

 <b>EXECUTIVE – 2<sup>nd</sup> March 2011</b>		<b>Agenda Item No.</b> <b>21E</b>
<b>Title</b>	Public Health White Papers – Warwick District Council’s response	
<b>For further information about this report please contact:</b>	Richard Hall (01926-456700)	
<b>Service Area:</b>	Environmental Services	
<b>Wards of the District directly affected</b>	None	
<b>Is the report private and confidential and not for publication by virtue of a paragraph of Schedule 12A of the Local Government Act 1972, following the Local Government (Access to Information) (Variation) Order 2006:</b>	<b>No</b>	
<b>Date and meeting when issue was last considered and relevant minute number:</b>	Meeting of Executive on 15 July 2009	
<b>Background Papers:</b>		

<b>Contrary to the policy framework:</b>	No
<b>Contrary to the budgetary framework:</b>	No
<b>Key Decision?</b>	No
<b>Included within the Forward Plan? (If yes include reference number)</b>	No

<b>Officer/Councillor Approval</b>		
With regard to officer approval all reports <i><u>must</u></i> be approved by the report authors relevant director, Finance, Legal Services and the relevant Portfolio Holder(s).		
<b>Officer Approval</b>	<b>Date</b>	<b>Name</b>
Chief Executive	7.2.11	Chris Elliott
CMT	7.2.11	
Deputy Chief Executive	7.2.11	Bill Hunt
Section 151 Officer	7.2.11	Mike Snow
Legal		
Finance	7.2.11	Mike Snow
Portfolio Holder	7.2.11	Michael Coker
<b>Consultation Undertaken</b>		
<b>Final Decision?</b>	Yes	

## **1. SUMMARY**

The Coalition Government has, through a number of White Papers, proposed far-reaching changes to the Health Service and in particular the delivery of the Public Health agenda. There are proposals to transfer responsibility of some functions to local authorities.

This report gives a summary of the impact of the changes and identifies how Warwick District Council may be affected.

## **2. RECOMMENDATION**

2.1 That the report be noted.

2.2 That Warwick District Council takes the position that it should have input into the transitional arrangements setting up the County Health & Wellbeing Board and should have representation on the Board, once fully constituted.

2.3 That the Head of Environmental Services in consultation, with the Portfolio Holder, be delegated to feed back the comments of the Executive through the White Paper Consultation process. These views should also be made known directly to the Warwickshire County Council.

## **3. REASONS FOR THE RECOMMENDATIONS**

3.1 Arrangements for the delivery of the public health agenda are in transition. Various White Papers have been published containing proposals which transfer some of the responsibility to local government at County/Unitary authority level. The consultation period for these closes at the end of March 2011.

3.2 Within the White Papers there is recognition of the role of Districts and Boroughs in delivering the health agenda, but there is little mention of their involvement in transitional planning, or in the final arrangements for the new Health & Wellbeing Boards at County level.

3.3 Consequently there are concerns that local issues affecting Warwick District may not receive adequate recognition and funding, unless we are appropriately represented.

3.4 Current proposals from Warwickshire County Council (WCC) are that the five Districts and Boroughs in the County should have one representative between them at the transitional 'Shadow Board' comprising 13 members (see section 8.3). It is suggested that WDC is not adequately involved in transitional arrangements, nor appropriately represented in the proposed new structures.

## **4. ALTERNATIVE OPTIONS CONSIDERED**

4.1 The Council could choose not to make comment on the new arrangements. However, this is a critical period in the development of a new policy area and there is a limited consultation period before the arrangements are finally agreed.

## **5. BUDGETARY FRAMEWORK**

- 5.1 Currently there is no specific budget for health & wellbeing. However, there are a number of activities which support the healthy lifestyle outcomes, including healthy eating programmes, physical activity and exercise programmes etc.
- 5.2 With increased responsibility for the healthy & wellbeing agenda being devolved to local authorities, there is potential for greater importance being attached to work in these areas. No additional budget is being allocated to Districts.
- 5.3 In order to protect these largely discretionary activities and possibly deliver more, access may be needed to the ring-fenced budgets being devolved to County Councils.

## **6. POLICY FRAMEWORK**

- 6.1 Health & Wellbeing is an essential underlying theme of the Council's corporate Fit for the Future programme. It contributes directly to the vision of making Warwick District a great place to live, work and visit.
- 6.2 Providing opportunities to exercise, gain access to open spaces, be protected from harmful environments, eat healthily and obtain the housing and benefits that support a good standard of living etc, etc, are all part of the broader health and wellbeing agenda which the Council delivers.

## **7. BACKGROUND**

- 7.1 The services which local authorities provide are fundamental to the health & wellbeing of the community. The wider determinants of health include the condition of housing accommodation, quality of the environment, the food we eat and opportunities in relation to work, access to benefits and leisure activities. All these are influenced by the services operated by the Council.
- 7.2 As a consequence local authorities, both upper and lower tier, have an essential part to play in the health and wellbeing of the community. There are services which make a direct contribution to health for example, the provision of leisure facilities to encourage physical activity; the enforcement of food safety provisions and of smoke free legislation; air quality control; decent homes provision and the Benefits service. In other cases the links are not so direct but nevertheless have a bearing on wellbeing, e.g. condition of the general environment.
- 7.3 The Primary Care Trust (PCT) has in recent times and through a number of re-organisations, been responsible for the health improvement agenda. This inevitably has involved partners and there has been a Health Improvement and Wellbeing (HiWeb) group for many years involving the PCT, County, WDC and the voluntary sector. Both a County wide group and a local Warwick District HiWeb group existed.
- 7.4 The Local Strategic Partnership arrangements and the Local Area Agreement (Healthier Communities and Older People block) introduced a

network of partnership working which necessitated re-alignment of governance arrangements for health and wellbeing, which had been gradually settling in.

7.5 However, when the new coalition Government was formed in May 2010 various large-scale policy shifts were signalled. One of these was in relation to the NHS.

7.6 On 12<sup>th</sup> July 2010 the new Coalition Govt launched a White Paper on the future structure of the NHS entitled – ***Equity and Excellence: Liberating the NHS***

7.7 In reaffirming the values and principles of the NHS the White Paper set out a long-term vision and a number of reforms, principally: -

- § More patient choice
- § More LA oversight through the setting of Health and Wellbeing Boards
- § Creation of a consumer champion – Health Watch England.
- § A greater focus on quality outcomes
- § Devolution of responsibility for commissioning services to GPs. Working in consortia
- § Establishment of an independent NHS Commissioning Board
- § All NHS Trusts to become Foundation Trusts

7.8 Over the next few days and weeks a series of documents and supporting White Papers were published which outlined the process for managing the change as well as providing more detail on the proposed changes. These documents included: -

1. Framework for transition – a detailed letter from NHS Chief Exec
2. NHS Outcomes Framework
3. Commissioning for Patients
4. Local democratic legitimacy in health
5. Freeing provides and economic regulation
6. Report of the arm's length bodies review

7.9 Although all of the above have a bearing item 4 in section 7.8 above perhaps has particular significance. The 'Local Democratic Legitimacy in Health' consultation paper proposed, in part, the following: -

- § Integration of existing health improvement and protection bodies will form a new Public Health Service
- § Local Government to have national objectives for improving population health outcomes, but will be locally determine, working with elected members how to meet objectives, including through commissioning of services from NHS providers.
- § LAs to employ Directors of Public Health jointly with Public Health Service
- § New statutory arrangements in LAs for 'Health and Wellbeing Boards'

7. 10 The consultation papers refer to Unitary and Counties being involved in the consultation and decision making processes. As Districts and Boroughs

are key to delivering much of the health and wellbeing agenda this is an omission.

7.11 The timetable for changes in the public health arrangements is as follows: -

- Transition planning has started
- Setting up of Health & Wellbeing Boards by the County – April 2011
- Establishment of GP consortia – April 2011
- PCT ceases to be an entity – April 2012

7.12 On 30<sup>th</sup> November 2010 a further White Paper – ***Healthy Lives, Healthy People – Our Strategy for Public Health in England*** was published. This provided more detail with respect to the item 4 in section 7.8 above. A brief summary of this White Paper was prepared in December and this is attached in the Appendix.

## **8.0 SUMMARY OF ISSUES AFFECTING WARWICK DISTRICT COUNCIL**

8.1 In general the proposals recognise the effectiveness of local authorities; in delivering the health improvement agenda to the communities they serve. The devolution of additional powers is therefore to be welcomed.

8.2 The Council's Health Forum, at its meeting of 12<sup>th</sup> January 2011, recognised the positive elements of the proposals but expressed concern about the lack of engagement from the County in relation to transitional arrangements and concern about the lack of involvement for Districts in the proposed new structures.

8.3 The District Council's Network comprising Chief Executive within the region have also considered the White Paper proposals and make the following recommendations.

**The Network therefore recommends that the legislation which drives forward these proposals for change should formally recognise the specific contributions of District Councils, valuing their previous experience of commissioning and delivering existing services and their potential to influence behaviour change in their local populations. In doing so the proposals should enable Districts to be statutory partners on the Health and Wellbeing boards.**

**It is strongly recommended that, working with District Councils to understand the needs and behaviours of specific communities, Health and Well-Being Boards should develop core standards and principles, but with local programmes tailored to local needs, with the delivery differentiated to achieve the best possible outcomes. This cannot be achieved without good representation of District Councils and the county-level Board.**

8.4 WDC currently contributes to the health & wellbeing agenda through its regular service delivery (see Appendix 2). There is limited specific funding for this and much of the work is discretionary. The intention of the Government's proposals is to devolve responsibility for health and

wellbeing to local communities. However, Districts and Boroughs have been largely omitted from consideration in the proposed new arrangements.

8.5 Because of the short timescale for implementation of the plans, transitional arrangements are already in progress and decisions are being taken at County level as to the structures and decision making bodies in the new system. Currently WCC have proposed that a 'Shadow Board' be set up with the following representation: -

Elected Representatives (WCC)	- 3
GP Consortia	- 4
Director of Adult Services	- 1
Director of Children's Services	- 1
Director of Public Health	- 1
<b>Links Council (Districts/Boroughs)</b>	<b>- 1</b>
NHS Warwickshire	- 2

This Shadow Board will lead on the Joint Strategic Needs Assessment (JSNA). This will be a key document in driving the policy and actions of the future health improvement delivery in the area. It will be important that WDC is involved in decisions resulting from this, which affect our area. However, as currently proposed above, there is no direct representation, with only one District/Borough representative on behalf of all five authorities.

8.5 As part of the devolution of responsibilities a 'ring-fenced' budget will be made available at County level. Despite having a significant role in delivering the health and wellbeing agenda, there is no certainty as to how WDC will have involvement in prioritising activities or agreeing budgets.

The lack of consultation with and involvement of this Council is therefore a significant concern and this should be expressed not only to the County Council but through the Government's consultation process

**HM GOVERNMENT WHITE PAPER****HEALTHY LIVES, HEALTHY PEOPLE: OUR STRATEGY FOR  
PUBLIC HEALTH IN ENGLAND****Briefing Paper – Richard Hall, Head of Environmental Services****1. Introduction**

*This white paper responds to the Marmot report 'Fair Society; Healthy Lives' a review of health inequalities in England post 2010. It also builds on the earlier white paper, Equity and Excellence; Liberating the NHS which set out a long term vision for the NHS and included proposals to give GP consortia a role in Public Health and abolition of PCTs, with the health improvement role going to local authorities.*

**2. Overview**

*There are four themes which form the main chapters of the White Paper: -*

- *Seizing the opportunity for better health.*

*The formidable achievements in public health over the years are recognised, much of which has been through local authorities, such as work in relation to clean air and water, mass immunisation and enhanced nutrition etc. However, the paper states that there is a need to go further and faster.*

- *A radical new approach*

*The intention is to empower local communities, enable professional freedoms and unleash new ideas based on evidence of what works.*

- *Health & wellbeing throughout life*

*The theme is promoted of empowering local government and communities and taking a coherent approach to different stages of life and key transitions instead of tackling individual life factors in isolation.*

- *A new public health system with strong local and national leadership*

*The paper sets out the intention to create Directors of Public Health who will be strategic leaders for public health and health inequalities in local communities, and a new national 'Public Health England' service, which will strengthen the national response on emergency preparedness and health protection.*

**3. Seizing the opportunity for better health.**

*The main public health issues facing us in the years to come are discussed with the evidence basis for these. Health inequalities are particularly highlighted but the approach to tackle these focuses on:*

- *Starting well - Improving maternal health to give children a better start in life.*
- *Developing well - Taking better care of children's health & development to improve educational achievement*
- *Living well - Being in work leads to better physical and mental health*
- *Working well - Changing adults' behaviour to reduce premature death, eg circulatory diseases, cost resulting from alcohol abuse, the social cost of drug abuse.*
- *Ageing well - Preventing excess deaths in extreme weather and from seasonal flu etc.*

*3.1 To act on this the proposals include putting local government in a leadership role, 'as local councils are best placed to address the particular issues that their areas face'. The need to harness efforts across society is also emphasised.*

#### **4. A radical new approach**

*The new approach is based on: -*

- *Being owned by communities and shaped by their needs*
- *Ring-fenced public health funding and incentives to improve*
- *Professionally led and focused on evidence; efficient and effective*
- *Strengthening protection against current and future threats to health*

*The concept of a ladder of intervention is introduced, with individuals being in the driving seat for all aspects of their and their family's health, wellbeing and care. This recognises that the public expect the government, at a national level, to deal with major threats and emergencies (eg pandemic flu) but other matters, such as health and wellbeing are much better tackled within communities and by individuals with the right support.*

#### **5. Health & wellbeing throughout life**

*This chapter gives examples of good practice from Government initiatives, to local authority work, eg schoolchildren's health and development; exercise campaigns; healthy eating campaigns; health in the workplace etc etc The broader, holistic approach to health is at the basis of this and the point is made that it requires attention at all stages of life (see the bullet points at 3 above).*

*Actions include: -*

- *New resources, rights and powers for local government and communities to shape their environments and tackle local problems*
  - *Making mental health a key element*
  - *Increase health visitor numbers and refocusing Sure Start*
  - *Making it pay to work through comprehensive reform of welfare reforms*
  - *Protecting and promoting community ownership of green spaces and improved access to land so that people can grow their own food.*
- Launching physical activity programmes*



- *Launching the Public Health Responsibility Deal with business and the voluntary sector to change behaviour in relation healthy eating to salt intake etc.*

## **6. A new public health system with strong local and national leadership**

*The White Paper states that Localism is at the heart of the new system, with devolved responsibilities, freedoms and funding.*

- *A new dedicated, professional public health service – Public Health England – will be set up*
- *Part of the NHS budget will be ring-fenced for public health*
- *Ring-fenced budgets for upper tier and unitary LAs*
- *Stronger incentives for GPs so that they play an active role in public health*
- *Chief Medical Officer to have a central role in providing independent advice*
- *The core elements of the new system will be set out in the forthcoming Health & Social Care Bill.*

## **7. Potential Impacts on WDC**

- 7.1 *The White Paper recognises the role of District councils currently and in the past in delivering the public health agenda. In section 4.77 the vital role of Environmental Health Officers during infectious disease outbreaks is referred to. And the duties of councils under the Public Health (Control of Disease) Act 1984, which include appointing 'proper officers', is re-affirmed.*

*In 4.6 the significant role of local government in protecting and improving the health of its communities through environmental health, air quality, planning, transport and housing is mentioned. Section 4.22 refers to the powers that planning authorities already have to control the number of new fast food outlets and to impose conditions. It is proposed that the new 'general powers of competence' will provide LAs with much greater freedom and flexibility to act in the interests of their communities.*

- 7.2 *There appears to be an expectation that Districts will be invited to be involved with Health & Wellbeing Boards, but no specific proposal for this to happen. We need to ensure that we are involved in the transition stages during the new agenda.*
- 7.3 *With a ring-fenced budget at county level there could be a tendency to concentrate funding on the parts of the county with the greatest demand. It will be important to emphasise the health inequalities in our District to ensure that an appropriate level of funding is dedicated to this area.*
- 7.4 *It appears that there will be scope to shape health improvement and wellbeing in this district to a greater extent. At present there is a 'top*

*down' approach, with the strategic aims not being very transparent to many people engaged in the day to day work.*

*The PCT has led on health improvement, helping to turn LSP objectives into actions. With their demise a new approach will be needed. The HiWeb group and LAA structures are also in suspension at present and delivery of health outcomes is unclear.*

- 7.5 *We don't know yet how GP consortia will act in delivering their part of the public health agenda and it will be some time before we find out. However, as we are aware, and the White Paper recognises, Districts are well placed to deliver many outcomes needed for good health of the community and there may be opportunities in helping to deliver some of these.*
- 7.6 *I would suggest that our approach changes so that officers within the council can be more involved in shaping the agenda. This would not necessarily require additional resources. A Health Improvement Team, drawing staff from Environmental Health, Culture and Housing initially could look at the developing arrangements and plan how best we can respond to it. When more is known about the new ways of working this group can either disband or report through the new arrangements.*
- 7.7 *Our Fit for the Future programme allows us to be flexible in planning for the future and indeed the approach suggested in the White Paper, for example, using planning legislation to help deliver health outcomes, aligns well with FFF principles.*

## **8. Conclusion**

*The White Paper is part of a consultation process but it only asks for responses to five questions, as below: -*

### **8.1 Consultation questions**

- a. *Role of GPs and GP practices in public health: Are there additional ways in which we can ensure that GPs and GP practices will continue to play a key role in areas for which Public Health England will take responsibility?*
- b. *Public health evidence: What are the best opportunities to develop and enhance the availability, accessibility and utility of public health information and intelligence?*
- c. *Public health evidence: How can Public Health England address current gaps such as using the insights of behavioural science, tackling wider determinants of health, achieving cost effectiveness, and tackling inequalities?*
- d. *Public health evidence: What can wider partners nationally and locally contribute to improving the use of evidence in public health?*
- e. *Regulation of public health professionals: We would welcome views on Dr Gabriel Scally's report. If we were to pursue voluntary*

*registration, which organisation would be best suited to provide a system of voluntary regulation for public health specialists?*

- 8.2 *The consultation period ends on 8<sup>th</sup> March 2011. A Health Forum meeting is planned for 12<sup>th</sup> January when the White Paper will be discussed and any responses to these questions can be drafted.*

## **APPENDIX 2**

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### **GENERAL ACTIVITIES OF WARWICK DISTRICT COUNCIL WHICH INFLUENCE HEALTH AND WELLBEING.**

Many routine activities undertaken by the Council have an impact on health and wellbeing. The following table sets out the main elements of service delivery which relate to the health and wellbeing agenda.

<b>SERVICE AREA</b>	<b>ACTIVITY</b>	<b>CONTRIBUTION TO WELLBEING AND HEALTH IMPROVEMENT</b>
<b>Community Partnership</b>		
	Narrowing the Gap programme	Addresses a wide range of health issues district-wide by working in partnership
	Policy for Older People	Addresses a wide range of health issues district-wide by working in partnership
	Sustainable Community Strategy. Link to partnership working to address network of issues.	Addresses a wide range of health issues district-wide by working in partnership
Action 21	Walking for Health campaign	Reducing risk of obesity, CHD and promoting positive mental health and well being
<b>Community Protection</b>		
Community Safety	Tackling Alcohol abuse as a cause of crime and disorder  Tackling violent crime on the street and in the home	Reducing fear of crime  Reducing the number of people who believe drug dealing and drugs misuse is a problem in their area  Increase the number of people who don't believe anti social behaviour is a problem in their area

	Tackling Anti-Social Behaviour, particularly 'rowdy nuisance'  Tackling those causing most harm	
Licensing	Licensing of premises for the sale of alcohol. Licensing Policy	Encouragement of sensible consumption of alcohol. Links with crime reduction and anti social behaviour and hence wellbeing of residents in the area.
<b>Cultural Services</b>		
	Provision of Sports & Leisure Facilities	Exercise contributes to improving CHD outcomes, reducing obesity, wellbeing and mental health
	Arts & Entertainment	Contribution to wellbeing and addresses inequalities.
	Organisation of Sporting Activities	Exercise contributes to improving CHD outcomes, reducing obesity, wellbeing and mental health
	Provision and maintenance of public open spaces.	Improved sense of wellbeing and mental health. Allows space to exercise and enjoy informal recreation in pleasant and safe environment.
	Reduced rates for staff at leisure facilities	Increased access to leisure facilities to improve staff's physical and mental well being.
	Community Planning. Link to partnership working to address network of issues.	Address a wide range of health issues district-wide
	GP referral scheme	Contribution to physical activity, obesity reduction, general wellbeing and addresses inequalities.
<b>Development Services</b>		
Development Control	Provision of safe, secure and affordable housing	Improved sense of wellbeing

	Control of living environment through planning conditions	Limit noise and pollution exposure, protects environment. Contributes to wellbeing.
<b>Environmental Services</b>		
Food Safety	Enforcement and promotion of good standards of food hygiene	Reduces risk of infection
	Promotion of Healthy Food in food premises.	Healthy diet contributes to CHD, Obesity outcomes
	Education with respect to food hygiene and healthy diet	Healthy diet contributes to CHD, Obesity outcomes
Health & Safety	Enforcement & promotion of healthy & safe workplaces.	Reduction in work related illness. Specifically Asthma, Contact Dermatitis, Slips, trips and falls from heights and muscular disorders Reduction in number of workers exposed to smoke inhalation.
	Advice and enforcement in relation to accident prevention in the workplace	Reduction in the number of accidents
	Implementation of legislation in relation to 'Cooling Towers'	Reduces potential for exposure to Legionella
Licensing of Skin Piercing Establishments	Inspection and advice to operators	Reduces potential of infections.
Surveillance of Infectious Diseases.	Surveillance and investigation of 'Notifiable' and infectious diseases	Reduces potential for spread of infections. Working with CDCC and HPA.
Air Pollution Control	Air Quality Monitoring and Assessment	Improvement of air quality reduces potential impact on respiratory diseases
	Implementation of Integrated Pollution	Improved air quality reduces potential of respiratory diseases

	Prevention and Control legislation	
Public Health Nuisances	Abatement and Prevention of condition prejudicial to health or a nuisance	Improved sense of wellbeing. Contribution to mental health.
Noise Nuisance	Abatement and control of nuisance	Sense of wellbeing. Contribution to mental health.
	Collaboration with others to control Anti Social Behaviour	Reduction in crime leading to improved sense of wellbeing. Contribution to mental health.
Contaminated Land	Implementation of legislation in relation to contaminated land	Limits exposure of public to pollutants.
Water Quality	Monitoring and analysis of water quality in private supplies	Limits exposure to poor quality drinking water supply.
	Monitoring and analysis of water quality in leisure pools	Limits public exposure to infection
<b>Finance</b>		
Benefits	Outreach Benefits Take Up Scheme	Maximising people's income and access to essential services thereby improving quality of life
<b>Housing and Property Services</b>		
	Provision of Affordable Housing	Improved sense of wellbeing. Supports vulnerable groups. Impacts on mental health
	Supporting People Services.	Provides contact and support services for elderly and other vulnerable groups. Assistance to elderly who have falls in the home. Response to alarm calls.

	Improvements to existing council housing	Improves the energy efficiency of stock and health outcomes of customers living in council housing.
	Raise awareness of improving health outcomes	Signposting vulnerable customers to appropriate health services.
	Ensuring housing fitness in the private sector.	Improved sense of wellbeing. Supports vulnerable groups. Impacts on mental health.
	Grant schemes in respect of repair and facilities for disabled people.	Improves accessibility for vulnerable groups. Reduction of accident in the home
	Operation of Affordable Warmth Scheme.	Targets vulnerable groups to improve wellbeing etc.....
	Telecare Services	Improved sense of wellbeing. Supports vulnerable groups. Impacts on mental health.
<b>Human Resources</b>		
	General responsibility for the Health, Safety and welfare of its employees	Ensures safe and healthy working environment.
	Smoke free workplaces.	Reduces tobacco related illnesses and exposure to secondary smoke inhalation.
	Stress Management. This Council is involved with the HSE Stress Management Pilot	Recognising the importance of good mental health of employees
	Flexible Working Practices	Contribution to wellbeing and mental health
	Implementation of Equality and Diversity Legislation	
	Drugs and Alcohol Policy	Ensuring a safe, healthy and productive working environment and to minimising the problems arising from the misuse of drugs and alcohol at work
	Promotion of healthy lifestyle events for	Contribution to wellbeing and mental health



	employees eg Walking for Health.	
<b>Neighbourhood Services</b>		
	Refuse Collection	Maintenance of healthy environment and improved sense of wellbeing.
	Street cleaning	Maintenance of healthy environment and improved sense of wellbeing.
	Street Scene. Dealing with graffiti and litter.	Maintenance of healthy environment and improved sense of wellbeing.