

Scrutiny Board 5
Cabinet
Council 21
Health and Wellbeing Board

25th January 2012
14th February 2012
1st February 2012
12th March 2012

Cabinet Member
(Policy, Leadership and Governance) – Councillor J Mutton

Director Approving Submission of the report:
Chief Executive

Ward(s) affected:
All Wards

Title: Transforming Public Health

Is this a key decision? Yes

The proposals detailed are likely to affect all wards in City.

Executive Summary:

The 2011 Health and Social Care Bill, introduced by the national coalition government, proposes a range of changes to the National Health Service, including the transfer of the majority of public health functions from PCTs to upper tier local authorities. There have been significant extensions of timescales for the passage of this legislation through parliament, and there may therefore be some delays to the original timescales for implementation of the proposed changes.

The changes outlined in the Bill are proposed to include the transfer to upper tier local authorities of the Director of Public Health, and the accompanying and requisite legal powers and budget for the Director of Public Health to discharge their duties as required from 1 April 2013. These proposals are outlined in “Healthy Lives, Health People” and further elaborated upon in more recent guidance.

This report outlines the preparations the Council is making for these changes, and the decisions and steps that are required to complete this transfer, in order to place Coventry in the best possible position for the future. The steps and decisions outlined in this paper will enable the Council, through using the **abc** methodology, to undertake a transformational change and integrate public health across the whole Council, instead of replicating the current system.

Finally, this report proposes extending and broadening the role of the Shadow Health and Wellbeing board, in anticipation of the passage of the necessary legislation.

Recommendations:

Cabinet and Council are asked to:

- 1) That the Council, in conjunction with the requisite NHS and other health and academic bodies as required by legislation, appoints a Director of Public Health, and report to the Chief Executive.
- 2) Delegate authority to the Chief Executive, in consultation with the Cabinet Member (Policy, Leadership and Governance) to enter into a memorandum of understanding, in order to facilitate the transfer of the relevant public health functions (including services, staff and resources) from NHS Coventry to the Coventry City Council, prior to legislative requirements. The transfer will be undertaken as a transformational exercise, ensuring that the function will be fit for the future, and will be completed as part of the **abc** programme.
- 3) Delegate appropriate decision-making responsibility to the Cabinet Member (Health and Community Services) and the Director of Public Health commensurate with the role, and to note that a further report detailing amendments to the Council's constitution will be submitted to the Council for approval prior to May 2012.
- 4) Agree the role of the shadow Health and Wellbeing Board, and note the revised terms of reference, and continue to appoint members through the Annual General Meeting of the Council.

List of Appendices included:

- 1) Revised Health and Wellbeing Board Terms of Reference

Other useful background papers:

- 1) Health and Social Care Bill:

<http://services.parliament.uk/bills/2010-11/healthandsocialcare.html>

- 2) The National Health Service (Appointment of Consultants) Amendment Regulations 2004:

<http://www.legislation.gov.uk/ukSI/2004/3365/introduction/made>

- 3) NHS Appointment of Consultants Guidance:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4102748

- 4) Pay framework for very senior managers in strategic and special health authorities, primary care trusts and ambulance trusts:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_097599

- 5) Establishment of Coventry City Council's Shadow Health and Wellbeing Board

<http://cmis.coventry.gov.uk/CMISWebPublic/Binary.ashx?Document=18617>

- 6) Public Health Policy Papers:

- a. Healthy Lives, Healthy People: <http://www.dh.gov.uk/health/2011/07/healthy-lives-healthy-people/>
- b. The Proposed Public Health System <http://healthandcare.dh.gov.uk/public-health-system/>
- c. <http://www.dh.gov.uk/health/files/2012/01/public-health-workforce-issues.pdf>

- 7) Coventry's Joint Strategic Needs Assessment:

<http://www.coventrypartnership.com/healthjsna>

- 8) Fair Society, Healthy Lives – The Marmot Review

<http://www.instituteofhealthequity.org/>

Has it been or will it be considered by Scrutiny?

Yes – Scrutiny Board 5 – 25th January 2012

Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?

Yes – Health & Wellbeing Board - 12th March 2012

Will this report go to Council?

Yes – February 21st 2012

Report title: Transforming Public Health

1. Context (or Background)

- 1.1 The 2011 Health and Social Care Bill, introduced by the national coalition government, proposes a range of changes to the National Health Service, including the transfer of the majority of PCT public health functions to upper tier local authorities. There have been significant extensions of timescales for completion of the passage of this legislation, and there may therefore be some delays to the original timescales for implementation of the proposed changes. The changes outlined in the Bill are proposed to include the transfer to upper tier local authorities of the responsibilities of the Director of Public Health, together with the requisite legal powers, budget and duties as required. These proposals are outlined in "Healthy Lives, Healthy People" and further elaborated upon in more recent guidance. Until the legislation is passed, the Director of Public Health's powers and responsibilities, as well as their accountability, remain as are currently the case.
- 1.2 The legislative changes proposed in the 2011 Health and Social Care Bill represent some of the most significant changes ever put forward since the inception of the National Health Service. Amongst these changes is the proposal for significant majority of the PCT's public health function and responsibilities to transfer to Local Authorities. In addition, a new national executive agency will be created, "Public Health England" (PHE). Both Public Health England and the Council's public health functions will be required to provide public health advice and expertise to support commissioning by the NHS.

2. Options considered and recommended proposal

- 2.1 Amongst the changes proposed is the proposal for the significant majority of the public health function and responsibilities to transfer to upper tier Local Authorities. Elements of Public Health will remain with the NHS as part of a newly created national body, "Public Health England", and support will also be required to be provided to NHS commissioners, both local and national.
- 2.2 The origins of public health are clearly in local government, and the clean air act, the poor laws, clean water and effective sewerage systems, as well as effective urban and rural planning, and the regulation of industry, have their origins and leadership in democratically accountable and elected local government.
- 2.3 These proposals represent a significant opportunity for local communities to begin to determine the direction of health and wellbeing for the population. The existing responsibilities of local government, including children's and adult's social care, schools, economic regeneration and training, housing and planning, leisure, environment, community safety, refuse, and overall leadership for the community, combined with Public Health, will offer a real chance to lead – to make a difference – to transform the overall health of the city. Professor Sir Michael Marmot's report "Fair Society, Healthy Lives" underlines the fundamental and significant role that Council can play in improving health and reducing inequalities.

- 2.4 An option for the City Council would be to wait until the legislative framework is in place, and the bill enacted, and then to follow Department of Health and DCLG guidance in the transfer of Public Health Services. This is considered to be the option which would provide the least positive outcomes for the population, and exercise the least control over the likely direction of travel for Public Health in order to provide leadership for the city in reducing health inequalities, improving health and wellbeing, and supporting the citizens of Coventry to live longer, healthier, more independent lives.
- 2.5 The alternative and recommended option is a radical programme of review and redesign, with the intention of designing a 21st Century Public Health service for Coventry, that supports the priorities of the City and the Joint Strategic Needs Assessment. The recent retirement of the substantive Director of Public Health also supports a new appointment into a new service, housed and integrated within the local authority, ready for the new public health structures described by the Government.
- 2.6 It is therefore proposed to:
- Appoint a substantive Director of Public Health for Coventry to the local authority, subject to the current legislative framework. This will need to be done in conjunction with NHS Coventry, as well as the Faculty of Public Health, (Shadow) Public Health England and local academic institutions. A joint academic appointment, with one or both of the city's two universities may be appropriate, depending upon the academic and research background of the successful candidate.
 - Determine and agree a new transformational vision, service design and operating framework for Public Health that recognises the opportunities and challenges ahead, but integrates across the whole of the city, making Public Health a core aspect of everything the council does for the citizens of Coventry.
 - Agree with NHS Coventry and the Department of Health how we can implement this as soon as possible, and formalise that with a clear agreement and Memorandum of Understanding that supports new ways of working with clear organisational arrangements, including the transfer to the City Council of services, staff and resources as required, in line with the forthcoming DH guidance on workforce and DPH appointment mechanisms.
 - Take steps to change and transform the City Council as an organisation, and to integrate Public Health at the highest levels, with the Director of Public Health becoming a member of management board, and making the necessary constitutional changes to give the Cabinet Member (Health and Community Services) and the Director of Public Health, the necessary authority to lead the organisation in reducing health inequalities, improving health and wellbeing, and supporting the citizens of Coventry to live longer, healthier, more independent lives.
 - Extend and broaden the remit of the Shadow Health and Wellbeing Board in order to support this transformational change across the city, while legislation is finalised to make the function statutory.

3. Results of consultation undertaken

- 3.1 No consultation has been undertaken, although detailed discussion has been undertaken with key partners, including NHS Coventry and the Department of Health (West Midlands).

4. Timetable for implementing this decision

- 4.1 The recommendations set out in this report will allow:

- The appointment of a substantive Director of Public Health as soon as possible, with:
 - Advertising during late January 2012
 - Appointment by a combined City Council Elected Members' appointment panel and NHS Consultant Appointment Advisory Committee, supported by (Shadow) Public Health England and the Department of Health (West Midlands) during March 2012
 - The newly appointed Director of Public Health to be in post by the early Autumn 2012
- A Memorandum of Understanding to be drawn up between the City Council and NHS Coventry describing the transfer and transformation of Public Health in Coventry and this will be in place by the end of February 2012, with services, staff and resources transferring subsequently, aiming to be complete by December 2012
- An agreed transition plan to be presented through the **abc** transformation board, with appropriate oversight by the Scrutiny Coordination committee by the end of June 2012.
- The appropriate delegations to be framed into constitutional amendments, agreed by the constitution working group and by council, and implemented for the new municipal year 2012/13 in May 2012. This will also include the establishment of a management infrastructure within the City Council for Public Health, including the appropriate delegated financial and other authorities for the Director or Public Health and relevant staff.
- The establishment in shadow form of a Health Protection Committee, in conjunction with Public Health England (currently the Health Protection Agency), the local Clinical Commissioning Groups (CCGs), Local Authority environmental health services, The NHS Commissioning Board and Warwickshire County Council, to be jointly chaired by the two DPHs for Coventry & Warwickshire. This will discharge and co-ordinate the duty of Local Authorities to ensure there are plans in place to protect the health of the population from minor outbreaks to major incidents, and will include oversight of screening and immunisation programmes for the city's population.
- The extension of the new terms of reference for the Shadow Health and Wellbeing board to be effective immediately, and the member appointments to the shadow board to be made as part of the 2012/13 Annual General Meeting of the council in May 2012

5. Comments from the Director of Finance and Legal Services

- 5.1 Financial Implications:

Detailed financial implications for the transfer of public health will emerge as part of the **abc** project, as well as national government allocations for Public Health become clearer. The budget for Public Health, once it finally transfers in April 2013 will be additional and

ring-fenced, and therefore outside of existing Council budgets. These budgets will be indicated early in 2012, with a shadow budget being established for Public Health, based on a combination of existing reported spend and population need, although the nationally determined formula has yet to be finalised. There are some significant areas of potential risk within this arrangement, and the Local Government Association (LGA) has made clear local authorities' concerns, but until the allocations are finalised, commissioned services and existing commitments clarified the implications will not be fully understood. Once this information is known, further detail will be brought forward.

At present the Director of Public Health's salary is shared equally between an existing budget held within the city council and NHS Coventry, as the post is currently a joint appointment. This arrangement will continue and there will be no direct financial implications of the appointment of a substantive Director of Public Health. Remuneration levels for the post of Director of Public Health are dependent on the professional background of the individuals and are set nationally either as part of the NHS Consultants terms and conditions or as part of the "Very Senior Manager" framework, normally at 70% of that of the relevant PCT Chief Executive, which is itself a nationally prescribed sum, based on population served. This may be greater in certain exceptional circumstances, or should the appointment be clinical, in which case it will be in line with nationally agreed salary and excellence awards for consultant clinical staff. Any costs associated with this and/or recruitment costs will be absorbed within NHS Coventry and City Council existing budgets and will not represent an additional cost pressure.

5.2 Legal implications:

All the proposed changes will be based on existing legislation and any agreed delegations from NHS Coventry outlined within the Memorandum of Understanding, which will comply with current legislative requirements relating to Public Health. The appointment of the Director of Public Health will be subject to the appointment regulations laid out in the National Health Service (Appointment of Consultants) Amendment Regulations 2004, and the employer of the Director of Public Health will remain an NHS body until legal transfer of responsibilities.

The Health and Social Care Bill 2011 provides that the Council must act jointly with the Secretary of State for Health and appoint an individual to have responsibility for its new public health functions, known as the Director of Public Health. It is also proposed to add the new Director to the list of statutory chief offices in the Local Government and Housing Act 1989. After the Bill receives Royal Assent it is proposed that statutory guidance is issued on the responsibilities of the new Director. The new Director will be responsible for all the new public health functions including any provided by regulations. The new Director will also be a statutory member of the shadow health and wellbeing board.

Under Section 113 of the Local Government Act 1972, the Council may enter into an agreement with the PCT to enable the secondment of staff and disposal of functions on such terms as may be provided by agreement between the Council and the PCT. Section 75 of the National Health Service Act 2006 enables provision to enable certain functions to be carried out by the Council, to include transfer of budgets. The memorandum of understanding will identify what the transitional arrangements are as detailed in this report.

6. Other implications:

6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?

This policy development will seek to improve health, reduce health inequalities, and will work to support citizens living longer, healthier, independent lives;

How is risk being managed?

Risk will be managed through a structured risk log, in conjunction with the corporate risk register, ensuring that all relevant risks are identified, thoroughly analysed and addressed, with appropriate mitigation and management actions in place. This will be monitored through the **abc** programme board.

6.2 What is the impact on the organisation?

This will have significant impact on the organisation as it may include the transfer of staff, restructures, access to new ICT resources, accommodation moves, as well as revised governance, regulatory and accountability models and routes.

6.3 Equalities / EIA

An EIA has not been completed as this is in response to anticipated legislative requirements. However, all future public health commissioning decisions will ensure delivery of services to meet the needs of disadvantaged and vulnerable groups which consciously respond to the three aims of the equality duty. This aim will be reflected in any vision or service delivery strategy and transformation plans.

6.5 Implications for (or impact on) the environment

None

6.6 Implications for partner organisations?

Once completed, this will have significant and positive implications for partner organisations across the city, as the newly transformed Public Health function works to improve the city's health through the new legislative framework.

Report author:

Name and job title: Simon Brake, Assistant Director, Policy & Performance

Directorate: Community Services

Telephone and email contact: (024 7683)1652 or simon.brake@coventry.gov.uk

Contributor/approver name	Title	Directorate or organisation	Date doc sent out	Date response received or approved
Peter Barnett	Scrutiny Coordinator	Chief Executive's	December 23 rd 2011	January 6 th 2012
John Forde	Joint Acting Director of Public Health	NHS Coventry / Coventry City Council	December 23 rd 2011	January 5 th 2012
Colin Green	Director of Children, Learning and Young People	Children, Learning and Young People's Services	December 23 rd 2011	December 28 th 2011
Sue Iannantuoni	Assistant Director, Human Resources	Customer and Workforce Services	January 3 rd 2012	January 3 rd 2012

Stephen Jones	Chief Executive	NHS Coventry/Arden Cluster	December 23 rd 2011	January 11 th 2012
Lara Knight	Governance Services Officer	Customer & Workforce Services	December 23 rd 2011	January 4 th 2012
Cat Parker	Executive Project Manager	Community Services	December 23 rd 2011	January 3 rd 2012
Dr Rashmi Shukla	West Midlands Regional Director of Public Health	Department of Health (West Midlands)	December 23 rd 2011	December 29 th 2011
Ruth Tennant	Consultant in Public Health	NHS Coventry	December 23 rd 2011	December 29 th 2011
Brian Walsh	Director of Community Services	Community Services	December 23 rd 2011	December 23 rd 2011

Names of approvers for submission:				
Chris West	Director of Finance	Finance & legal	December 23 rd 2011	January 6 th 2012
Christine Forde	Assistant Director (Legal Services)	Finance & legal	December 23 rd 2011	December 29 th 2011
Martin Reeves	Chief Executive	Chief Executive's	December 23 rd 2011	December 23 rd 2011
Cllr John Mutton	Leader of the Council	Coventry City Council	January 12 th 2012	January 16 th 2012
Cllr Joe Clifford	Cabinet Member (Health and Community Services)	Coventry City Council	January 12 th 2012	January 16 th 2012
Cllr Jim O'Boyle	Chair (Shadow Health and Wellbeing Board)	Coventry City Council	January 12 th 2012	January 12 th 2012

This report is published on the council's website: www.coventry.gov.uk/meetings

- Appendices:**
- 1) **Shadow Health and Wellbeing Board Terms of Reference**
 - 2) **Summary of the Changes Proposed to Public Health**

Appendix 1) Shadow Health and Wellbeing Board Terms of Reference

TERMS OF REFERENCE FOR THE SHADOW HEALTH AND WELLBEING BOARD

December 2011

AIMS

To maintain an overview of the health, social care needs and wellbeing of the Coventry population. The Shadow Board will be the central vehicle and focal point for joint health and social care working in Coventry and will have a significant role in shaping the new local landscape.

1. Purpose

The Shadow Health and Well-being Board will facilitate partnership working by

- Assessing the needs of the Coventry population and leading the statutory joint strategic needs assessment (JSNA);
- Developing a Health and Well Being Strategy for the City;
- Promoting integration and partnership across areas by joining up commissioning plans across the NHS, social care and public health; and
- Supporting joint commissioning and pooled budget arrangements where appropriate.

The Shadow Board will cover both adult and children's issues.

The shadow Health and Well-being Board replaces the existing Health and Well-being theme group of the Coventry Partnership. It will still have links to the Coventry Partnership and other key stakeholders in the City through formal mechanisms which will be developed over the next year.

2. Key Responsibilities of the Shadow Board

- Current Department of Health advice indicates the Shadow Board's key responsibility will be to maintain an overview of the health and social care needs of the Coventry population. This will be achieved by the Shadow Board leading the development of the local Joint Strategic Needs Assessment and Joint Health and Well-being Strategy. These will set out the commissioning priorities for the local GP commissioning consortia, and inform the strategies for both health and social care providers, who will be expected to work together to meet these needs.
- The Shadow Board will also be required to support the local voice of patients, and the exercise of patient choice. Local HealthWatch are the body which will replace Local Involvement Networks (LINKs) and will continue the existing independent health and social care scrutiny functions of LINK and provide information to help people make choices about health services. It may assume additional responsibilities around patient advocacy and complaints. Whilst detailed arrangements for the new HealthWatch are finalised Coventry LINK will be invited to represent local patients. The Council will however be required to develop strategies for engagement beyond social care into the wider population.
- The Shadow Board will be responsible for promoting joined-up commissioning of local NHS services, social care and health improvement and will also lead on health prevention activity, reflecting the movement of some public health functions to the local authority and the Council's key role in promoting well-being in the city.

- The Shadow Board will also have responsibility for supporting the development of arrangements for managing joint health and social care resources. Whilst this will not duplicate existing governance arrangements it will, for example, support the successful use of NHS money ring-fenced for social care and local work to deliver efficiencies by pooling budgets between agencies to benefit the population of the City. The Shadow Board will also have an overview of local Quality, Innovation, Productivity and Prevention plans, which are the health savings plans.
- The Shadow Board will also provide an opportunity to engage with GP commissioning consortia at an early stage and to develop partnership working arrangements with them. This is particularly important as once fully established, GP commissioning consortia will be required to participate in the work of the Shadow Board and to take account of assessments and strategies undertaken by the Shadow Board. They will be required to submit their plans to the Shadow Health and Well-being Board. This will allow opportunity for comment and if appropriate referral to the NHS Commissioning Board which will oversee commissioning of NHS services. Until consortia are fully established, the Shadow Health and Well-being Board will be part of the support available as they take their place in the new health environment.
- During the Board's initial shadow phase it will be required to develop strong relationships with other existing partnerships such as the Children and Young People's Commissioning Board and the Coventry Safeguarding Children's Board and the Adults Commissioning Board. There will be an opportunity for the Shadow Health and Well-being Board to open up improved approaches to commissioning and delivering services between children's and adults services.

3. Membership of the Shadow Health and Well-being Board

The proposed initial membership listed at Appendix 1 reflects the range of current responsibilities and configuration of stakeholders. Whilst the Council has flexibility in the membership of the Shadow Board, the following must be included:

- At least one councillor of the authority
- Director of Adult Services
- Director of Children's Services
- Director of Public Health
- Representative from the local HealthWatch organisations (which will replace LINK)
- Representatives of relevant GP commissioning consortia
- GP consortia could be represented individually although the Bill allows for the Shadow Board to be able to agree to a lead representative on behalf of all consortia. It is recommended that the Shadow Board include two local representatives to be determined by the consortia themselves. As the new arrangements for HealthWatch have not as yet come into place it is recommended that Coventry LINK nominate a representative to take part in the Shadow Board.
- As the Shadow Board will be responsible for taking an overview of commissioning arrangements for the City it is not recommended that NHS providers become members of the Shadow Board. Relationships with University Hospital Coventry and Warwickshire, Coventry and Warwickshire Partnership Trust and West Midlands Ambulance Service will however be important in informing the work of the Shadow board and it is proposed that these organisations be invited to nominate representatives to act as observers and support liaison with the Shadow Health and Well-being Board.

- NHS Coventry's Chair and Chief Executive are included in the shadow Board. This arrangement will continue whilst the Board operates in 'shadow' form until April 2013. Further in the interim it may also be appropriate for some members of the Coventry Partnership Health and Well-being theme group to attend meetings whilst the Shadow board is developing.
- Coventry is fortunate to have two Universities both of which are very active in the fields of health and social care and working in partnership with both the Council and local NHS providers. It is recommended that the vice Chancellors of the two universities be invited to participate in the Shadow Board or to send senior representatives from their respective schools/faculties.
- Strong relationships with the Fire Service already exist in relation to Health and Wellbeing and therefore to continue this productive relationship a Coventry representative will be an invitee to the Shadow board.
- Given the importance of the voluntary sector in both representing key groups within the City and in providing practical and innovative solutions to meet health and social care needs it is also proposed that Voluntary Action Coventry (VAC) nominate a representative to participate in the work of the Shadow Board, who works as part of the health and social care economy of the City. National representation from the voluntary sector will be provided from VODG (Voluntary Organisations' Disability Group).
- In response to a request from Scrutiny Board 2 to include an NHS Children's Champion on the Shadow Board, it has been agreed that the Director of Public Health will fulfil this role to ensure that Looked After Children in particular are not overlooked in changes to provision that will impact on their health and wellbeing.

In February 2010 Professor Sir Michael Marmot's published his report 'Fair Society, Healthy Lives' identifying the wider social determinants of ill-health. In order to fully reflect the City's commitment to tackling the objectives identified in his report and to ensure wider input into the health agenda it is also proposed that the Shadow Board include identified leads on the six 'Marmot themes':

- Giving every child the best start in life
- Enabling children, young people and adults to maximise their capabilities and have control over their lives
- Creating fair employment and good work for all
- Ensuring a healthy standard of living for all
- Creating and developing healthy and sustainable places and communities
- Strengthening the role and impact of ill-health prevention.

4. Meeting frequency

- Initially it is expected the Shadow Board will need to meet 4 times per year.

5. Conduct of meetings

The Shadow Board will be expected to meet in public with minutes published and available on the Council website. Certain items may be required to be considered privately and terms of reference will be developed to properly detail this.

If members of the shadow board know in advance that they will be unavailable to attend a Shadow board meeting, they should send a substitute who is able to represent them. This

substitute should be notified to the City Council's Democratic Services Department and the Director of Customer and Workforce Services by no later than 1 hour prior to the meeting.

The Shadow Board will be formally supported by Democratic Services, and will receive technical support from the Director of Community Services and their staff.

6. Authority and Accountability

When the Shadow Board becomes fully operational it will be a formal part of the Council's political decision-making process with the Chair and membership agreed at the Council AGM. Whilst in "shadow" form it is envisaged that the minutes of the shadow Board are reported to the appropriate Cabinet Member.

The Council considers that the most effective method of maintaining the health overview and scrutiny function is through a formal board, and therefore will maintain a health scrutiny board in the future to provide an independent overview and scrutiny of health and social care services, planning and provision across the city.

Once formally adopted the Shadow Health and Well-being Board will be a committee of the local authority and for the purposes of any enactment is to be treated as if it were a committee appointed by the local authority under section 102 of the Local Government Act 1972. Consideration will therefore need to be given prior to any establishment of the Shadow Board in April 2013 to any amendments to the Council's Constitution.

The Shadow Board may establish sub-groups or external representatives to support its deliberations on subject specific matters. Such sub-groups may comprise in part or in whole co-opted members and Council officers who are not members of the shadow Board.

7. Terms of Reference Review

The above Terms of Reference are relevant only for the period during which this is an early implementer Shadow Health and Wellbeing Board. They will be formally reviewed, therefore, in April 2012. They will subsequently be reviewed in April 2013 when the Shadow Board will no longer have shadow status. Earlier reviews may be required to meet changing guidance.

Appendix 1 - Membership:

Shadow Coventry Health and Well-being Board - Membership	
Position / Organisation	
Leader of the Council	
Cabinet Member - Community Services	
Cabinet Member - Children and Young People	
Opposition Councillor representative	
Director of Community Services	
Director of Children, Learning and Young People	
Director of Public Health	
Representative from Coventry LINK	
GP Commissioning Consortia Representatives	2 Representatives – One from each consortium
Chair of NHS Coventry	(until April 2013)
Chief Executive of NHS Coventry	(until April 2013)
Other Invitees / Participants	
Voluntary Action Coventry	A Representative of the Health & Social Care Voluntary Sector
Coventry University	Vice-Chancellor (or rep)
Warwick University	Vice-Chancellor (or rep)
Coventry Partnership	Observer role
Assistant Director Policy and Performance, Community Services Directorate	
NHS Commissioning Board	When established - tbc
VODG	A representative from the organisation
West Midlands Fire Service	Operations Commander Coventry
Observers from Provider Trusts	
University Hospitals Coventry and Warwickshire	Chief Executive (or rep)
Coventry and Warwickshire Partnership Trust	Chief Executive (or rep)
West Midlands Ambulance Service	Chief Executive (or rep)
Support Officers	
Democratic Services	Governance Services Officer
Executive Project Manager, Community Services	
Other Professional Support	As directed by the Board

Appendix 2) Public Health and the City Council - What will be different from March 2013?

Background

In November 2010 the government published its public health white paper '*Healthy Lives, Healthy People*'. It was their official response to the Marmot Review on inequalities 'Fair Society, Healthy Lives' and outlines their framework for tackling the wider social determinants of health. It also outlined their commitment to protect the population from serious health threats, helping people live longer, healthier and more fulfilling lives and improving the health of the poorest fastest. Local government has a long and proud history of promoting and protecting the public's health dating back to Victorian times. It was only in 1974 that the NHS took over most public health functions. The Government is returning responsibility for improving public health to local government for several reasons, namely population focus, and the ability to shape services to meet local needs, influence wider social determinants of health to tackle health inequalities.

Local authorities are democratically accountable stewards of their local populations' wellbeing. They understand the crucial importance of "place" in promoting wellbeing. In other words, the environment within which people live, work and play, the housing they live in, the green spaces around them, and their opportunities for work and leisure, are all crucial to their health and wellbeing. Since local government holds many of the levers for promoting wellbeing it makes sense to give it greater responsibility and power to shape the locality in a healthy direction. A fully integrated public health function in local government at both strategic and delivery levels offers exciting opportunities to make every contact count for health and wellbeing.

The vision for local government leadership of public health:

Building on local government's long and proud history of public health leadership, the vision is for local authorities to use their new responsibilities and resources to put health and wellbeing at the heart of everything they do, thereby helping people to lead healthier lives, both mentally and physically. This means:

- Including health in all policies so that each decision seeks the most health benefit for the investment and asking key questions such as "what will this do for the health and wellbeing of the population?" and "will this reduce health inequalities locally?"
- Investing the new ring-fenced grant in high-quality public health services;
- Encouraging health promoting environments, for example, access to green spaces and transport and reducing exposure to environmental pollutants
- Supporting local communities – promoting community renewal and engagement, development of social networks (in particular for young families and children, and isolated elderly people). This will bring a focus on what a healthy population can do for the local community, not least in terms of regeneration
- Making effective and sustainable use of all resources, using evidence to help ensure these are appropriately directed to areas and groups of greatest need and represent the best possible value for money for local citizens.

Local government's new public health functions

Subject to Parliament, each upper tier and unitary local authority in England will take on a new duty to take such steps as it considers appropriate for improving the health of the people in its area. An obvious way in which local authorities will fulfil this duty will be commissioning a range of services from a range of providers from different sectors, working with clinical commissioning groups and representatives of the NHS Commissioning Board to create as integrated a set of services as possible, as well as the way they operate the planning system, policies on leisure, key partnerships with other agencies for example on children's and young people's services, and through developing a diverse provider market for public health improvement activities.

In all they do, local authorities will want to ensure the health needs of disadvantaged areas and vulnerable groups are addressed, as well as giving consideration to equality issues. ***The goal should be to improve the health of all people, but to improve the health of the poorest, fastest.*** Local political leadership will be critical in ensuring that public health receives the focus it needs. The role of the Cabinet lead for health within the council is critical, but there needs to be a much broader engagement in this agenda among all local political leaders.

The Health and Social Care Bill includes a power for the Secretary of State for Health to prescribe that local authorities take certain steps in the exercise of public health functions, including that certain services should be commissioned or provided. The mandatory services and steps that were identified in *Healthy Lives, Healthy People: update and way forward* included:

- Appropriate access to sexual health services
- Steps to be taken to protect the health of the population, in particular, giving the local authority a duty to ensure there are plans in place to protect the health of the population
- Ensuring NHS commissioners receive the public health advice they need
- The National Child Measurement Programme
- NHS Health Check assessment

The government previously signalled that it would be mandating elements of the Healthy Child Programme 5-19. More work is still required to model the impact of making any elements of the programme mandatory to ensure value for money. They do not intend to mandate any elements of the programme for 2013. The net result of these steps will be that local authorities have key responsibilities across the three domains of public health – health improvement, health protection and healthcare public health.

The role of the Director of Public Health

In taking forward their leadership role for public health local authorities will rely heavily on the Director of Public Health and the specialist public health resources he or she has at their command. Indeed the Health and Social Care Bill makes clear that the Director of Public Health is responsible for exercising the local authority's new public health functions. After Royal Assent, the government intend to issue statutory guidance on the responsibilities of the Directors of Public Health, in the same way that guidance is currently issued for Directors of Children's Services and Directors of Adult Services.

Key aspects of the function and scope of the role of Director of Public Health will include the following;

- Acting as the lead officer in a local authority for public health and championing health across the whole of the authority's business.
- There to be direct accountability between the Director of Public Health and the local authority Chief Executive for the exercise of the local authority's public health responsibilities and that they will have direct access to elected members.
- Will be responsible for all the new public health functions of local authorities, including any conferred on local authorities by regulation.
- The Health and Social Care Bill will in addition make it a statutory requirement for the Director of Public Health to produce an annual report on the health of the local population, and for the local authority to publish it.
- Directors of Public Health will also be statutory members of health and wellbeing boards, and will wish to use the boards as the key formal mechanism for promoting integrated, effective delivery of services.



To
Cabinet

Date: 14th February 2012.

Subject
Health and Social Care Scrutiny Board consideration of 'Transforming Public Health'.

1 Purpose of the Note

- 1.1 To inform Cabinet of the Health and Social Care Scrutiny Board's recommendations and issues raised following their consideration of the report 'Transforming Public Health' on 25th January 2012.

2 Recommendations

- 2.1 Cabinet are asked to note that the Board supported the recommendations contained in the report and to decide whether to agree the following recommendation of the Scrutiny Board:

That the Health and Social Care Scrutiny Board and Scrutiny Co-ordination Committee be involved in the early stages of this transformational change programme (see 3.2 below).

That when the Constitution Working Group consider the incorporation of the Health and Wellbeing Board into the Council's Constitution consideration be given to enabling the participation by all elected Members in this important area of Council decision-making.

The Board also wished Cabinet to note:

That the Chair of the Scrutiny Co-ordination Committee and the Chair of the Scrutiny Board would be holding an all-Member seminar on the abc Transforming Public Health Review on 5th March 2012.

3 Information/Background

- 3.1 At the Board's 25th January 2012 meeting, Members considered the report of the Chief Executive regarding the transfer of public health to the local authority and other matters related to the Government's health reforms and their impact on the Council.
- 3.2 The Board has a wide role in maintaining an overview of local NHS services and has a long-standing commitment in its work programme to scrutinise the various elements of the Government's reforms and how they are implemented locally.
- 3.3 In discussion of the development of the Coventry Health and Wellbeing Board, concerns were expressed about the ability of Members of the Council, who were not Members of the

Health and Wellbeing Board to participate in its work. It was noted that the formation of the Health and Wellbeing Board was subject to guidance from the Department of Health, and the final passage of the Health and Social Care Bill. In conclusion the Board requested that Cabinet agree to ask the Constitution Working Group to consider, as part of any future changes to the Constitution how the important work of the new body could be made accessible to all Members of the City Council.

- 3.4 Notwithstanding the above the Board received the update on progress regarding the matters under discussion warmly and noted their support for the recommendations regarding the early appointment of a Joint Director of Public Health, the Transforming Public Health Review and the development of the Health and Wellbeing Board.

Peter Barnett
Health Development Service Manager
Community Services Directorate
Tel: 02476 832595 / 1122
peter.barnett@coventry.gov.uk

31st January 2012.