REPORT TO: NEIGHBOURHOOD RESOURCES AND DEVELOPMENT

**COMMITTEE – 14 JANUARY 2002** 

REPORT ON: HEALTH DEVELOPMENT WORK

REPORT BY: DIRECTOR NEIGHBOURHOOD RESOURCES AND

**DEVELOPMENT** 

**REPORT NO: 21-2002** 

#### 1.0 PURPOSE OF REPORT

1.1 The purpose of this Report is to seek Committee approval for the support of health development work to the year 2004.

#### 2.0 RECOMMENDATIONS

The Committee is asked to approve:

- 2.1 the recommendations outlined in Appendix 1.
- 2.2 the adoption of the 'Key Features of Good Practice in Relation to Health Development Work' outlined in Appendix 3 as the main criteria by which health development work supported by the Department will be planned, monitored and evaluated.

#### 3.0 FINANCIAL IMPLICATIONS

3.1 The recommendations will be implemented within the department's revenue budget. Where additional expenditure is required, external funding sources will be explored.

#### 4.0 LOCAL AGENDA 21 IMPLICATIONS

4.1 The recommendations outlined in this Report will stengthen the department's capacity to realise the Council's vision of self-sustaining, secure and healthy communities.

#### 5.0 EQUAL OPPORTUNITIES IMPLICATIONS

5.1 The department's support for health development work will be in line with the Government's agenda to tackle inequalities in health, thereby creating more equal life opportunities.

#### 6.0 BACKGROUND

6.1 The Committee will be aware that the department supports a number of initiatives, which focus on improving the health of individuals and communities affected by social exclusion.

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- 6.2 Other department initiatives, not specifically designed for health improvement purposes, have also been seen to have health benefits for participants and their communities
- 6.3 A period of internal investigation into the department's contribution to health improvement culminated in a staff seminar taking place in November 2000. The seminar gave workers an opportunity to consider their relationships to health work, and to make recommendations for how it could best be supported as a mainstream activity.

#### 7.0 FINDINGS OF THE INVESTIGATION

7.1 The investigation emphasised the range and scale of activities carried out by the department which impact positively on the health of individuals and marginalised communities. Alongside this it highlighted the need for a mechanism through which information, ideas, and best practice could be exchanged, and feedback could be provided from fieldwork to management level.

#### Recommendation:

- i) A health-promoting network is formed to act as a focal point for dialogue and activity, which supports health development work. The network's remit is detailed in Appendix 2.
- 7.2 There was recognition that the concept of health is often viewed from a negative perspective of illness and dependency, as opposed to a positive one of fulfilled potential and self-activation. To best equip staff to support positive health developments in communities it is thought that steps should be taken to develop the department itself as a health-promoting organisation.

#### Recommendations:

- ii) Membership of the health-promoting network is drawn from all categories and grades of staff, from each area team, and from each citywide staffing group.
- iii) With support from Tayside Health Promotion Centre, 'Scotland's Health at Work' programme be implemented across the department.
- 7.3 It was acknowledged that in some parts of town there is a need to strengthen the health improvement element of our work with communities.

#### Recommendation:

- iv) One Neighbourhood Development Worker per area team to assume postspecific responsibilities for progressing the health improvement agenda.
- 7.4 The need to develop a more widely accepted understanding of the contributions the department's youth work, adult learning, community regeneration and library and information services make to improving the health of communities was identified.

#### Recommendations:

- v) Assessment of the impact on individuals and communities of NRDD health work is undertaken using focus groups made up of participants and other stakeholders
- vi) Impact assessment and other relevant data is used to compile a bank of outcome measures and performance indicators to support, substantiate and promote health development work.
- 7.5 The investigation showed that whilst many community health initiatives require only small sums of money to get them off the ground, support workers were unsure about the range of grants available to community groups for such initiatives.

#### Recommendations:

- vii) Production of a guide to grants available for the funding of small scale (under £500) health development initiatives.
- viii) Training to provide support and guidance in accessing funds for health development work is designed and delivered to workers and community groups.
- 7.6 Whilst the links between health and youth work, libraries and adult learning opportunities are generally accepted, there is a need to develop the skills, knowledge and confidence of staff to respond to specific health-related community learning needs, including those associated with alcohol, drugs, sexual health and stress.

#### Recommendation:

- ix) Four training sessions per year are devoted to developing the capacity of staff to respond positively and appropriately to community health issues.
- 7.7 The wealth of experience and knowledge gained through working closely with communities was thought to be of great significance and value in relation to management decision-making and in-put to policy development.

#### Recommendation:

x) The health promoting network will report annually on progress relating to its key tasks and on issues emerging through continuation and development of fieldwork practice.

#### 8.0 CONSULTATION

The Chief Executive and Director of Finance and Director of Support Services have been consulted in the preparation of this report.

#### 9.0 BACKGROUND PAPERS

9.1 No background papers as defined by Section 50D of the Local Government (Scotland) Act 1973 (other than any containing confidential or exempt information) were relied on to any material extent in preparing the above Report.

Director of Neighbourhood Resources and Development:
Oate:

### APPENDIX 1 - HEALTH WORK DEVELOPMENTS LIST OF RECOMMENDATIONS

- A health-promoting network is formed to act as a focal point for dialogue and activity, which supports the department's health development work. The network's remit is detailed in Appendix 2.
- ii) Membership of the health-promoting network is drawn from all categories and grades of staff, from each Area Team, and from each citywide staffing group.
- iii) With support from Tayside Health Promotion Centre, 'Scotland's Health at Work' programme be implemented across the department.
- iv) One Neighbourhood Development Worker per Area Team to assume postspecific responsibilities for progressing the health improvement agenda.
- v) Assessment of the impact on individuals and communities of NRDD health work is undertaken using focus groups made up of participants and other stakeholders.
- vi) Impact assessment and other relevant data are used to compile a bank of outcome measures and performance indicators to support, substantiate and promote health development work.
- vii) Production of a guide to grants available for the funding of small scale (under £500) health development initiatives.
- viii) Training to provide support and guidance in accessing funds for health development work is designed and delivered to workers and community groups.
- ix) Four training sessions per year are devoted to developing the capacity of staff to respond positively and appropriately to community health issues.
- x) The health-promoting network will report annually on progress relating to its key tasks and on issues emerging through continuation and development of fieldwork practice.

## APPENDIX 2 - HEALTH WORK DEVELOPMENTS REMIT OF HEALTH PROMOTING NETWORK

- Assessment of the impact of individuals and communities of NRDD health development work by meeting with focus groups made up of programme participants and other stakeholders.
- 2) Use of impact assessment and other relevant data to compile a bank of outcome measures and performance indicators to support, substantiate and promote health development work.
- 3) Implementation, with support from Tayside Health Promotion Centre, of 'Scotland's Health at Work' programme.
- 4) Production of a guide to grants available for the funding of small-scale (under £500) health development initiatives.
- 5) Organisation of a workshop to promote the up-take of such grants.
- 6) Training to provide support and guidance in accessing funds for health development work is designed and delivered to workers and community groups.
- Preparation of a quick cross-reference sheet illustrating the 'key features and interrelatedness of significant national and local health promoting policies and initiatives.
- 8) Preparation of a Dundee "Who's Who in Health" Guide.
- 9) Publication of an occasional Talkback health supplement.
- 10) Establishment within Staff Information Bases of a health section.
- 11) Annual reporting by the networking to NRDD management team on progress in relation to tasks and on issues emerging through development of fieldwork practice.

# APPENDIX 3 - HEALTH WORK DEVELOPMENTS KEY FEATURES OF GOOD PRACTICE IN RELATION TO HEALTH DEVELOPMENT WORK

- Evidence that a need for the development exists.
- A statement of aims which are achievable, and clearly defined objectives.
- Use of appropriate measures and indicators of success.
- > A monitoring and evaluation plan.
- ➤ A partnership approach, which provides an appropriate mix of skills, influence, and experience.
- In-put from initiative beneficiaries.
- Clearly demonstrable financial accountability.
- Consistency with the priorities of 'Healthy Dundee'.
- Takes account of ethical issues.