Public Document Pack

Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee (Special Meeting)

Tuesday 5 November 2013 at 11.00 am

To be held at the Town Hall, Pinstone Street, Sheffield, S1 2HH

The Press and Public are Welcome to Attend

Membership

Councillor Mick Rooney (Chair), Sue Alston, Janet Bragg, John Campbell, Katie Condliffe, Roger Davison (Deputy Chair), Tony Downing, Adam Hurst, Martin Lawton, Jackie Satur, Diana Stimely, Garry Weatherall and Joyce Wright

Healthwatch Sheffield
Anne Ashby, Helen Rowe, Alice Riddell and Mike Smith (Observers)

Substitute Members
In accordance with the Constitution, Substitute Members may be provided for the above Committee Members as and when required.

Sheffield City Council

PUBLIC ACCESS TO THE MEETING

The Healthier Communities and Adult Social Care Scrutiny Committee exercises an overview and scrutiny function in respect of the planning, policy development and monitoring of service performance and related issues together with other general issues relating to adult and community care services, within the Neighbourhoods area of Council activity and Adult Education services. It also scrutinises as appropriate the various local Health Services functions, with particular reference to those relating to the care of adults.

A copy of the agenda and reports is available on the Council's website at www.sheffield.gov.uk. You can also see the reports to be discussed at the meeting if you call at the First Point Reception, Town Hall, Pinstone Street entrance. The Reception is open between 9.00 am and 5.00 pm, Monday to Thursday and between 9.00 am and 4.45 pm. on Friday, or you can ring on telephone no. 2734552. You may not be allowed to see some reports because they contain confidential information. These items are usually marked * on the agenda.

Members of the public have the right to ask questions or submit petitions to Scrutiny Committee meetings and recording is allowed under the direction of the Chair. Please see the website or contact Democratic Services for further information regarding public questions and petitions and details of the Council's protocol on audio/visual recording and photography at council meetings.

Scrutiny Committee meetings are normally open to the public but sometimes the Committee may have to discuss an item in private. If this happens, you will be asked to leave. Any private items are normally left until last. If you would like to attend the meeting please report to the First Point Reception desk where you will be directed to the meeting room.

If you require any further information about this Scrutiny Committee, please contact Matthew Borland, Policy and Improvement Officer on 0114 27 35065 or email matthew.borland@sheffield.gov.uk

FACILITIES

There are public toilets available, with wheelchair access, on the ground floor of the Town Hall. Induction loop facilities are available in meeting rooms.

Access for people with mobility difficulties can be obtained through the ramp on the side to the main Town Hall entrance.

HEALTHIER COMMUNITIES AND ADULT SOCIAL CARE SCRUTINY AND POLICY DEVELOPMENT COMMITTEE AGENDA
5 NOVEMBER 2013

Order of Business

1. **Welcome and Housekeeping Arrangements**
2. **Apologies for Absence**
3. **Exclusion of Public and Press**
   To identify items where resolutions may be moved to exclude the press and public

4. **Declarations of Interest** (Pages 1 - 4)
   Members to declare any interests they have in the business to be considered at the meeting

5. **Public Questions and Petitions**
   To receive any questions or petitions from members of the public

6. **Call-in of Cabinet Decision on Developing the Social Model of Public Health** (Pages 5 - 24)
   Report of the Policy Officer (Scrutiny)

7. **Date of Next Meeting**
   The next meeting of the Committee will be held on

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ADVICE TO MEMBERS ON DECLARING INTERESTS AT MEETINGS

New standards arrangements were introduced by the Localism Act 2011. The new regime made changes to the way that members' interests are registered and declared.

If you are present at a meeting of the Council, of its executive or any committee of the executive, or of any committee, sub-committee, joint committee, or joint sub-committee of the authority, and you have a **Disclosable Pecuniary Interest** (DPI) relating to any business that will be considered at the meeting, you must not:

- participate in any discussion of the business at the meeting, or if you become aware of your Disclosable Pecuniary Interest during the meeting, participate further in any discussion of the business, or
- participate in any vote or further vote taken on the matter at the meeting.

These prohibitions apply to any form of participation, including speaking as a member of the public.

You **must**:

- leave the room (in accordance with the Members' Code of Conduct)
- make a verbal declaration of the existence and nature of any DPI at any meeting at which you are present at which an item of business which affects or relates to the subject matter of that interest is under consideration, at or before the consideration of the item of business or as soon as the interest becomes apparent.
- declare it to the meeting and notify the Council's Monitoring Officer within 28 days, if the DPI is not already registered.

If you have any of the following pecuniary interests, they are your **disclosable pecuniary interests** under the new national rules. You have a pecuniary interest if you, or your spouse or civil partner, have a pecuniary interest.

- Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

- Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period* in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

*The relevant period is the 12 months ending on the day when you tell the Monitoring Officer about your disclosable pecuniary interests.

- Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -
  - under which goods or services are to be provided or works are to be executed; and
  - which has not been fully discharged.

- Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

- Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

- Any tenancy where (to your knowledge) -
  - the landlord is your council or authority; and
  - the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

- Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

  (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and

  (b) either -

  the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

  if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

If you attend a meeting at which any item of business is to be considered and you are aware that you have a **personal interest** in the matter which does not amount to a DPI, you must make verbal declaration of the existence and nature of that interest at or before the consideration of the item of business or as soon as the interest becomes apparent. You should leave the room if your continued presence is incompatible with the 7 Principles of Public Life (selflessness; integrity; objectivity; accountability; openness; honesty; and leadership).

You have a personal interest where –

- a decision in relation to that business might reasonably be regarded as affecting the well-being or financial standing (including interests in

land and easements over land) of you or a member of your family or a person or an organisation with whom you have a close association to a greater extent than it would affect the majority of the Council Tax payers, ratepayers or inhabitants of the ward or electoral area for which you have been elected or otherwise of the Authority's administrative area, or

- it relates to or is likely to affect any of the interests that are defined as DPIs but are in respect of a member of your family (other than a partner) or a person with whom you have a close association.

Guidance on declarations of interest, incorporating regulations published by the Government in relation to Disclosable Pecuniary Interests, has been circulated to you previously, and has been published on the Council's website as a downloadable document at -http://councillors.sheffield.gov.uk/councillors/register-of-councillors-interests

You should identify any potential interest you may have relating to business to be considered at the meeting. This will help you and anyone that you ask for advice to fully consider all the circumstances before deciding what action you should take.

In certain circumstances the Council may grant a **dispensation** to permit a Member to take part in the business of the Authority even if the member has a Disclosable Pecuniary Interest relating to that business.

To obtain a dispensation, you must write to the Monitoring Officer at least 48 hours before the meeting in question, explaining why a dispensation is sought and desirable, and specifying the period of time for which it is sought. The Monitoring Officer may consult with the Independent Person or the Council's Standards Committee in relation to a request for dispensation.

Further advice can be obtained from Lynne Bird, Director of Legal Services on 0114 2734018 or email **lynne.bird@sheffield.gov.uk**

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Report to Healthier Communities & Adult Social Care Scrutiny Committee
Tuesday, 5th November 2013

Subject: Call-In of Cabinet Decision on the Social Model of Public Health Report

Author of Report: Diane Owens, Policy & Improvement Officer
0114 27 35065

Type of item:

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	**x**
Briefing paper for the Scrutiny Committee	
Other	

1. Background

1.1 The Executive Director, Communities submitted a report setting out the work undertaken by the Members' Task and Finish Group on Public Health to develop the Social Model of public health within the City, and included a proposal to adopt the Social Model as part of the Council's overall vision for Public Health as agreed at Cabinet during 2012. In addition the report set out the outcome of the first area of public health investment which had been reviewed within the context of the Social Model: the Healthy Communities Programme. The report is attached at appendix A.

1.2 Cabinet:

(a) approves the adoption of the Social Model of Public Health as an addition to the policy statement set out in the vision for Public Health agreed at Cabinet on 25 January 2012;

(b) approves the direction of travel for changes to the current Health Communities Programme and requests the Director of Public Health and the Executive Director, Communities, in consultation with the Cabinet Member for Health, Care and Independent Living and the Executive

Director, resources to develop and implement a plan to achieve these changes on a phased and structured basis during 2014/15;

(c) agrees delegated approval to take forward proposed changes to the Healthy Communities Programme. The implementation plan should build on what wider evidence there is to develop a programme which delivers maximum impact to the current Healthy Communities areas, in the context of the Social Model. The Plan needs to reflect Members wishes to see delivery of the Task and Finish recommendations implemented as quickly as is reasonably practicable, reflecting the need to ensure the proposals fit seamlessly with the localities proposals and addressing any legal and HR requirements arising from the recent transfer of Public Health into the Local Authority. It should also address the issue of rebranding the programme to fit in with the localities programme; and

(d) approves giving six months' notice to create Voluntary Community and Faith sector providers within the Healthy Communities Programme, consistent with the VCF Compact and current contractual obligations, and that an engagement exercise commences with potential VCF providers about future arrangements.

1.3 As per Part 4, section 16 of Sheffield City Council's Constitution, this decision has been called in, preventing implementation of the decision until it has been considered by the relevant Scrutiny Committee.

1.4 The Call-In notice is attached at appendix B, stating that the reason for the call-in is clarity on the re-allocation of funding.

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2 The Scrutiny Committee is being asked to:

As per the Scrutiny Procedure Rules, scrutinise the decision made by Cabinet and take one of the following courses of action:

(a) refer the decision back to the decision making body or individual for reconsideration in the light of recommendations from the Committee;

(b) request that the decision be deferred until the Scrutiny Committee has considered relevant issues and made recommendations to the Executive;

(c) take no action in relation to the called-in decision but consider whether issues arising from the call-in need to be added to the work programme of an existing Scrutiny Committee;

(d) if, but only if (having taken the advice of the Monitoring Officer and/or the Chief Finance Officer), the Committee determines that the decision is wholly or partly outside the Budget and Policy Framework, refer the matter, with any recommendations, to the Council after following the procedures in the Budget and Policy Framework Procedure Rules

Background Papers:

Social Model of Public Health Report of Richard Webb - Executive Director of Communities and Jeremy Wight - Director of Public Health, to Cabinet on 16th October 2013 (attached).

Call-in Notice (attached)

Category of Report: OPEN

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SHEFFIELD CITY COUNCIL
CABINET
Report

Report of:	Richard Webb - Executive Director of Communities and Jeremy Wight - Director of Public Health
Report to:	Cabinet
Date:	16th October 2013
Subject:	**DEVELOPING THE SOCIAL MODEL OF PUBLIC HEALTH**
Author of Report:	Chris Shaw

Summary: This report sets out the work undertaken by the Members' Task and Finish Group on Public Health to develop the Social Model of public health within the city, and includes a proposal to adopt the Social Model as part of the Council's overall vision for Public Health as agreed at Cabinet during 2012.

In addition, the report sets out the outcome of the first area of public health investment which has been reviewed within the context of the Social Model: the Healthy Communities Programme

Reasons for Recommendations:
There are two separate elements to this report. The first proposal seeks approval for a Social Model of Public Health. This model was decided upon by the Member Task and Finish group after receiving presentations and information from a number of different perspectives on the things impacting on Health Inequalities and Public Health. The Members in the Task and Finish Group concluded that this was the most appropriate Model taking into consideration all these different perspectives

The second element is the recommendations regarding the review of the existing Healthy Communities Programmes. These recommendations were reached by the Task and Finish Group, again after considering data and presentations on outcomes, expenditure, and delivery mechanisms and considering how to best

deliver community approaches to public health taking account of the proposed Social Model and within the current SCC financial and organisational context

Recommendations:

Members are asked to:

- Approve the adoption of the Social Model of Public Health as an addition to the policy statement set out in the vision for public health agreed at Cabinet on 25 January 2012 – the Model is set out in section 4 of the report.
- Approve the direction of travel for changes to the current Healthy Communities Programme. and request the Director of Public Health and the Executive Director Communities, in consultation with the Cabinet Member for Health, Care and Independent Living and the Executive Director Resources to develop and implement a plan to achieve these changes on a phased and structured basis during 2014/15.
- Agree delegated approval to take forward proposed changes to the Healthy Communities Programme. The implementation plan should build on what wider evidence there is to develop a programme which delivers maximum impact to the current Healthy Communities areas, in the context of the Social Model. The Plan needs to reflect Members wishes to see delivery of the Task and Finish recommendations implemented as quickly as is reasonably practicable, reflecting the need to ensure the proposals fit seamlessly within the localities proposals and addressing any legal and HR requirements arising from the recent transfer of Public Health into the Local Authority It should also address the issue of rebranding the programme to fit within the localities context.
- Approve giving six months' notice to current Voluntary Community and Faith sector providers within the Healthy Communities Programme, consistent with the VCF Compact and current contractual obligations, and that an engagement exercise commences with potential VCF providers about future arrangements.

Background Papers:

Category of Report: **OPEN**

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* Delete as appropriate

Statutory and Council Policy Checklist

Financial Implications
YES Cleared by: Liz Orme
Legal Implications
NO Cleared by:
Equality of Opportunity Implications
YES Cleared by: Adele Robinson
Tackling Health Inequalities Implications
YES
Human rights Implications
NO:
Environmental and Sustainability implications
NO
Economic impact
NO
Community safety implications
NO
Human resources implications
NO Cleared by Christine Prime
Property implications
NO
Area(s) affected
Relevant Cabinet Portfolio Leader
Councillor. Mary Lea Cabinet Member for Health, Care and Independent Living
Relevant Scrutiny Committee if decision called in
Healthier Communities and Adult Social Care
Is the item a matter which is reserved for approval by the City Council?
NO
Press release
NO

Report to the Cabinet

DEVELOPING THE SOCIAL MODEL OF PUBLIC HEALTH

1.0 SUMMARY

This report sets out the work undertaken by the Members' Task and Finish Group on Public Health to develop the Social Model of public health within the city, and includes a proposal to adopt the Social Model as part of the Council's overall vision for Public Health as agreed at Cabinet during 2012.

In addition, the report sets out the outcome of the first area of public health investment which has been reviewed within the context of the Social Model: the Healthy Communities Programme

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE

2.1 The adoption of the Social Model seeks to create a new framework for the delivery of Public Health programmes and projects which reflects the impact of the wider determinants of health on health inequalities in the City It will result in a re-focussing of public health effort to better reflect the impact of the social and psychosocial aspects of health (see model below) Essentially it will result in a firmer recognition that some of the personal behaviour change required to improve public health can only be addressed within a wider context of issues such as poverty, employment, social isolation and positive mental wellbeing, and that public health delivery should increasingly acknowledge that.

2.2 The review of the Healthy Communities Programmes will create programmes on the ground which better reflect the principles described above

3.0 OUTCOME AND SUSTAINABILITY

3.1 Adoption of the model is designed to create a framework to direct activity to reduce Health Inequalities and improve public health. Once the model is agreed, the impact of the Model should go beyond the public health resource within the Council, and be a framework which is used within other services and indeed across VCF organisations and communities in order to create a wider impact on these inequalities. Because the model is designed to impact on mainstream service it has a sustainable platform

3.2 The Healthy Communities review is the first examination of current public health activity through the lens created by the Social Model and delivery of the Review is designed to impact as described above. Once approved the Model will be used to examine other current public health expenditure

to ensure the principles behind the spend reflect the Social Model

4.0 MAIN BODY OF THE REPORT

Members established a Public Health Task and Finish Group in 2012, chaired by Cllr Mary Lea. Its initial work was to examine key public health issues during the transfer of Public Health responsibilities from the NHS to Sheffield City Council. Phase 1 of the Member Review concluded in September 2012. It set out priorities for future Public Health investment in 'five big changes' and 13 areas for action - a number of these recommendations informed investment decisions within the 2013/14 budget and set the basis for the next stage of Member Review following the transfer of responsibilities.

Phase 2 of the Task and Finish Group, had four objectives:

- Develop a social model of Public Health and Wellbeing to inform thinking and activity across Sheffield City Council, including the Council's contributions to outcomes in the Health and Wellbeing Strategy.
- Use the model to build community empowerment and individual resilience to help people make healthier life choices, be more involved in decisions about their own health, and improve community wellbeing through personal development.
- Use the model to review the current Healthy Communities Programme and investments, and to establish a new model of investment from 2014 onwards.
- Identify the leadership skills within communities and the Council workforce required to take this forward.

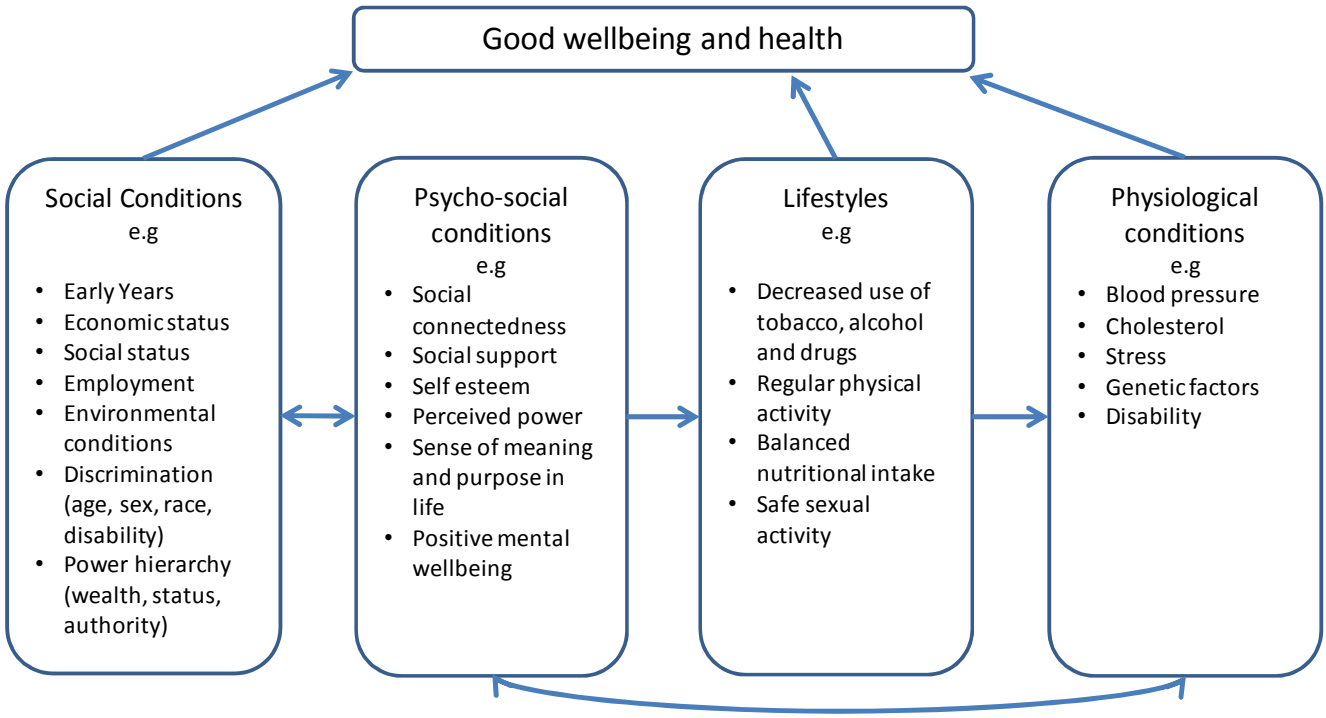
Whilst Public Health specialists in the city have promoted, where possible, a social model that is community based, the transfer of responsibilities to local government provides a fresh opportunity to examine and develop the potential of these approaches.

The evidence base for the Review

The group held nine sessions between February and June 2013. The sessions included evidence from external experts, from Sheffield's Fairness Commission, and from the lead officer of the current Healthy Communities Programme. The group considered a number of different academic social models of Public Health.

Developing a social model of health and wellbeing for Sheffield

In response to this evidence, Members developed the following model based on understanding what good wellbeing and health means in Sheffield. It has been chosen as it is clear, demonstrates the key drivers of wellbeing and health, and enables us to test the focus of our existing and future investment.



- The aim of Public Health investment in Sheffield is to tackle health inequalities. This will raise wellbeing and health for the whole population. The model sets out four 'categories of influence which will help determine future investment: Move away from a focus on lifestyles towards the root causes of ill health and poverty
- Increase the focus on strengthening community wellbeing and resilience.
- Focus on those people and communities with the least power and control over their lives.
- Focus on those things people and communities *themselves* say are barriers to their wellbeing and health. We will look to work with people and communities by using a co-production approach wherever possible.
- Build on existing strengths in individual people and communities.
- Increase connectedness
    - between individual people,
    - between individual people and community organisations, and
    - between community organisations themselves.
- Increase community engagement.
- Empower individuals and communities through increasing their knowledge.
- Make sure investment in programmes has the opportunity to influence local and national policy.

The model doesn't suggest every programme should address all these four areas, but it seeks to ensure that any programmes seeking, ultimately to change behaviours recognise when these other factors are barriers to the change ,and steps are taken to remove the barrier at an individual or collective level

Using the Social Model to review the existing Healthy Communities Programme (HCP) investment and develop recommendations

Overview

The current Healthy Communities programmes exist within the most deprived third of City, which is where the worst health outcomes (life expectancy, etc.) occur. They are community based programmes which work within local communities and seek to establish health priorities and act to improve them within a local context. There are 14 such programmes across these areas and they spend approximately £1.8 m on a mixture of internal staff and externally commissioned delivery (via local VCF organisations.) They are also the delivery vehicle for the Health Champions (included in the £1.8m costs which are currently commissioned separately) Some of the Programme Resource is for 'communities of interest' rather than specific geographic areas The HCP is currently located within the Council's Communities portfolio

Findings of the review of the Healthy Communities Programme

As a result of the review of HCP, Members concluded:

1) The Social Model should be taken forward through Healthy Communities Programme investment

The existing HCP programme should change to one that more explicitly addresses the objectives in the proposed Social Model: particularly focusing on the underlying root causes of ill-health and poverty and the potential to enhance social capital and community development.

This will involve an overall investment switch which sees more investment in tackling root causes and promoting social capital as means for improving public health; the honouring of existing joint investment commitments with the CCG; a reduction in the number of directly employed staff working in the HCP; and a re-design of services which are commissioned currently from the voluntary and community sector, albeit with the intention of retaining similar levels of investment in voluntary and community sector led activity

2) Community based public health work should form part of a new community based model, integrated with Locality Working

The Council's in-house community based resource should be truly community based: public health specialists should be part of the SCC locality arrangements working on the ground with local Members, GPs and community leaders to deliver improved public health outcomes. The

focus should be on:

hands-on work with individuals and communities, either through SCC public health staff based in localities or through local VCF organisations.

- Public Health specialists informing commissioning intentions with VCF organisations, so that the latter deliver the Social Model and the expectations set out in the Public Health Outcomes Framework

The new programme needs also to operate as part of changes which are taking place in children's services, adult social care, housing services and Place-based services.

This approach will require changes to the current in-house HCP staffing, with a reduction in the number of directly employed staff working on the programmes over a phased period to be completed by April 2015.

3) Investment in the VCF sector should build on the best of the current HCP and to achieve new priorities around root causes and social capital

This may mean re-designing current levels and patterns of investment. Notice needs to be given to current Voluntary Community and Faith sector providers within the Healthy Communities Programme, consistent with the VCF Compact and current contractual obligations. This needs to be followed by an engagement exercise with potential VCF providers about future service delivery consistent with the new Social Model priorities.

4) Honour joint investment with the CCG

Continue to invest in and support the Health Trainers programme, as part of a joint investment commitment with the CCG

5) Increase direct investment in root causes of ill-health and poverty

Begin a programme of investing in specific root causes initiatives, linked to Fairness Commission recommendations. This work could be started through a switch in current HCP investment priorities and should ensure that these proposals will address public health issues relating to poverty, isolation and loneliness (thereby increasing the emphasis on the social and psychosocial aspects of the model) and consider priorities in areas such as employment and housing.

Next steps

Given the scale of the proposed changes, and the financial position which the Council faces during 2013/14 and is likely to face throughout the period of the next Medium Term Financial Strategy (2014/15 – 2016/17), the proposed changes to the Healthy Communities Programme need to be implemented on a phased, but urgent basis during 2014/15, with completion by April 2015. This will need to include consideration of how Public Health can 'buy' improved public health outcomes from existing General Fund services which may otherwise be discontinued as a result of central Government reductions in the Council's overall budget settlement for 2014/15 onwards, and have greater influence over the totality of Council spend.

The ambition is to achieve delivery of the review in its totality over a period of between 6 and 18 months. Some elements will be achieved within 6 months and some actions will require a longer implementation period up to18 months (e.g. to ensure the right public health expertise is in the right place at the right time to assist implementation and to ensure compliance with Public Health Transfer requirements around staffing).

Outline details of the proposals in terms of 'end point' changes to investment profiling are shown in the table at appendix 1.

Equalities and Consultation implications

As a Council under the Equality Act 2010, s. 149, we have a Statutory Public Sector Equality Duty (PSED) to pay due regard to:

- Eliminating discrimination, harassment and victimisation
- Advancing equality of opportunity
- Fostering good relations

This means we need to understand the effect of our policies and practices on equality. This will involve looking at evidence, engaging with people and considering the effect of what we do on the whole community.

As part of our approach to demonstrate how we act fairly and meet our Duty we use Equality Impact Assessments (EIAs) as our vehicle to assess impacts on staff and customers of policies, proposals and functions. The proposals detailed in this report have been informed by work to understand the impact on fairness and including those who share protected characteristics under the Act.

Also a commitment to fairness and social justice is at the heart of the Council's values and is reflected in the options in the report. We believe that everyone should get a fair and equal chance to succeed in Sheffield. However we recognise that some people and communities need extra support and help to improve their health and so to reduce persistent health inequalities, and to reach their full potential, particularly when they face multiple layers of disadvantage and discrimination.

The evidence on public health has also been supported by the findings from the overall work over the last twelve months by both budget and non-budget related activity.. The task group held sessions between February and June 2013. The sessions included evidence from external experts, from Sheffield's Fairness Commission, and from the lead officer of the current Healthy Communities Programme. The group considered a number of different academic social models of Public Health.

However although the overall programme and the proposed changes are designed to reduce inequalities and increase fairness it is recognised that structural changes may still have potential adverse equalities implications. Therefore both the internal structure proposals and the emerging proposals regarding VCF commissioning will both be subject to appropriate level of Equalities Impact Assessment and consultation at the implementation plan/ structure change stage.

Financial Implications

Fundamentally this proposal seeks to use the Healthy Communities budget to address the health priorities reflecting the adopted Social Model of Health.
It should be stressed that the figures in the appendix are indicative at this stage, reflecting Members' comments in the Task and Finish Group discussions. It is proposed that a detailed, costed implementation plan is developed by the Director of Public Health and the Executive Director Communities, in consultation with the Cabinet Member for Health, Care and Independent Living and the Executive Director Resources and has the necessary sign-off before implementation takes place.

The overall financial plan is that current HCP investment:

- Be switched as set out in this report, to deliver the new Social Model and to give a greater focus on root causes and social capital
- May give some scope for Public Health grant to 'buy out' existing General Fund activity so as to more directly improve public health outcomes and make efficiencies in

wider Council spend as part of the Medium Term Financial Strategy

Human Resources Implications

Detailed implementation plans will be developed to address the HR implications of the proposed changes to the HCP programme. There are a number of vacancies within the current HCP team and a new structure will need to be developed and made subject to formal consultation. It is proposed that changes are implemented on a phased basis during 2014/15 to maximise the capacity required and to ensure that staff are either appointed to the new community based public health service, re-deployed to other suitable vacancies within the Council or that vacancies are managed through natural turnover. Notwithstanding this Members have stressed the importance of not losing momentum on this project and implementation should be as quick as is reasonably practicable. This will also minimise uncertainty during the changes.

Recommendations

Members are asked to:

- Approve the adoption of the Social Model of Public Health as an addition to the policy statement set out in the vision for Public Health agreed at Cabinet on 25 January 2012 – the Model is set out in section 4 of the report.
- Approve the direction of travel for changes to the current Healthy Communities Programme. and request the Director of Public Health and the Executive Director Communities, in consultation with the Cabinet Member for Health, Care and Independent Living and the Executive Director Resources to develop and implement a plan to achieve these changes on a phased and structured basis during 2014/15.
- Agree delegated approval to take forward proposed changes to the Healthy Communities Programme. The implementation plan should build on what wider evidence there is to develop a programme which delivers maximum impact to the current Healthy Communities areas, in the context of the Social Model. The Plan needs to reflect Members wishes to see delivery of the Task and Finish recommendations implemented as quickly as is reasonably practicable, reflecting the need to ensure the proposals fit seamlessly within the localities proposals and addressing any legal and HR requirements arising from the recent transfer of Public Health into the Local Authority It should also address the issue of rebranding the programme to

fit within the localities context.

- Approve giving six months' notice to current Voluntary Community and Faith sector providers within the Healthy Communities Programme, consistent with the VCF Compact and current contractual obligations, and that an engagement exercise commences with potential VCF providers about future arrangements.

5.0 ALTERNATIVE OPTIONS CONSIDERED

5.1 During the course of the Task and Finish Group several academic and practical interpretations of Public Health approaches were considered but the consensus in the group was that the proposed most succinctly represented the evidence and experience they had received

5.2 The recommendations regarding the Healthy Communities Programmes were reached through a process of analysis of inputs, outputs and outcomes along with expertise from the programme area. The recommendations reflect the conclusions of the Group

6.0 REASONS FOR RECOMMENDATIONS

6.1 The new responsibilities of the Local Authority regarding Public Health present opportunities for the Council to bring its influence and resources to bear on the long standing health inequalities across the City .These recommendations seek to create a framework and commence delivery on approaches to addressing these inequalities. The proposals better reflect the organisations experience and understanding of local communities whist acknowledging the good practice locally and nationally

7.0 REASONS FOR EXEMPTION (if a Closed report)

7.1 Not Applicable

8.0 RECOMMENDATIONS

Members are asked to:

- Approve the adoption of the Social Model of Public Health as an addition to the policy statement set out in the vision for Public Health agreed at Cabinet on 25 January 2012 – the Model is set out in section 4 of the report.
- Approve the direction of travel for changes to the current Healthy Communities Programme. and request the Director of Public Health and the Executive Director Communities, in consultation with the Cabinet Member for Health, Care and

Independent Living and the Executive Director Resources to develop and implement a plan to achieve these changes on a phased and structured basis during 2014/15.

- Agree delegated approval to take forward proposed changes to the Healthy Communities Programme. The implementation plan should build on what wider evidence there is to develop a programme which delivers maximum impact to the current Healthy Communities areas, in the context of the Social Model. The Plan needs to reflect Members wishes to see delivery of the Task and Finish recommendations implemented as quickly as is reasonably practicable, reflecting the need to ensure the proposals fit seamlessly within the localities proposals and addressing any legal and HR requirements arising from the recent transfer of Public Health into the Local Authority It should also address the issue of rebranding the programme to fit within the localities context.
- Approve giving six months' notice to current Voluntary Community and Faith sector providers within the Healthy Communities Programme, consistent with the VCF Compact and current contractual obligations, and that an engagement exercise commences with potential VCF providers about future arrangements.

Chris Shaw
Director of Health Improvement
4th October 2013

Appendix 1

Indicative Spending Profile for Healthy Communities Review

Area of Spend	**Current (£000)**	**T+F Group Proposed (£000)**	**Difference (£000)**
Healthy Communities Internal (staffing costs)	760 (currently spending 623 due to vacancies + p/t roles)(excl Health trainers staffing – see below)	**350 (excl Health trainers staffing - see below)**	-410
Healthy Communities commissioned (VCF Spend)	526	**273**	-253(note this reduction can be offset by the investment in Social Capital Below
Social capital/building community capacity	0	**290 (see below)**	+290
Funding for Root Causes (including some new Fairness Commission based spend plus some support for mainstream SCC services with an increased PH orientation	0	**400**	+400
Expert Patient Programme	27	**0**	-27
Health Trainers	300 (incl 90 staffing)	**300 (210 partner funding and 90 staffing)**	0
Health Champions	185	**185**	0
Total	1798	**1798**	0

SHEFFIELD CITY COUNCIL

CALL-IN PROCESS FOR EXECUTIVE DECISIONS

I IAN AUCKLAND (Name of Member in Block Capitals)

under the provision of Scrutiny Procedure Rule 16, wish to call-in Item No. 13

relating to DEVELOPING THE SOCIAL MODEL OF PUBLIC HEALTH

of the meeting of CABINET (meeting title)

on 16 OCTOBER 2013 (date) for consideration by the

HEALTHIER COMMUNITIES & ADULT SOCIAL CARE Scrutiny Committee.

The relevant Scrutiny Committee will be indicated on the Checklist within the report relating to this matter.

Reason for Call-In

CLARITY ON RE-ALLOCATION OF FUNDING

Signed [signature] Date 17.10.13

I have obtained the following signatures of the other Members who wish to call-in this item:-

	Name (in Block Capitals)	Signature
1.	SHAFFAQ MOHAMMED	[signature]
2.	ANDREW SANGAR	[signature]
3.	ROGER DAVISON	[signature]
4.	Diane Stimely	[signature]

(NOTE: Scrutiny Procedure Rule 16 requires five Members, including two from the appropriate Scrutiny Committee to 'call-in' an Executive decision for scrutiny. This can be done **up to 4 working days after the decision publication**.

The five signatures required for the call-in process must be submitted by the deadline date, but need not all be on one form.

Completed forms to be returned to the Head of Democratic Services (Room G13/14, Town Hall), by the deadline referred to above.

The request will be logged and forwarded to the Director of Performance and Communications for action.

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