



Leicester
City Council

**WARDS AFFECTED:
ALL WARDS**

Cabinet

6th November 2000

THE CITY COUNCIL AND HEALTH

Report of the Director of Social Services

1. Purpose of the Report

- 1.1 To seek agreement to a single corporate lead for Health in the City Council and to confirm the role of the Health Partnership Policy Board and representation from the City Council.

2. Summary

- 2.1 This report advises Cabinet of the latest radical changes being introduced by the Government to better improve the health of the nation. Both the National Plan for the NHS and the Government's responses to the Royal Commission on Long Term Care and the forthcoming paper on quality in Social Care Services requires all Local Authorities to review how they can manage this challenging agenda whilst ensuring the continuing effective delivery of mainstream services.
- 2.2 These changes demand a sharp and consistent focus from the City Council on the issue of personal and public health in order to secure the best possible outcomes for the citizens of Leicester. A corporate "lead" Director would be able to present a unified picture to Health and other key stakeholders whilst representing the interests of all City Council Departments.

3. Recommendations

- 3.1 Cabinet is recommended to:
- (a) support the requirement for there to be a Corporate Lead on Health for the City Council and that this responsibility be given to the Director of Social Services;
 - (b) support further work into common evaluation and consultation processes for Leicester;

- (c) note the implications of the National Plan and the Comprehensive Spending Review and, in particular, the issue of a Care Trust for Leicester;
- (d) note the implications of the Government's response to the Royal Commission on Long Term Care;
- (e) note the implications of the Health Authority's Public Health Development Plan and the proposed Leicester City Council Action Plan;
- (f) note the Terms of Reference for the Health Partnerships Policy Board and Health Partnerships Executive;
- (g) confirm proposals for representation from the City Council based either on 8 members (4 Cabinet, 4 Scrutiny) or 4 members (2 Cabinet, 2 Scrutiny) with the Leader as ex officio member;
- (h) note the need for corporate resources to support this programme of work; and
- (i) receive further progress reports.

4. Financial Implications

- 4.1 The Comprehensive Spending Review has identified a national increase in spending on personal social services from £9.047 billion in 2000/01 to £12.208 billion in 2003/04 (linked to performance).
- 4.2 The National Plan identifies that by 2004 an additional sum of £1.4 billion will be made available for new investment in health and social services for older people.
- 4.3 Incentive payments will be made available to Local Authorities, Health Authorities and primary care centres to encourage and reward joint working. Social Services will have up to £50 million a year from April 2002 rising to £100 million in April 2003. This money will be ringfenced and focus initially on performance in intermediate care.
- 4.4 There will be an extra accumulated sum of £300 million by 2003/04 to implement the National Service Framework for Mental Health.

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1. Report

- 1.1 Both the National Plan and the Government's response to the Royal Commission Report on Long Term Care will have a significant impact on the future shape of all social care services and many other City Council functions. This impact will be seen in the shape of new integrated services for older people, people with mental health problems, people with learning disabilities and childrens services that will span the NHS/LA boundary. Some of these changes have been described in a previous report submitted to the Social Services Committee for 17th August.

"The Inverse Care Law"

- 1.2 The Government have coined this phrase to describe the current situation where communities in greatest need are least likely to receive the health services they require. Furthermore, the Government states that inequity in access to services is not restricted to social class and geography; people in ethnic communities are less likely to receive the services they need. Echoes of the same theme can be found in the Government's response to modernising education, social services and a wide range of regenerations schemes. In order to fulfill its commitment to bridging the health gap between the poorest and best off in society there is a commitment that by 2004 the existing weighted capitation formula used to distribute NHS funding will have as a key criteria the need to reduce inequalities. This should have a significant impact on the NHS budget for Leicester with a growth required in funding to address some of the many inequalities already identified through the Health Action Zone. Much of the new monies identified in the Comprehensive Spending Review will be linked to performance targets and there is an expectation that social services and local authorities will work closely with health partners to achieve better outcomes. Sanctions and penalties could follow failure to achieve this successfully. In order to achieve better outcomes for people there is a need for a corporate approach to many of the issues, for example, better services for older people will need to include Housing and Arts and Leisure with possible investment from regeneration schemes being developed by Environment and Development.

Integrated Action Zone

- 1.3 Furthermore, the Government is stating that in many areas it is wishing to see the various 'action zones' merge together. This will have implications for Leicester's Education, Health and Sports Action Zones. In turn it can be clearly seen that this will have a 'knock on' for existing evaluation processes. There is an opportunity to explore the potential for a common evaluation methodology upon which the City Council can measure the qualitative impact of its innovative work in close collaboration with partners and stakeholders. The corporate lead for health can progress this work ensuring that all City Council interests are fully and properly represented. This will require corporate support and resources.

Public Health Development Plan

- 1.4 Each Health Authority in Trent has been asked to prepare and submit to the Regional Office of the National Health Service Executive a Public Health Development Plan for the next three years. This plan helpfully assumes the definition of public health adopted by the Acheson report on the Public Health

function in 1988 ie “the science and art of improving health through the organised efforts of society”. A Leicester City Council Action Plan, which has been helpfully drawn up by the Corporate Regeneration Unit in Chief Executive’s, has been attached as Appendix I. The timetable has already slipped but can be recovered. However, there is a need to address four out of the five following areas to develop capacity not yet in place:

1. Map public health capacity
2. Identify a Corporate Lead Contact Officer
3. Identify a Public Health contact point in each Department
4. Develop a coordinating mechanism to enhance corporate working (possibly a role for the Facilitating Regeneration Officers Group – FROG)
5. Develop an agreed approach to Health Impact Assessments

Once again, this will require pulling together at a corporate level with appropriate support from the centre.

Health Impact Assessments

- 1.5** This will be a key tool and area of expertise needing to be quickly developed within the Local Authority. Three levels of local authority expertise are being identified:

- Basic
- Intermediate
- Advanced

It is anticipated that all major local authority departments should be able to identify individuals who have reached an ‘intermediate’ level and who are able to inform joint planning, local Health forums and the HimP and Community Plan. In order to orchestrate a consistent local authority response across a wide range of health issues, it becomes attractive to have a corporate lead for health. Given the current activity between health and social services, drive mainly though not exclusively by the Modernising Agenda, it would appear that the person best placed to take on this corporate lead would be the Director of Social Services. This will require support from social services and the centre.

Joint Planning – Health Partnerships Policy Board and Executive

- 1.6** There is a new joint planning mechanism currently being established to help the local authority and its partners deliver on the Modernising Agenda. Appendix II sets out the relationships between the Health Policy Board and the Education, Regeneration and Crime & Disorder Policy Boards. The terms of reference are also attached as Appendix III and these were recommended for approval to the Policy Board at the meeting of the Health Partnerships Executive on 31st August. The Director of Social Services is the Chair of the HPE and would be in an ideal position to ensure the co-ordination of health issues across the City Council.
- 1.7** The City Council needs to determine its membership of the Policy Board. There will be 8 representatives from the NHS. The previous Joint Consultative Committee had all-party membership and it is suggested this be replicated on the new Policy Board.
- 1.8** There are two possible options:

- (a) Four Cabinet Leads (Social Services and Personal Health, Housing, Education and Lifelong Learning, Arts, Leisure and the Environment) and the Scrutiny Chairs of each;
- (b) Two Cabinet Leads, two Scrutiny Chairs covering the relevant portfolios.

In addition, it is suggested the Leader should have the opportunity to attend *ex officio*.

Areas for Current and Future Reviews

1.9 Because of the wide ranging and fast moving agenda currently facing the Local Authority, it is critical that a careful eye is kept on all strategic developments. A wide range of issues and developments will need ongoing review and among them (although the list is not exclusive) are:

- Primary Care Trusts – the development into Care Trust(s)
- Transfer of services to and from the NHS and Local Authority
- Greater synergy between the Community Plan and the Health Improvement Programme
- Explore the potential for a common consultation process – especially for integrated services
- Developing the corporate capacity to support this expanding policy framework.

2. Equal Opportunities Implications

2.1 The successful tackling of the “Inverse Care Law” could have one of the most profound positive impacts on people traditionally excluded or marginalised in society.

3. Legal Implications

3.1 There are no direct legal implications arising from this report.

4. Sustainable and Environmental Implications

4.1 There are significant opportunities to develop sustainable communities with sustainable individuals in some of the poorest and most marginalised parts of Leicester.

5. Crime and Disorder Implications

5.1 There are none specifically arising out of this report.

6. Consultations

6.1 The proposals contained in this report are consistent with the national and local priorities to modernise local government services and the NHS. They have been discussed with representatives from key Departments of the Council and partner agencies.

7. Background Papers

7.1 National Plan for the NHS/Health Service Restructuring 17th August 2000