

For the Community Planning  
Implementation Group 13 November  
2006.

The Recommendations in this report  
were approved at a meeting of East  
Lothian Council held on 31 October 2006.



**REPORT TO:** East Lothian Council

**MEETING DATE:** 31 October 2006

**BY:** Director of Community Services

**SUBJECT:** Promoting Equal Access to Health & Wellbeing in East Lothian.

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## **1 PURPOSE**

- 1.1 To inform the Council about the proposal to introduce a strategy to develop the Council's role in promoting equal access to health & wellbeing in East Lothian.

## **2 RECOMMENDATIONS**

- 2.1 The Council adopts the report and recognises the role of East Lothian Council in promoting health equality within East Lothian.
- 2.2 The Council recognises the need to ensure that a corporate approach is taken to promoting health equality.
- 2.3 The Council resolves that by 2008 all business plans should: -
- a) address the issue of health equality,
  - b) reference agreed priorities, and
  - c) reflect the Council's commitment to improving the health of the community.
- 2.4 The Council recognises the Healthy Living Service as the lead for health equality & health improvement issues within the Council and supports the development of a short life cross departmental working group of senior officials and politicians to identify what the Council's immediate priorities are for promoting equality in health.
- 2.5 The Council recognises the importance of communicating with the general public and communities about its role in improving health and promoting equality in health.

### 3 BACKGROUND

#### Public Health Policy in Scotland

- 3.1 One of the most intractable and pressing issues for healthcare in Scotland is that of inequality. Although Scotland's health is improving it has a poor record of health compared to the rest of the United Kingdom and to the rest of Europe. In general people live shorter lives in Scotland and are more likely to suffer from preventable illness. However, the level of morbidity and mortality is not evenly spread throughout the population. Socio-economic status is a major determinant of health status in Scotland. Of great concern is a trend for the difference in health experience across the social spectrum to be widening rather than decreasing. A review published in the British Medical Journal earlier this year showed that, after reaching an historically high level in the 1980s, inequalities were sustained at a high level in the 1990s and early 2000s - "Inequalities in life expectancy have continued to widen, alongside widening inequalities in income and wealth"<sup>1</sup>.
- 3.2 A wealth of strategic documents and policy direction is now available from the Scottish Executive supporting the drive to improve Scotland's health.
- Health Improvement – The Challenge. (Scottish Executive, 2002)
  - Lets Make Scotland More Active: A Physical Activity Strategy For Scotland. (Scottish Executive, 2003)
  - National Programme For the Improvement of Mental Health & Well Being. (Scottish Executive, 2002)
  - Scottish Diet Action Plan (Scottish Office, 1996)
  - Eating for health: Meeting the Challenge. (Scottish Executive, 2004)
  - Hungry For Success: A Whole School Approach to Healthy Eating. (Scottish Executive, 2002)
  - Children & Young Peoples Mental Health: A Framework for Promotion, Prevention and Care. (Scottish Executive 2004)
  - Being Well Doing Well – a framework for health promoting schools in Scotland (SHPSU 2004)
  - Respect & Responsibility - Strategy and Action Plan for Improving Sexual Health (Scottish Executive 2005)
  - Social Justice – A Scotland where everyone matters (Scottish Executive 1999)
- 3.3 Scotland has recognised that it can do better for its people, that it is possible to improve the health of communities, but only if commitment and leadership is present at all levels of society.

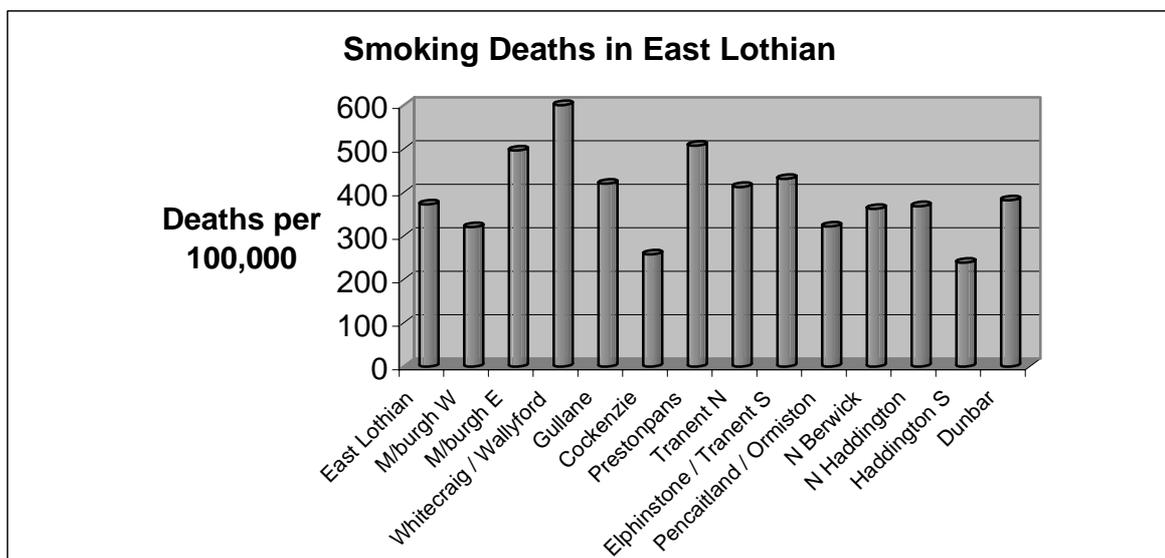
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<sup>1</sup> Shaw M., Davey Smith G. and Dorling D. (2005), "Health Inequalities and New Labour: how the promises compare with real progress," British Medical Journal, 330, pp. 1016-1021.

## Health & Equality within East Lothian

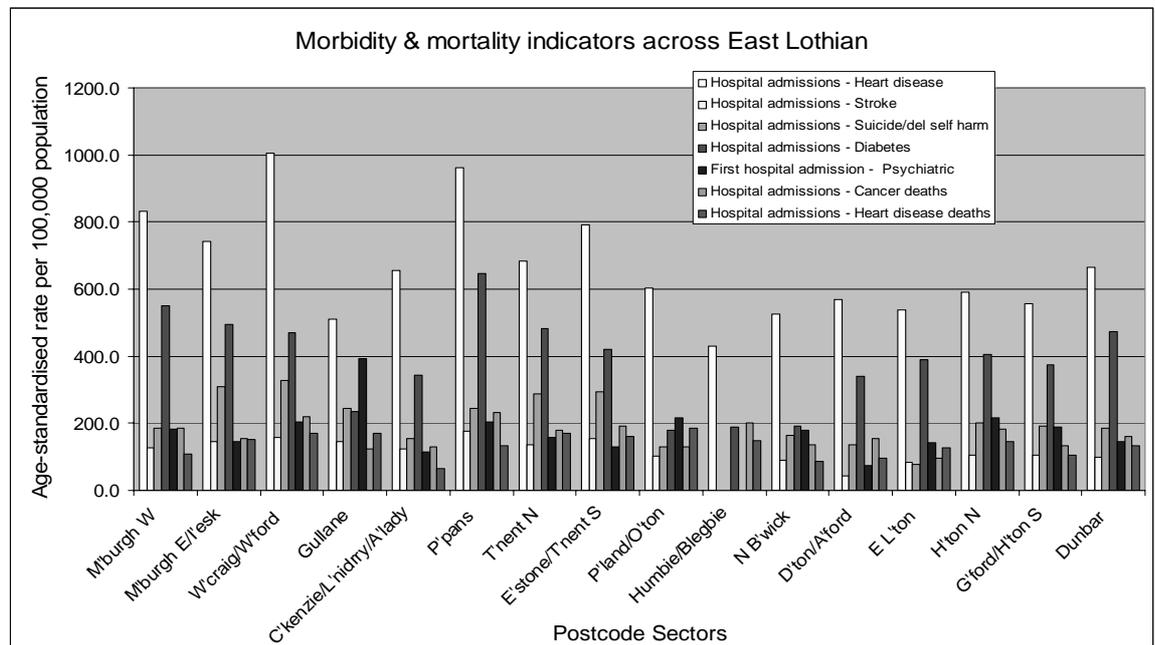
- 3.4 A general profile of health in East Lothian can be said to be broadly average when compared with Scotland as a whole. However, as with other areas in Scotland a profile of health indicators within East Lothian show consistent inequality across the local authority area with some communities routinely and consistently experiencing less positive health outcomes.
- 3.5 Copies of the health profile for East Lothian with a breakdown for each community is available in the Member's Library, or can be accessed at :- [http://www.scotpho.org.uk/web/site/home/Comparativehealth/Profiles/CommunityProfiles/Lothian/East\\_Lothian.asp](http://www.scotpho.org.uk/web/site/home/Comparativehealth/Profiles/CommunityProfiles/Lothian/East_Lothian.asp)
- 3.6 Chart 1 shows the distribution of deaths attributable to smoking in East Lothian and clearly demonstrates different health experiences and outcomes throughout. (Source: Public Health Institute, 2001.)
- 3.7 Chart 2 shows a range of morbidity and mortality indicators by postcode area across East Lothian, again demonstrating the different health experiences of residents.

Chart 1



## Chart 2

### Morbidity & Mortality indicators across East Lothian (EL Community Health Profile 2004)

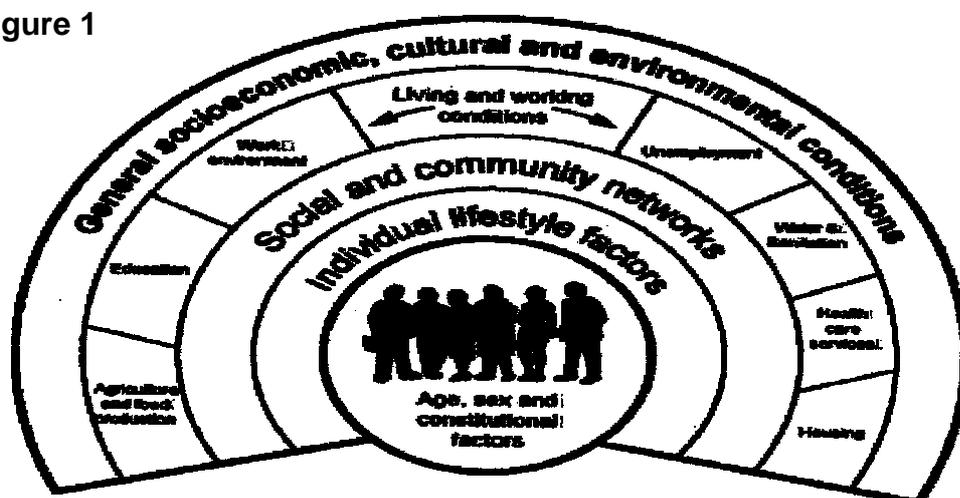


3.8 Similar statistics for many other key causes of death, disability and poor health show similar patterns across East Lothian.

### Determinants of Health & Wellbeing

3.9 Individual and community health & wellbeing is the product of complex, systematic interactions between a range of factors. Figure 1 shows a model of health that places the individual at the centre, as health is partially determined by individual factors such as age, sex and our genetic inheritance. Surrounding the individual are the lifestyle choices we make, the social and community networks that we are part of, next is our living and working conditions and finally the very broad prevailing socio-economic and cultural conditions.

Figure 1



- 3.10 An effective strategy for improving health & wellbeing **and** reducing inequalities in health needs to have an impact across a range of determinants. For example, an exclusive focus on changing individual lifestyle behaviours without reference to the differing circumstance of communities may in fact increase inequality by improving health faster in more advantaged communities.

### **Local Authority role in Health Improvement and Promoting Health Equality**

- 3.11 East Lothian Council provides a wide range of services that have an impact on health such as housing, social care and protection, education, community learning & development, leisure & recreation, planning services, economic development, transport and environmental management. 'Improving Health in Scotland: The Challenge' stresses the importance of local government's contribution to the Health Improvement agenda. COSLA has published a number of papers over the last decade emphasizing the key role played by local authorities in improving the health of communities.

### **The Power of Wellbeing**

- 3.12 The Power of Wellbeing enables local government to do anything that might help improve the economic, social or environmental wellbeing of their area. This power includes the ability of local authorities to manage assets and make investments that can significantly impact on those life circumstances that are fundamental determinants of health. This 'Power' reflects the important role that local government has in valuing, protecting and improving the wellbeing of the communities they serve. Central to the wellbeing of individuals and communities are health and equal access to the opportunities for a healthy life.

### **East Lothian Council as health improving organisation – the current state of play**

East Lothian Council has made significant progress in developing the 'Health Improvement Agenda' within the council's planning processes. The Council has: -

- Identified Health and Social Care as one of six corporate priorities for the Council
- Developed a 'Healthy Living Service' as part of the Community Wellbeing Service
- Mainstreamed the Health Improvement Officer post
- Developed an Education Officer post with specific responsibility for Health Promoting Schools
- Prioritised staff health – and recently achieved the Gold level of the SHAW award

- Developed a Council wide policy on food & health
- Played a key role in the development of the Community Health Partnership
- Linked health improvement closely to the social inclusion/inequalities agenda

3.13 East Lothian Council is in a strong position to develop its role as a health improving organisation. However, 'health improvement' & 'health equalities' remains a relatively new agenda for the Council, and it is not clear where responsibility and accountability for the agenda lies within the decision making processes. Leadership on 'health equality' & 'health improvement' issues has tended to be external to the Council in the form of national priorities, or the priorities of partner organisations. The Council does not currently report to the general public of East Lothian on health issues. The issue of targeting resources to address health inequalities is also an area in which the Council as yet does not have an agreed approach.

#### **Local authority spending on health improvement and promoting equality in health**

3.14 Figure 2 demonstrates that much of local authority spending in Scotland has a potential impact on the wider determinants of health and well being, and that activities that are currently 'badged' as health improvement form only a small proportion of local authority spending which can affect the health of communities. Recent research<sup>2</sup> commissioned by CoSLA has shown 'Badged' health improvement activity is usually separate from mainstream services and often funded through external means.

#### **Figure 2**

##### Health Improvement/Health Inequalities spend of L.A's across Scotland

In 2003/04 local authorities spent:

- at least £199.8m on badged HIHIE activities largely targeting health behaviour determinants through healthy lifestyle issues associated with national policy initiatives and drew on related funding
- £238m on badged healthy lifestyle activities from core revenue allocations
- a minimum total sum of £437m targeting the behavioural determinants of health
- £6562m on personal resources services such as education and social work
- £3894m on services targeting living and working conditions including environmental factors
- 78.9% of their total core revenue allocation on services and activities that have a potential impact on the wider determinants of health.

Source: Health improvement and health inequalities: a local authority perspective Cosla 03 December 2005

<sup>2</sup> Health improvement and health inequalities: a local authority perspective Cosla 03 December 2005

- 3.15 The challenge for East Lothian Council, and other local authorities, is therefore to ensure that mainstream spending on core services consider the impact that they can have on promoting an equal access to health for the communities they serve

#### **4 POLICY IMPLICATIONS**

- 4.1 Reducing inequalities & improving health is a major public policy initiative within Scotland and the UK. East Lothian Council is a key player in delivering real change in the health & wellbeing of the people of East Lothian. Adoption of the recommendations contained in this report will ensure that East Lothian Council is leading on the delivery of policy for health improvement and promoting health equality.
- 4.2 Adoption of the recommendations will mean that East Lothian Council is effectively managing existing resources for their impact on the health of the community.
- 4.3 Adoption of the recommendations will ease matters for East Lothian Council to manage promoting equality in health and health improvement as a cross cutting agenda, and ensure a consistency of approach.
- 4.4 Adoption of the recommendations will embed accountability from all Council services for health improvement as a cross cutting agenda.

#### **5 RESOURCE IMPLICATIONS**

- 5.1 Financial – Departments will be required to identify how their spending is improving health & wellbeing and promoting equality in health
- 5.2 Personnel - Issues identified by departments may have possible personnel requirements
- 5.3 Other – none

#### **6 BACKGROUND PAPERS**

- 6.1 Health improvement and health inequalities: a local authority perspective  
Cosla 03 December 2005
- 6.2 Local Authorities as Public Health Organisations: the current state of play  
C.O.S.L.A Aug. 2000
- 6.3 Health Improvement - The Challenge - Scottish Executive 2002

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