementation of this shift towards mainstreaming HI policy.

#### ***Contributing to the production of Joint Health Improvement Plans***

At the outset of the evaluation, for some HI post holders the JHIP was the primary focus of their work. This had created concerns amongst post holders that the preparation of the JHIP would narrow their potential remit. However as the evaluation progressed the importance of the prerequisite 'behind the scenes' work that HI post holders have engaged in to produce a JHIP had become apparent. This included:

- Creating and facilitating new, sometimes previously unlikely partnerships, planning structures and systematic planning processes (see section 2.2.3 for examples)
- Building capacity through increasing awareness and understanding
- Encouraging joint ownership and new leadership of the HI policy development and planning process
- Acting as a bridge to bring together the higher level HI targets set out in the JHIP and local knowledge of the sorts of changes that were needed and that were likely to be sustainable
- Producing evidence in the form of needs assessments, health impact assessments and community consultations to inform JHIPs.

*In two case study areas there was pressure from health to produce the JHIP in a short time scale. In each case the HI post holder, supported by their line manager, pushed an alternative approach of focussing on the change agenda and concentrated on producing a framework for a joint working process as a prerequisite to producing a JHIP. In a sense this was about capacity building to develop a robust and inclusive planning structure for HI.*

When reflecting on their progress, a number of post holders identified their contributions towards the production of their local JHIP amongst their key achievements in various ways such as:

- Co-ordination of the JHIP from outset
- Chairing the writing group
- Launch of the JHIP, which involved 40 projects and 200 people with a high turn out from the elected members
- Tackling health inequalities through the development of the JHIP bringing the local NHS inequalities strategy into the JHIP process
- Engaging people in the JHIP process and contributing to a ‘snowball’ effect of increased involvement and joint working to drive the HI agenda forward
- Producing the area’s first JHIP and witnessing the positive impact and popularity of the plan locally from feedback from colleagues
- Co-ordinating JHIP with Public Health Practitioner partner and recognition of positive feedback from NHS colleagues
- Bringing together people to develop the JHIP, helping improve colleague/partner understanding of HI and increasing LA’s importance on the local HI agenda.

### ***Streamlining policy development***

Another key HI post holder contribution to policy development had been to help set clear priorities, broaden engagement and identify roles and responsibilities in relation to HI planning, mapping out the functions of the Local Authority and its partners by setting up and/or facilitating partnerships and systematic processes to support policy development.

HI post holders have made contributions to a range of topic-specific strategies and policies, for example: physical activity strategies; tobacco strategies; health at work initiatives; community safety; family-friendly human resources policies; policies and planning on children services; sexual health. *In one case study area the HI post holder role had involved making the HI links and finding ways to streamline planning by knitting these strands of more topic specific initiatives together under the HI banner and into the JHIP.*

A number of local areas reported that they were working on how their policy development processes could be rationalised to reduce duplication. This involved developing sufficient trust and communication across different groups, to accept that different strategic aims could be served by the same piece of planning work and not separately manufactured. In some areas HI post holders had actively contributed to this process.

### ***Driving the focus on health improvement at strategic level***

‘The HI agenda is just one of many and without someone to champion it, it would slip off the agenda and out of our thinking.’

‘It is crucial that these relatively junior posts are given serious attention by senior officers to give the role prominence.’

(source: participants in partnership case studies)

*In one case study area the HI post holder was described as the primary driving person for HI at the highest strategic policy level. That HI post holder had contact with and had successfully influenced elected members and senior officers. These HI post holders enjoyed an endorsement from senior management enabling the HI post holder to wield a certain amount of power, to act as champions to ensure senior managers were accountable for their HI responsibilities.*

### ***Providing a policy overview***

A key role for HI post holders had been to maintain an overview and assess the implications of national policy, guidance and initiatives for their impact on HI in order to brief senior officers and operational staff on this, helping to avoid duplication of work. As the evaluation progressed, there was increasing evidence of HI post holders becoming established and appreciated as advisors in this capacity by those working around them. Local partners participating in the case studies talked of the benefits of having someone locally based from who they could seek expertise.

The HI post holders were also conduits of information about what was going on in other departments and agencies and nationally.

‘Great to have someone who’s job it is to have oversight, stimulus and coordination of (HI in) a vast council.’

HI post holders have communicated the HI agenda to their Community Planning processes in various ways. Some HI post holders have been ‘at the core of Community Planning’ influencing and coordinating the planning process whilst others have contributed from a distance by supplying information and working to influence others at the core of Community Planning. The partnership case studies demonstrated the value that local planning partners attached to having someone dedicated to HI, as nearly all other partners were incorporating it as one of many features of their jobs.

### ***Addressing inequalities***

Many LAs and their partners were tackling a combination of life style and life circumstance issues for HI and the wider HI issue of inequalities had become a key policy theme. HI post holders were often involved in tackling the inequalities agenda. *In a case study area one participant described the value of having an HI post holder who could engage with the right mix of people and agencies to create the network that the council needed to encourage focus on inclusion and inequalities.*

There was recognition that impacting on inequalities in life circumstances at a local level was a long and complex process. Although tackling inequalities had gathered some momentum at strategic level, some departments in LA’s were not as advanced in thinking about inequalities and HI.

‘It’s a drip, drip process, there is a clear view in Community Planning that HI is about life circumstances too but how far that rolls out to whole council is another matter.’

*One post holder discussed tensions between the different professional approaches to tackling HI and highlighted the need to recognise the value and complementarity that such differences could bring to achieve shared objectives. An example was the differing perspectives taken on smoking cessation by a public health worker and an HI post holder. The public health worker focused on ‘lifestyle’ whilst the HI postholder wanted more consideration of how hard it could be to stop smoking when an individual lived in a deprived area and was unemployed or had other life pressures.*

### ***Policy development examples***

HI post holders were involved in a number of initiatives that address the inequalities agenda within HI, including the following examples:

- *Debt counselling group*: there was a high level of debt in the local area, the HI post holder made the links between tackling debt and HI by facilitating the process, through chairing meetings until the new chair came in and making sure that health was represented as part of the agenda
- *Community Health Action Groups* which were focussed on creating solutions to local inequalities
- There was *positive discrimination* to areas of need in terms of targeting of health and social services such as sexual health and well-being services and organisations such as agencies which addressed alcohol and drug issues for teenagers
- Engaging representation from council departments to develop a food and health policy
- *Application for health city status* the application had also been a stepping-stone to taking forward public health by extending the principles of HIA and needs assessment to the whole of the LA area and not just the city.

### **2.2.2 Service and practice development**

The evaluation illustrated the variety of ways in which HI post holders were able to contribute to service and practice development within LAs and partner agencies towards the achievement of local HI objectives. In many areas HI post holders had been tasked with supporting both senior and operational staff at a strategic level to work together to develop their skills as planners to produce evidence based plans for beneficial service developments that would have a positive impact on HI. HI post holders had also worked ‘hands on’ with colleagues to support them to translate HI policy into practice.

### ***Setting up structures and systems for policy implementation***

It was noted by participants that it could be ‘easy’ to include ideas for specific HI initiatives at strategy level but that taking those initiatives forward to be implemented at a local community level was more problematic and required proactive support.

*In one case study area, although the nutritional policy was based on a public consultation and the Health Board and three councils were signed up to it, implementation had been 'ad hoc'. In an attempt to address this, the HI post holder had set up a discussion forum for partner agencies and community representatives to look at all aspects of nutrition and food across all ages, which helped to coordinate better implementation.*

For some HI post holders, their support for the embedding of HI policies and goals into the design of new community developments and projects was identified as amongst their key achievements, for example:

- *Developing a mobile information bus, this evolved to a point of joint working, linking to community networks, HIP management role*
- *Creation of teenage pregnancy coordinator post and role in facilitating proposal between organisations.*

### ***Providing leadership***

Many HI post holders had taken leadership of the development of HI planning structures, chairing of partnership planning groups or heading up specific initiatives such as health impact assessment. *In one case study a post holder was described by their colleagues as having a style that was compatible and engaging and as someone who played an important leadership role in bringing people together and, when required, challenging them on HI issues. In another case study participants felt that in order for the HI post holder to be effective as a leader within the LA and across agencies they needed support from the leaders at a LA corporate level.*

### ***Encouraging new leaders***

HI post holders had worked in different ways to facilitate HI partnership groups whilst encouraging other people to develop their skills and take leadership. This demonstrated the importance of the HI post holder role in empowering those around them to build longer term capacity for HI work. Individuals involved in HI partnership planning groups often perceived that HI work was 'on top of' their full-time role, HI post holders sought to support and empower these individuals so that the opportunity to take a lead role, to work in partnership was perceived as a positive step. The HI post holder role was so broad that they could not have chaired every group they worked on and therefore to make their workload manageable and to build in sustainability to the HI process they needed groups and initiatives to become self-sufficient.

### ***Establishing internal Health Improvement groups***

Whether HI post holders worked within an established HI team or as a singleton post, most had established internal HI networks or HI officer groups with representation from all LA departments. In some cases this had been despite initial reluctance on the part of service departments. The formation of these HI networks had taken forward HI work and raised awareness on a cross departmental scale championed by network or group members within the council.

### ***Training for Health Improvement***

HI post holders had been involved in providing training for their own and other Local Authority staff, staff from partnership agencies and elected members on many aspects of HI.

### ***Disseminating evidence***

HI post holders had also had a role in disseminating evidence and information on best practice to ensure that this was incorporated into HI activities. In a number of areas, significant work had been undertaken to develop evidence to inform policy and practice: this included local needs assessments, making use of census data and other locally collected statistical data to contribute to the development of a local health profile. This was a critical aspect of identifying HI priorities. *One area had undertaken a considerable amount of work to identify well-being indicators as part of the performance framework for Community Planning. In another area the post holder had been involved in developing a cross agency public health information network.* Elsewhere, post holders had contributed to the development of an evaluation framework for local HI projects. Disseminating evidence of successful HI initiatives from within their own location and from elsewhere had also proved a useful capacity building tool for HI post holders.

### ***Health Impact Assessment***

HIA is a method to gauge the likely effects of actions or interventions on the health of the population and subsets of the population. This information can be gathered and fed into policies in an attempt to achieve the highest possible positive health impact. At the outset of this evaluation, several LA's had undertaken or were setting up health impact assessments to inform policy development. Over the duration of the evaluation, more and more HI post holders were working to incorporate HIA within the Community Planning infrastructure and all service developments. Through this process HI post holders had been able to demonstrate the different needs of a variety of population groups in different community settings to ensure that policies were more sensitive to this.

HIA had been a valuable way for partners to learn to work together to implement JHIP priorities as it provides a joint framework to enable partners to focus on meeting evidence based need. HI post holders had highlighted the connection between HIA and its potential uses for service development in LA's and their partner agencies.

*In a case study area participants reported that HIA had provided a solid framework for partnership working for the HI agenda by helping officers to speak the same language and giving them confidence in decision making based within a clear agreed set of priorities. In another case study area, the HIA group had held seminars to promote awareness amongst service providers and planners of HIA and were designing support packs and a training programme.*

### **2.2.3 Partnership working**

In the early stages of the evaluation, there was a general view amongst HI post holders that the focus of the post was to get HI priorities embedded in other service plans, for implementation by a range of sectors and services. This meant working in a versatile flexible way across a range of actual and virtual partnerships. The following section describes the factors that have helped and hindered this task as well as a number of positive examples of HI post holders' achievements in promoting partnership working.

#### ***Partnership infrastructures***

In each LA there had been a history of involvement between partner agencies to some extent. Some areas had well established partnerships in place for HI; others were at the early stages of creating these. *In one case study area although the HI post holder was described as the 'glue' to hold things together for HI, participants felt that it was important to recognise the partnership working context that the post holder came into. There was a strong grounding of partnership working in the local area, which provided a good basis for the post holder to build from.* In some areas the production and implementation of the JHIP was firmly lodged in Community Planning, in other areas there was concern amongst HI post holders about how well the JHIP meshed with Community Planning. In many LA areas, the central partnership function of Community Planning had enabled the HI post holders' efforts to extend partnership working around the HI theme.

HI post holders in some areas had reviewed and redesigned their HI partnership structures, sometimes building in a system for planning and financing. Some participants in the case studies welcomed these changes:

'We now have a focus to make it happen, somewhere to meet and take up the issues.'

#### ***Partnership development***

The HI post holders had been able to initiate, develop and participate in various formal partnerships both inside the Local Authority and externally. They had contributed to and were part of many informal partnerships and networks, both internally and externally. These partnerships spanned a wide range of different groups. Some had a direct health/HI focus, others were focused on a specific setting or issue such as workplace, food, safety, or suicide prevention.

HI Officers reported that partnership opportunities were highly significant in providing a stronger co-ordination of the HI agenda across agencies and in achieving agreement about local priorities, implementation and monitoring. It was also considered that informal partnerships continue to be important in the process of raising awareness and understanding and in building on work already underway on HI issues. Informal partnerships were noted as often the beginnings of potential formal partnerships for future collaborative working on key HI priorities.

### ***Building partnerships for health improvement with the NHS***

An early finding of the evaluation was that NHS engagement with the local JHIP and the HI agenda was variable. This was viewed as a concern by some HI post holders. Finding ways to facilitate balanced and effective partnerships with the NHS with their very different organisational procedures and cultures around the HI agenda was identified as a key challenge for HI post holders. Over the duration of the evaluation the tensions and strengths of partnership working and the relevance of these to the HI post holder role have become apparent:

#### *Differing organisational structures and cultures*

- Current NHS restructuring had meant that major partners had much of their time focussed elsewhere which impacted on the time it took to work in partnership
- Different hierarchical structures and lines of reporting could lead to delays in partnership working
- HI post holders had encountered some defensiveness in NHS partners when the LA role in HI was less well understood and was regarded as an infringement
- The health service is a complex organisation and this could make it difficult for the LA to engage, for example working between the Health Board and LHCCs
- The development of strategic working relationships at Board level could be more difficult where there was not coterminosity and the Board spanned several LAs.

#### *Establishing common ground and alliances*

- PHPs, Health Promotion Specialist and Public Health tended to be allies for HI post holders within the NHS. In some places, HI post holders had more productive relationships at LHCC level than at NHS Board level, ostensibly because LHCCs tended to share a common interest in local HI and the links with PHPs were perceived as invaluable
- Participants in case studies described the HI post holder in one case study area as very helpful in terms of developing partnership working. The HI post holder had an NHS background which enabled them to provide a different perspective within the LA and also to build strong links between different agencies, particularly the LA and the NHS
- In some areas there was good shared understanding between the LA and NHS partners in terms of working towards a social model of health.
- Power imbalances between local NHS organisations and local authorities.

*In one case study area, there was concern that the NHS, as the larger body, was driving the agenda at the expense of the smaller local authorities who worked as partners within NHS boundaries.*

‘A huge contribution is attitude by individuals concerned, has to be about equal partnership and is not about trying to be the leader.’

(source: partnership case studies)

### *Facilitating and sustaining partnership working*

A key aspect of the HI post holder role in facilitating partnership working had been their ability to identify, nominate and select the right person when bringing in partners representative of departments and agencies to work on HI planning and initiatives. HI post holders had been able to identify individuals within partnership agencies who were enthusiasts, understood the HI agenda and could champion HI within the partnership and within their own agency or department. This could sometimes mean ensuring that officers on partnerships were of adequate seniority and had decision-making responsibilities. In the partnership case studies, participants described how HI post holders were able to identify and put forward a wider diversity of people who were enthusiastic and informed and would perform more effectively in a partnership than those who might be perceived as the 'usual suspects'.

HI post holders were described as acting as 'matchmaker' by identifying appropriate individuals to link in to partnership structures for specific tasks. HI post holders had also developed partnership infrastructures to identify opportunities for 'unlikely' partnerships where the links between individuals, agencies and departments on HI initiatives would otherwise not have been made. A number of examples were given to demonstrate how HI post holders had gathered people together to talk about, plan and implement cross cutting initiatives with the potential for health gain:

- Energy services had worked with social work and health on addressing draughty houses, nurses and social workers had been trained on energy efficiency and had an information pack
- Partnerships were focussing on environmental initiatives with local Enterprise network, Scottish Heritage and the National Trust
- Physical Activity Paths for Health involved health promotion and LA staff working together to identify safe pathways and promote them
- A supported agriculture project was launched where a member buys into a fixed amount of local agricultural product. The aim was to support local farmers, promote healthy eating and sustain industry and employment. It was hoped to include schools, care homes and also employees of the LA in the project
- A Physical Activity group tackled the importance of identifying opportunities to improve health and from this developed the opportunity for those in lower pay brackets to enjoy leisure with discounted swimming and access for children to cheap or free exercise. In order for this to be successful, it was important to involve and consider all of the relevant elements and partners. In this instance, Health Visitors linked with Health Promotion and LA leisure staff coupled with awareness raising amongst parents to help make a success
- 'Hungry for Success' where partners created a coordinated opportunity to involve catering and technical services with New Community Schools. Previously the catering division had no strong links with children's services
- New mechanisms to bring together early years officers and researchers involved in a baby friendly breast-feeding initiative. With the new infrastructure they had taken the initiative to the food group to share ideas and contribute to top line planning

- A community safety group concentrated on crime, but it was identified that this group could also take forward accident prevention leading to new partnerships
- WHO Health City Status application facilitated by HI post holder had given local partners a goal and aim to work towards. Although local partners were along the right lines in what they were doing, the HI post holder alerted people to the fact that the city could apply and the process for application had gone through Community Planning.

### ***Contribution to the implementation of Choose Life***

In relation to the Choose Life suicide prevention strategy, partnership development and co-ordination were critical tasks identified by the Scottish Executive. Many HI post holders appeared to have had a facilitative role in this context in helping local partnership agencies determine priorities within the framework of the strategy. Where HI Officers had been given a co-ordinating role in this process, they had been involved at strategic level with the development of a co-ordinated approach to suicide prevention, rather than a series of single actions or project developments.

HI post holders and those working with them felt that they had contributed positively to the partnerships around Choose Life. A key focus for this facilitative work was to bring a more HI and early interventionist focus to counterbalance the traditional psychiatric service orientated discussions on this topic, widening the scope of the network of agencies and individuals involved. Many examples of the specific contribution and impact of the HI post holders to Choose Life were highlighted throughout the evaluation by HI post holders and those working with them, such as:

- ‘The HI post holder understands the systems and processes operating within a Local Authority.’ (source: partnership case studies)
- ‘They are in a position to get money out of the LA, but also to put experience in.’ (source: partnership case studies)
- ‘The HI post holder is also able to provide a link between the Scottish Executive and the local areas.’ (source: partnership case studies)
- Each HI post holder can bring different skills to the job such as community development or knowledge of a particular service area
- ‘HI post holders have been successful in helping to mainstreaming suicide prevention in public health. Changing how suicide is viewed so that it has a higher profile and cuts across different services.’ (source: Choose Life Workshop)
- ‘We tap into what’s meaningful for people in their roles with regards to HI and broaden it out. This is the most challenging part of our role, but with CL it has been easier than with some other initiatives’ (source: Choose Life Workshop)
- One HI post holder saw meeting the deadline for the Choose Life Action Plan and bringing together key stakeholders at a stakeholder event as one of their key achievements
- One HI post holder involved in the partnership case studies had led the Choose Life funding bid process. Participants described this as equitable, democratic and transparent.

## **2.3 CONTRIBUTION HI POSTS HAVE MADE TO CAPACITY BUILDING FOR AND SUSTAINABILITY OF HI ACTIVITY LOCALLY**

Capacity building was a key element of the HI post holder role in order to ensure strong and sustainable partnerships, strategies, policies and initiatives that would achieve HI for the local population. The key areas of challenge and achievement for HI post holders in terms of capacity building have been mainstreaming HI activity, increasing understanding of the improvement agenda and fostering recognition of the contribution that departments and agencies make to HI. This section of the report explores the diverse ways in which HI post holders have approached this core function.

### **2.3.1 Mainstreaming**

Post holders and those working with them were able to describe how HI post holders had been working in the ‘mainstream’ to contribute to and influence strategies and planning from a HI perspective. HI was found to be a highly complex agenda that related to very many different Local Authority functions and required considerable sustained commitment from the most senior levels within the organisation.

‘The HI post holder doesn’t want HI to be seen as another initiative; rather something we’re already doing and mainstreaming it.’

(source: partnership case studies)

#### ***Facilitating broad exposure to the Health Improvement process***

In one area the HI post holder organised an event to promote the HI agenda and inform a wider audience of the issues and the related local initiatives. The HI post holder used a health fair format for the event and the local HI task groups and those involved in initiatives to design their own displays and work out how they would tell people about what they were doing. This meant that the task groups took ownership of their work and investment in their success and did not see HI as the HI post holders’ ‘baby’.

*In one of the partnership case study areas a Healthy Week provided a means for staff to be involved directly in the HI agenda. All LA staff had been invited to participate. Examples of the week’s activities include the local football team providing a taster of activities for young people, a conference to showcase HI work and Ceilidhs in every area. The LA website was used to provide HI information for staff. The Chief Executive had asked each director and head of department to report what they were doing to participate and encourage their staff and local communities to participate in the week.*

*Some HI post holders introduced HI measures for LA staff to access, such as smoking cessation, leisure activities/walking at work, and food and health policies. One HI post holder carried out a HI audit of each LA service and many had established and facilitated internal HI officers groups or networks with representation from all departments and made presentations to all management teams.*

### ***Using Health Impact Assessment to build capacity***

Post holders in a number of areas had found HIA very useful as the basis for planning and developing their work programme and had helped planning partners to incorporate HIA into their everyday work. HIA can provide a route into other plans in one area the HI post holder had completed a HIA for all key strategies within their LA.

### ***Helping others to make Health Improvement central to their role***

While many post holders had started out by chairing or facilitating HI groups and partnerships, they often recognised that they could achieve greater sustainability if they took a backseat and encouraged leadership and input from others. This might include inviting a more senior colleague to chair a HI group, in order to raise the status and authority of the group within the organisational culture. Many HI post holders also adopted process orientated approaches to partnership working that cut across hierarchical organisational structures but gave structure, system and direction to the work of the partnerships.

### ***Workforce Health Improvement***

The SHAW award scheme provided an opportunity to promote HI in the workplace. This was of particular value with some LA departments such as Trading Standards and technical services where it had proved difficult to establish a direct connection with HI activity. Although these services had not made these service connections to HI, SHAW, often facilitated by the HI post holder, helped them to recognise their responsibility for the health and welfare of their staff and of the wider local workforce.

‘Awareness about SHAW that it is not just about LA but the whole area’s workforce and issues around workforce availability, therefore focusing on the health and well being of our area’s workforce makes sense.’

(source: partnership case studies)

### ***Building connections with communities***

The HI posts could help to strengthen links and connections with local communities to build capacity, in relation to health inequalities as part of social justice agenda. This had become more of a focus as JHIPs were implemented and reviewed. The task of the HI post was to act as a bridge to bring together high level HI targets and local knowledge of the sorts of changes that were needed and that were likely to be sustainable, and to facilitate an increase in community engagement in this process.

In many local authorities, there had been limited consultation with communities surrounding the development of the JHIP and it had been difficult for some HI post holders to gain representative views from communities instead of only hearing from one or two pressure groups. Some LAs were also receiving action plans from local communities based on consultation in response to the JHIP. *In one case study area there was an umbrella group of community representatives and the JHIP priorities were taken to this group by the HI partners. The local HI partners here were trying to build local community groups that feed into the planning and prioritisation process in a meaningful way.*

*In another of the partnership case study areas, the HI post holder joined Healthy Living Partnerships in their area to assist with the development of a series of Community Health Action Groups (CHAGs). An area wide community health consultation day was held and the follow on from this was to call together local partners to have further meetings based in the local communities such as in local primary schools. The CHAG initiative which was funded through the New Opportunities Fund was based on community development principles, to work with the community to help them articulate their own needs and wishes and provide meaningful services through the Healthy Living Centres. Although there was central partnership for the planning of the initiative at strategic level through the JHIP, this had to link meaningfully with communities and priority had been given to developing partnership through community engagement.*

### **2.3.2 Developing understanding of Health Improvement**

‘The HI post holder switched on a light bulb’

(source: partnership case studies)

The understanding of and priority attributed to HI within a Local Authority was perceived to be highly significant in shaping the way in which the HI post was originally cast and deployed as a resource within the Local Authority. At the early stages of the evaluation HI post holders reported tensions in holding to a model of HI that set out to impact on the wider determinants of health and to retain a longer term commitment and investment in actions that impact on risk conditions that influence health, when there were considerable pressures to earmark funding for shorter term projects. One of the key roles of the HI post was to raise awareness and understanding of HI and the policies and actions required to achieve HI goals.

This section looks at how the HI posts have contributed to increased knowledge and understanding, skills, contacts and networks for HI.

#### ***Identifying champions for the cause***

Changing mindsets was a key challenge within capacity building and HI post holders were quick to identify the need for support from local champions. It was felt that finding champions external to the LA in addition to those within the LA could be very constructive.

#### ***Changing local authority culture***

How HI was conceptualised and understood within the organisational culture of LAs had a bearing on priorities identified for HI posts and on the types of actions required to address these. One of the key challenges identified by HI post holders was addressing the need for a culture change within LAs towards identifying their primary role as a HI organisation. It was considered important for HI post holders to establish early gains and to gain credibility and political support. This meant being able to translate the HI agenda into meaningful terms, which had relevance and currency for the ‘Director of Bins and Potholes’ within local authorities.

Some HI post holders were critical of the direction set by the HI Challenge document on the grounds that the focus was perceived to have shifted from inequalities and life circumstances to life style issues. It was felt important by HI post holders that councils should make longer term commitments to and investment in actions to impact on the risk conditions that influence health. Smoking cessation was one example, where LA could be taking action on advertising and on addressing the life circumstances associated with increased risk of smoking, as well as supporting smoking cessation work by NHS by facilitating access to community facilities for this work.

*One of the case studies provided an example of how HI post holders can successfully change minds on this issue. According to participants the HI post holder had helped to refocus on the wider determinants of health and had also raised the profile of the HI agenda and of the local authority as a HI organisation amongst their Community Planning partners. The HI post holder had made presentations to partnership and management groups which helped them to develop a more informed view of health by talking about, for example, how housing and fuel poverty can impact on health.*

### ***Raising awareness of the Health Improvement agenda***

The HI post holders had been involved in a variety of activities to promote awareness and understanding of HI within the Local Authority and externally. Some HI officers had been working to ensure that HI was incorporated in their local communications strategy.

Awareness raising activities had also encompassed designing and delivering training events on HI for a wide range of staff groups, including the induction of new staff. In one area, HI pages had been added to the Local Authority's website. In addition, HI officers had initiated and facilitated cross service and cross agency HI groups.

Post holders had had a role in briefing and training senior officers and elected members on HI and the wider NHS structures and agendas. Achievements regarding the involvement of elected members in the HI agenda are detailed below.

### ***Developments in post holder understandings of Health Improvement***

Post holders identified that they had had variable understandings of HI when coming into post and each of them had developed their understanding of the concept of HI and its applicability. For some post holders, their previous knowledge of the social model of health had been advantageous. For others, their knowledge had evolved from a more community focussed orientation to gain increased understanding of the strategic application of HI in terms of partnerships and organisations, links between other agendas and an increased understanding of the inequalities agenda. HI post holders learned that they needed to be more strategic than operational to achieve optimum impact and that the joint working process was as important as individual input in driving HI. HI post holders had a better understanding of what lies within the HI post holder's sphere of influence and where other stakeholders should become involved.

HI post holders demonstrated a clearer understanding of where HI sits in relation to the LA and their partners and how effective the LA can be in terms of HI work. HI post

holders had also become more sophisticated in their understanding of the complexity of evaluating the impact of their HI work. They were more confident about measuring their achievements in terms of successful capacity building processes whilst acknowledging that HI impacts in the population will require longer term tracking and analysis.

### ***Developments in LA and partner understanding of Health Improvement***

With the increasing engagement and involvement of a wide range of stakeholders in HI activity, it was apparent that understanding of HI was deepening. HI post holders were eager to point out that their contribution was only one of a number of factors that helped bring about greater awareness and understanding.

#### *Health colleagues*

Understanding was variable among health colleagues and was strongest among Public Health or Health Promotion colleagues. A number of HI postholders had also made links to these professional's networks or worked with public health practitioners to develop the JHIP. Despite a good understanding among many health colleagues of the agenda, there was concern that HI may become sidelined due to financial/service delivery pressures.

#### *LA elected members*

The interest amongst elected members in the HI agenda was typically supported by individual members rather than as a broad group. HI post holders had found that the level of understanding of HI amongst elected members was variable and was developing. Some participants highlighted challenges in engaging elected members in the HI agenda and there were additional difficulties in HI post holders being able to access elected members. It was perceived that the interest of some elected members was dependent upon whether the agenda held political currency with their constituents.

The involvement of elected members in NHS boards was said to be increasing their knowledge of HI. Post holders were able to point to the increasing involvement of elected members in the HI agenda. For example, in some Local Authorities elected members were reported to be playing an active role by chairing the Health and Well-being Group and acting as champions for HI within the Council. Elected members had also participated in various HI events and in one area HI had become a regular item on committee meeting agendas.

#### *LA departments / staff*

Awareness of HI within sectors of the LA was variable. A perceived clearer understanding of HI at a strategic or management level than at operational level was

sometimes attributed to the engagement of staff at this level in the JHIP or Community Planning processes.

There was some concern that while some departments were carrying out excellent HI activity (for example in education), this tended to be individual rather than joined up to the wider agenda.

Although capacity building remained as a key task, there was an overall view from post holders that a number of departments that had initially been at the periphery of HI activity were starting to make the links between their services and HI.

### ***Level of commitment to Health Improvement within the local authority***

If HI was a corporate priority, then this should be demonstrated in service plans. In some LAs the HI agenda was embraced at corporate level, creating strong opportunities for rolling the HI agenda out across the strategic agendas of all LA services. However, in many LAs there was still work to be done to identify the opportunities and possibilities for including HI objectives across the entire LA's planning structures. There was a risk that HI agenda could be subsumed within other health related agendas such as drugs, alcohol and smoking cessation rather than assuming an overarching strategic position.

Comparisons were made between data collected during the postal survey and the telephone interviews ten months later in order to compare perceived changes in the level of corporate commitment to HI within each LA.

Eleven HI post holders indicated that this commitment had improved over time, 8 felt that the commitment remained more or less the same and 3 post holders noted a decline. It was not possible to make a comparison for the remaining 3 interviewees due to a lack of comparative data from the postal survey. While HI was identified explicitly in the corporate plan by a number of local areas, it was reported that more action was still required to improve commitment at a departmental/service level and to ensure dedicated resources to complement this stated commitment.

In considering the strategic priority for HI in the LA, 12 post holders highlighted that the HI agenda had become a higher priority, 6 HI post holders felt that this level of priority had remained more or less the same and 4 post holders noted a decline in the priority afforded to HI.

Although these findings should be treated with some caution as they reflect only the views of individuals within each LA areas, the findings support the argument that achieving an impact upon policy and practice for HI remains a gradual and long term process.

### **2.3.3 Recognition of contribution that departments / agencies make to Health Improvement**

#### ***Lack of understanding of relevance of HI to everyday LA work***

A need for a greater awareness raising amongst LA operational staff of the relevance of HI to their work was identified.

‘While the ‘top’ core of staff have grasped the HI concept, the lower down you go in the organisational structure, the less understanding that people have.’

(source: partnership case study)

### ***Developing a shared local view of HI***

A challenge for HI post holders had been to achieve an understanding of HI across their LA and its partner organisations and to make sense of the overlapping central government directives, to work out what partners should be doing to move the agenda forward.

‘Planning partners can become ‘punch drunk’ with the amount of new legislation and central government directives and having finite resources with which to implement them.’

(source: partnership case studies)

*In one case study area the HI post holder had assisted local partners to begin to develop shared goals for HI. The HI post holder had been able to pull diverse local and national policy strands together and had written and circulated HI documents to a wide range of local partners. This had helped people to understand where their particular service or community and the local area should be as a whole in terms of prioritising and implementing the HI agenda.*

*In another, voluntary sector representatives at the HI planning group were not comfortable with the jargon used in policy documents and in formal meetings. The HI post holder developed ways to overcome the use of jargon. This was received as refreshing and gave voluntary sector representatives confidence to take on a more involved role in the partnership.*

### ***Joining up fragmented messages from the Scottish Executive***

There was a perception from some participants that the Scottish Executive should ‘get its act together’ regarding partnership working at national level as current arrangements can trigger unnecessary tensions in agencies. Many participants were frustrated by the lack of joined up working at national level, for example, Quality of Life money was given to LAs but the NHS were given a different message by the Scottish Executive regarding the purpose of the funding, adding to local partnership working difficulties. Also these different national departments required separate feedback. This had frustrated attempts by different agencies to understand each other’s roles and work together effectively in partnership.

### ***An inclusive partnership infrastructure***

‘Networking has helped officers to see the bigger picture across the council.’

(source: partnership case studies)

Participants described how the wide range of participants involved in Community Planning partnerships to develop JHIPs had helped to make HI everybody’s issue. Direct collaboration among agencies and professions such as social work, community care, the fire service and police had increased and they had started to see the connections they had with each other around issues like fire safety, risk assessments for older people, single shared assessment and work around fall prevention for example.

### ***Involvement of heads of service***

Further evidence of achievement and distance travelled was the increasing engagement of Heads of Service in joint HI planning and related HI activity. The contribution of the HI posts, by giving presentations and making reports to senior management teams and preparing briefings and position statements for senior managers, was seen as significant in this regard. Post holders considered it a mark of progress that, in most Authorities, Heads of Service were engaged in the relevant HI groups.

### ***Building appreciation of the role of key external agencies***

Staff in some council departments had encountered difficulties dealing with the different culture and the structural changes within health with the health services. Some HI post holders had a health background and were aware of the politics of the different organisations and one was described in the case study of their area as having ‘a foot in both camps’. Being aware of the culture in the LA and the NHS meant that the HI post holder was therefore able to support LA department staff on HI and health matters to smooth and facilitate the way forward for joint working.

The HI post holder role also provided a focus for health staff on HI that went beyond the health service. In one case study area health colleagues pointed out that it was very useful to have the HI post holder dedicated to promoting the HI agenda within the council, and acting as an ally.

‘It would be far harder for me to do this (without the HI post holder) because I am not one of ‘them’’

(source: partnership case studies)

### **3. KEY FEATURES OF HI POSTS**

#### **3.1 DEVELOPMENT OF POSTS OVER TIME**

At the outset of the evaluation, post holders rated as their first objective the development of the Joint HI Plan and the contribution of the Local Authority to HI through joint Community Planning. Capacity building and awareness raising to promote HI and to promote the Local Authority as a HI organisation were rated as a second priority.

Fostering partnerships with external agencies and organisations was ranked more highly by post holders than the development of internal partnerships within the Local Authority.

On revisiting the HI post holders' objectives in the latter stages of the evaluation, the overall objectives of posts outlined in the initial survey had not undergone substantial change. However shifts of emphasis within some roles had occurred such as an assignment to co-ordinate Choose Life in the local area or develop SHAW activities. One post holder had taken on increased responsibility for service development within the LA.

HI post holders highlighted progress from a heavy involvement in the early development and plan of the JHIP, to a changing focus in monitoring, implementation and revision of the plan. This had also increased their ability to input to capacity building. Local areas were considering implementation of the Health Impact Assessment (HIA) tool and this was an added responsibility for a few postholders, either individually as a part of a wider HIA multi-agency group.

There was also increasing clarity amongst some post holders and those around them in the LA as to what the HI post holder role entailed and how it could be taken forward most effectively. For some, this had resulted in an appreciation that the post was strategic rather than operational and had led a move from a departmental position to the corporate centre of the LA. A further development reported was an increased link to Community Planning (CP) by facilitating the council's contribution to a new CP structure.

Perhaps as a result of the strategic positioning of the HI agenda, HI posts continued to vary in status and were deployed differently within different LAs. The HI role in some areas, not all, therefore appeared to span policy development and operational responsibilities.

A small number of Local Authorities had made an early decision that the HI posts should be substantive. At the end of the evaluation, the number of substantive posts had increased but they remained in the minority.

## **3.2 STRUCTURAL CHANGE IN POSITION OF POST**

### **3.2.1 Impact of place within organisational culture**

The positioning of the HI posts in Local Authorities was variable. At the outset of the evaluation, in over half of the 32 Local Authorities, the HI post was deployed centrally in Planning and Performance Departments or in Chief Executive's Departments. Elsewhere the posts were positioned within departments such as Environmental Health, Social Work, Education and Recreation and Community Services. There appeared to be no direct link between the deployment of the HI posts and their status, as gauged by salary or perceived influence. It was apparent however that corporate focus and influence were more easily achievable if the HI post holder was not aligned with a particular service or department.

'If the post holder was in 'education' then he would be swamped by work there because there are so many health issues in education. Similarly, it would be less easy for the education officer to access the post holder if he was based in a social work department.'

(source: partnership case studies)

Some HI post holders based in departments indicated that this had hindered their ability to extend a corporate influence and take a corporate focus. However, these postholders had also worked to overcome misunderstandings by colleagues or build links to other departments. Being within a department could also be viewed as helpful, for example in a case study area the post holder was in the social work directorate which was leading on the HI theme.

In the course of the evaluation a small number of postholders moved from a departmental to a more corporate position within the LA. There was perception that moving to the Chief Executive section of the LA helped provide a more corporate focus to the role in addition to added accessibility of departments. There was recognition however, that a shift from a departmental role might result in a distancing from operational staff and the postholder may become spread too thinly across departments. One postholder had moved from a position in Policy and Planning to Social Work and Housing. While the postholder felt this was helpful for facilitating partnership working, the need to ensure a continued link to Community Planning and service planning was indicated.

### **3.2.2 Impact of status within the organisation**

A key factor which appeared to have a bearing on influence and perceived effectiveness of the HI posts was the extent to which the post holder had ready access to senior policy makers/decision makers to be able to promote awareness and understanding of HI goals and to gain support at senior level to ensure that HI priorities cascade down through the organisation.

The profile and status of the HI post holder was variable across different Local Authorities. In some places they were used as a resource to brief senior officers and

elected members and this was perceived to have helped establish credibility and demonstrate added value, by raising the profile of HI on strategic agendas.

*In one case study area the HI post holder was in a less senior position and had no access to the Chief Executive other than through more senior officers. The HI post holder had access to an elected member who chaired the local HI planning group, but the social work department did not encourage the HI post holder to advise elected members as they saw this as their department's role. In another case study area the status of the HI post holder was relatively high and they had regular communication with their Chief Executive office. It was suggested by participants that this was indicative of the priority afforded to the HI post holder by the Chief Executive and senior managers who claimed to have given HI a high place on their agendas.*

A low status had a negative impact in terms of a lack of visibility within the organisation. The hierarchical nature of the LA proved a barrier to achieve sustainable impact, particularly with senior officers and elected members. However postholders also highlighted the need to build their own status and that 'status was reflected by task and not salary'. One postholder commented that although the centrality of the post was helpful, the post holder still needed to work to establish the credibility of the post and overcome departmental dubiety. Similarly, a further postholder considered that the post had been successful in the face of a lack of statutory support for the post, as departments and individuals only engaged with the agenda because they understood the relevance of the HI agenda to their work.

Although the low status attached to some posts was challenging internally, participants talked about gradually overcoming this barrier through supportive line management arrangement, and utilising personal negotiation and relationship building skills to make inroads in departments and to access senior forums.

More challenging was the impact of a low status on relationships with external partners. Post holders talked about the difficulty in 'being too far down the chain' when trying to negotiate with partners and being unable to bring any resources or decision making to a partnership table.

### **3.2.3 Impact of line management arrangements**

Health improvement post holders were asked to describe the role of their line management arrangements in helping them towards achieving their objectives. The vast majority of post holders talked positively about their line management relationships. Often, the seniority of a line manager allowed them to act as a conduit to senior levels and gave weight to the HI post holder role. There was recognition that for some line managers, HI formed only one part of their remit, which impacted upon their availability.

Regardless of seniority of the line manager, an understanding or at least commitment to understanding the HI agenda was an important factor.

The main challenge identified by an HI post holder related to line management was working with complex joint line management arrangements. This could lead to tensions between those with management responsibilities for the post holder and the post holder was faced with the challenge of working across two organisations.

### **3.3 HEALTH IMPROVEMENT POST HOLDER AS A CATALYST**

‘The only people who will make an impact are those who drive and deliver services therefore the role of the HI post holder is to help senior officers to mainstream HI into everyday business and it will be delivered by others.’

The HI post holder role as a ‘policy changer’, acting as a catalyst to maximise the HI impact of all LA work, had become increasingly apparent over the duration of the evaluation.

#### **3.3.1 Pooling joint resources**

It helps where there are financial drivers or policy drivers to support implementation of HI policy. However, some opportunities had been lost when financial resources supposedly for HI had dissipated across broader departmental functions. There was concern that it can be difficult to protect resources if these were not hypothecated.

The HI role can be to ignite the ‘spark’, to act as a catalyst to get things moving in terms of accessing and allocating joint resources. The HI post holders had taken a facilitative role in helping local partner agencies to determine what they want to achieve within the framework of the Choose Life suicide prevention strategy which was allocated funding via the Community Planning process. HI post holders had created and led inclusive networks of local partner agencies and provided them with the available evidence to help them to access and prioritise spending of Choose Life funds jointly to best effect. It was suggested that what would otherwise have happened would have been a series of single actions but little co-ordination and integration of effort.

#### **3.3.2 Giving the Health Improvement agenda focus and action**

The HI post holder was said to have provided focus and vision to the HI agenda which would have been ‘fuzzier’ and be less focussed otherwise. The HI post holder was described as “not scared to push people so that tasks are done.” According to participants the HI post holder could ensure that discussion was translated into action, with an action plan at the end of meetings that was actually implemented.

“We’re accountable to the HI post holder in some way which is positive in terms of getting initiatives on the ground.”

However in one case study area a participant from housing felt that housing was pushing the HI agenda and it would be better if the HI post holder was pushing it more for them,

with housing more accountable to the HI post holder about putting things into practice. Accountability here was not about status in a hierarchy, it was more about the HI post holder role and more senior staff would be happy to go along with this.

***Providing constructive advice***

HI post holders had been asked for advice and opinion on diverse and sometimes more obscure issues. For example, in one area the regeneration team had an application to ‘Small Projects Regeneration Fund’ and they were unclear if the project met the criteria. They approached the HI post holder for advice and he came up with an alternative suggestion of where to re-route the application. The Children Services Health group recently had a pool of money and some of the bids to them were passed to the HI post holder for advice. Local partners know that the HI post holder possesses an overview of HI and local strategy. It was beneficial to senior officers to have one contact, the HI post holder, as a resource to be asked about policy and HI knowing that the HI post holder was skilled and had expertise and knowledge. One senior officer described how the HI post holder helped them to add HI to their brief and also how to identify capacity to do this.

***Sharing ideas on good practice***

The HI post holders brought back ideas that they had picked up from networking on a national and local basis and shared these with partners on a regular basis such as methods for health impact assessment and training.

## **4. KEY CHALLENGES**

### **4.1 WIDER INFLUENCES**

Previous sections have described the range of ways in which the HI post holders were found to be contributing to building capacity for HI within their councils and Community Planning partnerships. Section 2 considered progress and impact of the posts in promoting policy and practice development and in raising awareness and understanding of HI and the role of different departments, professionals and agencies in working collaboratively to health objectives. Section 3 has traced how the posts evolved since their inception. What is apparent is, firstly, that HI activity within local government and within Community Planning and Joint HI Planning is highly complex and multifaceted. Secondly, the achievements and impact of the posts are influenced by the nature of the policy, organisational and practice environments in which they were working. This section therefore looks in more depth at the context for local authority HI posts. An analysis of the factors which shape, impinge on or facilitate the achievement of the posts' objectives is important, in order to be able to understand the challenges faced by post holders in fulfilling their functions and the challenges faced by HI work in local authorities more generally. These are considered in relation to four dimensions in turn:

- National support for local HI
- Influencing factors within the Local Authority
- Partnerships
- Operational and practice issues.

### **4.2 NATIONAL SUPPORT FOR LOCAL HI**

#### **4.2.1 Creating cohesion**

As described earlier much of the role of the HI Officers entailed creating linkages and synergy between diverse, sometimes disparate elements of work within the authority and within local partnerships. This included:

- Bringing together policies and priorities as part of a coherent structure and within a clear process for implementation of actions
- Bringing together an extensive range of partners, who might not readily identify the contribution they stood to make to HI, including local authority departments and services and external agencies
- Bringing together local and national agendas, for example feeding local experience and perspectives into national policy consultations and ensuring that local partners were actively working within the policy and funding priorities that flowed out from the Scottish Executive.

The relationship between the Scottish Executive and local authority HI activity was an important factor that impacted on the posts in a number of ways. The following key challenges were identified:

- The plethora of Scottish Executive promoted initiatives gave rise to a concern that HI priorities locally could fragment into a series of topic based approaches. The continuing reliance on short term project based funding to local authorities and their partners to prime new developments could detract from planning for sustainability
- Funding streams for mainstream services were perceived to perpetuate the single department / agency focus and have the effect of pulling partners away from joint commitments that would require joint resourcing
- A perceived lack of consistency in some of the policy messages that issued from the Scottish Executive, for example in relation to HI goals and the balance of effort between interventions to address life style and life circumstances issues. There were also perceived to be dissonance in the some of the messages coming to local authorities and to their local NHS partners from the Scottish Executive which placed obstacles in the way of partnership working at local level
- The complexities involved in having to approach a range of government departments and the experience that HI priorities were not consistent or of similar priority across government departments.

#### **4.2.2 Promoting consistency**

As noted in Section 1, COSLA had played a central role in facilitating the establishment and continuing development of the HI posts across Scotland and in promoting a consistent approach to the HI post, for example by preparing a template for the job description. This support was valued by local post holders, in particular in the early stages when the training and the resource materials were found to have been very useful. However, as the posts evolved and post holders became more confident of their functions and focus within their own authority, views were mixed about the extent to which it was either possible or desirable to hold to a consistent approach to the deployment of the posts. Local authorities are highly diverse and, to be effective in their role, post holders were clear that an understanding was required of the particular nature of the structures, priorities and partnerships for HI within their authority and within the relationships with other statutory and voluntary agencies.

### **4.3 INFLUENCING FACTORS WITHIN THE LOCAL AUTHORITY**

#### **4.3.1 Policies, planning and priorities**

The extent to which HI post holders were able to achieve their objectives was tied in closely with the priority attached to and processes identified for joint HI planning locally. Post holders played a key role in contributing to these processes. Indeed, their contribution was considered to be more effective where the JHIP was seen as 'a process and not a product'.

Community Planning is envisaged as a key vehicle for integrated planning to improve health of local populations and promote social justice. However, development of Community Planning was reported to be at varying stages in different places and this had

an impact on how post holders were able to fulfil their functions. In the latter stages of the evaluation, post holders expressed some concern that greater clarity was needed to indicate how the local JHIP fitted within broader Community Planning structures and processes.

There were indications that post holders were more confident in the contribution they were able to make to HI locally where there clearly identified and jointly agreed priorities for HI. It was therefore encouraging that an increasing number of authorities were developing methods to review policies systematically for HI impact. This provided a valuable means to gain an overview of policies and to promote a cross cutting approach to HI.

#### **4.3.2 Corporate commitment to Health Improvement goals**

The level of commitment to and engagement with the HI agenda within the local authority as a whole was considered to be a key factor that influenced the reach and sustainability of the work of the HI post holders. This was indicated by:

- The extent to which HI had been absorbed as a corporate responsibility within the council and was supported by those in senior level posts. This was important to ensure the involvement of all relevant departments, as post holders had experienced difficulties in some authorities in gaining access to certain key departments and services
- The extent to which the post holder was in a position in the organisation that facilitated access to senior decision makers, including the Chief Executive and elected members
- The establishment in a number of authorities of an internal, cross departmental group with a remit for HI
- The facility to access all departments within the authority readily, both directly and through a supportive line manager with a remit for policy development. Posts were more likely to be effective in building capacity for HI where the officers had opportunity to work across departments in a facilitative role, often making connections between strands of work and acting as a catalyst
- Demonstrable ownership of the Community Planning and JHIP priorities and processes at senior level and throughout the authority
- Mainstreaming of HI priorities within departmental and service plans, rather than as a 'separate' work stream.

#### **4.3.3 Political considerations**

It was evident that the extent to which HI post holders were able to inform and support elected members directly was variable. Yet the understanding and engagement of elected members in the local authority's agenda for HI was considered to be critical in ensuring this became and remained a priority in planning and service delivery.

The evaluation identified that active support from elected members for HI was clearly growing, albeit from a low base line and slowly. Post holders observed that elected members' involvement in local NHS Boards or health and well being partnerships appeared to be contributing to raised levels of awareness and understanding of the HI agenda.

Nevertheless, it was still the case that support for HI tended to come from individual elected members who had a specific interest, rather than from a collective recognition of the importance of work in this area for the local population as a whole. Post holders and local stakeholders were of the view that, because HI required long term work to attain the outcomes intended, it did not fit readily with short term focus of some elected members on resolving issues 'in the here and now' for their constituents. A key challenge therefore was to be able to demonstrate to elected members the centrality of HI to local constituency issues and concerns both in the short and longer term.

#### **4.4. WORKING WITH PARTNERS**

##### **4.4.1 Supporting collaborative approaches to Health Improvement**

The national priority attached to HI was an important driver for local partnerships. An appreciation of the need for partnership approaches often emerged as individual professionals, departments and organisations identified their shared priorities for HI and considered what would be required to attain them.

Partnership working is now a feature of many aspects of policy and practice for modern public sector organisations, both statutory and non-statutory. Many of the challenges experienced by post holders in supporting partnerships for HI were generic and not specific to HI per se. There is well rehearsed evidence from the research and practice literature of the factors that make for effective collaboration and partnership working in policy, planning and delivering interventions. These include:

- Clear agreed objectives founded on a shared set of values concerning the appropriate responses to identified priorities
- Strong leadership in key parts of the system to ensure change is driven forward
- Clarity of roles and responsibilities
- Opportunities for partners to build trust, mutual understanding and respect
- Strengthening of processes of accountability for joint working and joint achievement of goals and targets.

The experiences of the post holders can cast interesting light on this analysis and demonstrate the contribution to be made by a post which has an explicit remit to support partnerships. Post holders had invested considerable effort in seeking to extend ownership of and participation in JHIP planning. Both JHIP and wider Community Planning structures proved useful vehicles to achieve this. Post holders and stakeholders described in the case studies, for example, purposive work that had been undertaken to focus on the successes and problems of local HI partnerships. The HI posts had an

important facilitative role in widening the range of those involved in JHIP and securing engagement, by illustrating why this was of relevance and by encouraging recognition of what each partner would bring and gain.

The extensive experiences of working with partner agencies highlighted the importance of post holders' being able to establish and maintain credibility, by achieving some 'early wins':

'In a number of circles enthusiasm for the well being alliance had waned but now that we have tangible evidence of success that has helped reinforce commitment.'

(source: partnership case studies)

It was common for post holders to report the considerable challenges involved in working with a wide range of partner agencies, and of having to be sensitive to and respectful of diverse cultures, values and ways of working. Post holders invested a lot of time and attention in information giving, communication and training both to build understanding and awareness of HI and to map out with partners their specific roles and responsibilities for progress towards HI objectives.

The fact remained however that some key players both within LAs and the NHS continued to be sceptical and hard to 'convince', in the absence of firm baseline data to indicate why HI was a priority or to be able to track outcomes. A further potential barrier was that it could be hard to sustain engagement and enthusiasm if the post holder lacked sufficient seniority to take decisions or commit resources and did not have a budget to support even small initiatives.

The lack of joined up funding streams from the Scottish Executive presented difficulties in pooling monies for joint initiatives and fuelled local reluctance to share decision making on spending:

'We have effectively had to work political miracles to get some partnerships to hand over monies or look collectively at budgets.'

(source: partnership case studies)

#### **4.4.2 Working with the NHS**

The NHS is a key partner for local authorities in taking forward local priorities for HI and post holders had devoted considerable effort to develop good working relationships with key colleagues and robust links with key structures within the NHS. This had been eased initially in some authorities where the posts were jointly managed with the NHS; other post holders were former NHS staff and brought good knowledge of culture and structures. The status and authority of HI posts, discussed in more detail above, had been found to be of greater significance in developing and maintaining external relationships with the NHS than internally within the authority. Within the authority, post holders were able to use negotiation and communication skills to develop relationships and build alliances, to make inroads and gain access to more senior forums. This was less the case

in the context of working relationships with the NHS, if the post holder lacked the seniority to make commitments on behalf of the LA, in terms of priorities and resources.

The experiences of post holders attested to the challenges associated with what were perceived to be continuous cycles of organisational change in the NHS, which had the effect of creating turbulence and discontinuity. In the latter stages of the evaluation in particular post holders were exercised by the implications of the emerging Community Health Partnerships and how these structures would link into established processes for Community Planning.

The engagement of the NHS in the JHIP and Community Planning processes was essential. However, what was also important was to ensure that agenda remained focused on population HI and did not become narrowed down by preoccupations with health and social care service development and delivery.

## **4.5 TRANSLATING POLICIES AND PRIORITIES INTO PRACTICE**

### **4.5.1 Operational and practice issues**

HI posts were perceived to have considerable value by acting as a resource to link local health intelligence and knowledge of research evidence with service planning delivery and evaluation / audit. Key challenges that affected the role and the effectiveness of HI officers in being able to support HI interventions and practice were as follows:

- In some areas there appeared to be a continuing lack of understanding about what HI is and is not, which had implications for the way the HI was defined. This led to some officers becoming heavily involved in detailed project work and diminished their capacity to take a strategic focus. Some LA departments, for example, had not moved beyond a narrow interpretation of HI as only having relevance for staff health and well being and were therefore focusing mainly on promoting a healthy workforce
- There were persisting gaps in the availability of robust and relevant local data on health issues, indicators and outcomes for HI and this was a considerable impediment to informed decision making and targeting of effort
- There was a need to establish routes for agreed HI priorities to be channelled effectively and consistently throughout organisations, both vertically and horizontally to influence mainstream service planning and the design of interventions.

## **5. DISCUSSION AND CONCLUSIONS**

### **5.1 REVIEW OF ACHIEVEMENT AND IMPACT**

One of the main themes emerging from the evaluation is that of variability:

- Local Authorities appeared to have differing levels of commitment to HI relative to other priorities for attention and action
- The HI posts varied along a number of dimensions, including structure and position within the LA, seniority and status
- HI post holders were operating at many different levels, ranging from involvement in briefing elected members and senior officers within the council through to contribution to the development of community based initiatives
- Within the same set of broad aims and objectives, posts were deployed in a variety of different ways
- HI officers played a variety of roles in a range of different partnership arrangements.

Notwithstanding these differences, the evaluation of the HI posts in local government points to a considerable body of achievement in a complex area of policy and practice development.

#### **5.1.1 Policy development**

The evaluation identified that HI officers had the potential to make a significant contribution to HI policy and planning by working at a strategic level. There was also evidence that, over time, posts were sharpening their strategic focus. There were some exceptions to that, mainly in authorities where the information available suggested the HI agenda was less clearly defined and the role of the post holder in supporting those priorities tended to be more operationally oriented.

HI officers played a key role in bringing national policy priorities into focus within the local context, assessing implications of national policy, guidance and initiatives, briefing key senior decision makers on their implications, and facilitating the work of local partnerships to agree priorities for HI and prepare local implementation plans.

The facility to work across departments and services within the authority and with external agencies enabled the post holders to foster creative approaches to HI policy development that had the potential to impact on the wider determinants of health as well as on health problems.

The post holders had made contributions to a wide range of topic specific strategies and policies, ranging from health at work to tobacco strategies and community safety. In a number of authorities, post holders had taken on a key role in the local implementation of national priorities for suicide prevention.

### **5.1.2 Operational / Practice development**

At an operational level, post holders were able to support the implementation of HI policy in a number of ways:

- Acting as a resource to make available relevant research evidence coupled with local intelligence, to inform the design, delivery and evaluation of interventions and services
- Through training for staff on HI
- Promoting involvement of partners in service and practice developments
- Supporting the engagement of Heads of Services in HI planning and promoting the mainstreaming of HI priorities in service plans.

### **5.1.3 Partnerships**

There were indications that the HI officers were instrumental in broadening the range of partnership arrangements, working through existing networks and structures and also filling gaps in these. The post holders were committed to nurturing links with an extensive set of groups and networks, straddling the operational and strategic aspects of their roles in order to be better able to achieve HI goals in the longer term.

Within local authorities post holders had been able to build and strengthen bridges between departments, often working through identified enthusiasts and allies who had sufficient seniority to push through progress. There were examples of how this could lead to the forging of new connections between policies and between service developments, producing considerably added value for the authority and potentially for the population served.

HI officers maintained a strong focus on external work with an extensive range of agencies and groups. The accounts obtained from these sources in the case studies emphasised the value of the facilitative role played by post holders in building relationships among partners vertically and horizontally, in enabling partners to work to a common set of priorities and in retaining a strong focus on HI in a complex and rapidly changing environment.

### **5.1.4 Capacity building**

Post holders were acutely aware of the imperative to enable and empower others to engage effectively with local HI priorities. In the course of the evaluation many post holders reported that their role was shifting from 'doing to facilitating', to work through and to support others. There were a number of aspects to this process of building capacity:

- Creating awareness of HI at all levels of the LA agenda and identifying allies across sectors and levels

- Enabling and empowering others to take an active role in HI work and to exercise appropriate leadership
- Briefing elected members and building their knowledge base of and support for HI
- Building corporate commitment to the goals of HI
- Making connections with local communities.

### **5.1.5 Factors associated with the achievement of objectives**

The HI posts were intended to act as catalyst for change within LAs. The evaluation has indicated that much can be achieved using this model of dedicated capacity to promote HI as a key priority for LAs and to build capacity to work towards that. However, what has also emerged are some of the limitations on what can be achieved through one post alone, pointing to a case for wider change in order to maximise the role of local authorities as HI organisations. Throughout the evaluation, it was evident that HI post holders encountered a set of persisting challenges that were strikingly common across different authorities. What changed over time was that they became more skilled and confident in working with these challenges. In looking ahead to the future of HI in local authorities and the role of the HI posts, it would be important to consider how to address the challenges identified in Section 4.

A number of significant factors stand out as having a critical bearing on the achievement and impact of the HI posts:

- The extent to which HI is a priority for the Local Authority as an organisation, as indicated by the existence of senior champions.
- The extent to which the national policy context is experienced as supportive in the local context, with a continuing emphasis on HI as a cross cutting to be implemented through partnerships
- Support structures, both at a national level through the support and training provided by COSLA and at local level through good partnerships, networks and support arrangements within the workplace
- Clarity about the priorities, work plan and focus of the HI posts within the organisation
- The maturity of local partnership arrangements and the extent to which there is a readiness and commitment to work jointly towards HI goals.

## **5.2 CONCLUSIONS AND LOOKING AHEAD**

In view of strong signals from the Scottish Executive that HI and inequalities will continue to feature as a twin priorities, this concluding section of the evaluation looks ahead. It explores the key considerations that emerge from the evaluation findings for the future of the posts and for HI in local government more generally.

Looking to the future elicited concerns among some post holders about the sustainability of HI activity within the local authority, should the post be wound down. In these authorities, serious acceptance of HI post holder role in LA had still be to secured. The

HI officers had made inroads but recognised there was still a considerable distance to travel:

‘The agenda needs to be driven: if the post is taken away then the agenda will collapse.’

In other authorities, where the HI function had matured further, the challenge was more that of supporting the HI officer in their strategic role.

### **5.2.1 Policy considerations**

Progress to date in local HI partnerships suggested that work remains to be done to ensure that joint HI planning dovetails effectively with Community Planning. One important element of this is the role of local communities in formulating and contributing to HI objectives. The evaluation suggests that further attention and effort are required to support and involve communities and to develop a common understanding of how inequalities can be reduced.

Further consideration is needed on how best to engage with the developing Community Health Partnerships in relation to HI for local communities. The establishment of CHPS will have implications for the nature and level of partnerships between the local authority and the NHS in relation to HI.

For post holders there is a need to maintain a strong strategic focus as well as the ability to connect into service and practice development. Post holders were aware of the need to develop links with significant strands of policy and service development which had been outwith their reach. These included areas such as Joint Future and Children’s Services Planning.

The importance of mainstreaming HI priorities is critical, to ensure that these influence resource allocation and that consideration of HI goals informs the design and delivery of mainstream services and interventions. This is key in being able to address inequalities.

### **5.2.1 Operational / Practice considerations**

Operational issues to be addressed in the future include:

- Being clear about how impact and outcomes can be assessed given the time span required to bring about the kinds of changes that are looked for: Providing examples of how HI work can make a difference with measures of success that are attainable
- Finding avenues to mainstream initiatives after HI funding has been used as pump priming to demonstrate the HI value of an initiative
- Strengthening lines of accountability to support the implementation of HI priorities through local partnership structures
- Further progress towards joint resourcing of HI work.

### **5.2.3 Partnership**

Key partnership issues for the future include:

- Promoting and supporting the involvement of local communities
- Retaining focus on HI in a range of partnership structures and processes
- Broadening links with a wider range of departments within local government
- Ensuring appropriate connections and points of contact with local CHPS.

### **5.2.4 Capacity building**

The key issues for the future in relation to capacity for HI include: maintaining momentum; securing commitment; mainstreaming responsibility for action.

The challenges ahead can be summarised as follows:

- Continuing to garner the support of elected members for HI and inequalities
- Building on the work undertaken by HI officers and managers, to strengthen commitment to HI as a corporate function of the local authority
- Promoting opportunities to learn from experience elsewhere in HI through networking and training and development
- Maintaining momentum: as the agenda locally moves from strategy and priority setting for HI, it will be important to ensure there is sufficient capacity in place to implement the priorities identified
- Championing the HI process through the plans and activities of mainstream local government departments.

## **5.3 RECOMMENDATIONS**

### **5.3.1 Local Authorities**

It is recommended that Local Authorities should:

- Review how they can maximise their capacity as HI organisations in the light of the findings from the evaluation
- Consider the steps required to strengthen health improvement as a corporate policy priority
- Continue to support the HI posts and their optimal deployment as a key resource to support HI activity within the authority and with local partners
- Review with partner agencies opportunities to develop joint resourcing of HI activity and joint accountability through partnership structures for HI objectives
- Review the opportunities for HI within mainstream areas of service delivery
- Ensure active local authority participation in the planning and establishment of CHPs as a key vehicle for collaboration on HI with the NHS and with local communities
- Ensure that Community Planning incorporates HI objectives
- Continue to promote the engagement of local communities in HI activity.

### **5.3.2 Post holders**

It is recommended that the HI post holders should:

- Continue to maintain the strategic focus of the posts on local HI priorities
- Pursue opportunities to influence key areas of local authority activity, including Joint Future and Children's Services Planning
- Continue to build partnerships for HI with the NHS, including through the emerging Community Health Partnerships
- Develop further the opportunities for local community engagement in HI activity by working through existing structures.

### **5.3.3 Scottish Executive**

It is recommended that the Scottish Executive Health Improvement Division should:

- Continue to support the HI posts with LAs
- Review how best to ensure coherence and consistency in national health improvement policy initiatives and in the funding streams available for implementation
- Ensure effective communication and contact with local authority HI posts is maintained
- Support workforce development for health improvement in local authorities, as well as in the NHS and non statutory sector, to ensure the effective recruitment, retention and professional development of the staff required for this policy priority
- Continue to develop the evidence base to inform local health improvement activity.

### **5.3.4 COSLA**

It is recommended that COSLA should:

- Continue to promote and support the HI work of local authorities as a corporate priority
- Review how best support can be provided to HI post holders to promote good practice and to build workforce capacity.

## **6. REFERENCES**

COSLA (2002a) Local authority contribution to the HI agenda

COSLA (2002b) Local authorities as Public Health Organisations. Continuing the audit cycle: progress to date.

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Scottish Executive (2003) Improving Health: The Challenge. Scottish Executive, Edinburgh.

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## **7. APPENDIX**

### ***Membership of the Evaluation Steering Group***