haringey strategic partnership

Meeting: **Well Being Strategic Partnership Board**

Date: **11 January 2011**

Report Title: **Responding to the NHS and Public Health White Papers**

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Purpose

This report is the first in a suite of papers addressing Haringey's response to the following White Papers: **Equity and Excellence: Liberating the NHS;** and **Healthy Lives, Healthy People: Our strategy for public health in England**. It covers:

1) **Setting the strategic direction for health and wellbeing in Haringey**
2) **Establishing shadow arrangements for the Health and Wellbeing Board**
3) **Changes to the NHS (including proposed new public health system, setting up GP consortia, creating HealthWatch)**

Summary

The NHS White Paper represents possibly the most radical restructuring of the NHS since its inception. The changes will have major implications for local authorities which will take on the function of joining up the commissioning of local NHS services, social care and health improvement.

This report proposes the **strategic direction** for health and wellbeing locally with the following vision for health and wellbeing:
'**Every child, young person and adult in Haringey will have an equal chance of having a healthy, safe and fulfilling life.'**

We are proposing **three outcomes**:

i. improved health and wellbeing
ii. reduced health inequalities
iii. children and adults safeguarded

To achieve our vision and deliver our outcomes we will:

- Develop strong partnership working between commissioning organisations
- Prioritise early intervention and prevention
- Offer residents increased choice and control over their lives through the personalisation of health and social care services
- Use evidence from our joint strategic needs assessment (JSNA) to commission cost-effective services and interventions
- Recognise that local residents, statutory, voluntary, community and commercial

organisations all have a role to play in delivering health and wellbeing improvements

What we are proposing to do next:

i. set up a **shadow Health and Wellbeing Board** from April 2011
ii. develop a new **health and wellbeing strategy** with associated delivery plans
iii. establish **health and social care commissioning arrangements**
iv. **transfer the public health function** to the council by March 2011

To aid discussion of these proposals **a list of questions** is included in section 4.

List of appendices
Appendix 1: Policy background
Appendix 2: Remit of existing Well-being Partnership Board and Children's Trust
Appendix 3: Future key public health roles

Legal/Financial Implications

The recommendation to set up a shadow Health and Wellbeing Board (H&WBB) from April 2011 is not expected to have new financial implications as it is expected to work within existing resources. As outlined in the summary above, there are likely to be significant financial implications moving forward. These will be picked up in future reports following receipt of the final legislation as a result of the NHS White Paper and associated publications.

The principal legislative reforms will include transferring local health improvement functions to local authorities, with ring-fenced funding and accountability to the Secretary of State for Health. Within this, local Directors of Public Health will be responsible for health improvement funds allocated according to relative population health need.

Recommendations

That, in readiness for the establishment of the statutory Health and Wellbeing Board from April 2012, members of the Well-being Partnership Board (WBPB) discuss the questions set out in Section 4 and:

1) Discuss the proposed vision and outcomes to be finalised at the inaugural meeting of the shadow Health and Wellbeing Board

2) Endorse the creation of a shadow Health and Wellbeing Board from April 2011 with an immediate focus on:
    - developing a health and wellbeing strategy
    - establishing health and social care commissioning arrangements
    - transferring the public health team from NHS Haringey to the council

3) Note the proposals for the transfer of the public health function to the council, establishment of GP consortia and HealthWatch, and associated timescale.

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1 Setting the strategic direction for health and wellbeing

1.1 The national context

The **Equity and Excellence: Liberating the NHS** White Paper, published in July 2010, outlines a series of changes to the NHS. It introduces additional responsibilities and new statutory functions which build on the power of local authorities to promote wellbeing; notably that local public health functions will be transferred from the NHS to the local authority. Each local authority will take on the function of joining up the commissioning of local NHS services, social care and health improvement which includes positive promotion of the adoption of 'healthy' lifestyles, as well as tackling inequalities in health and addressing the wider social influences of health.

The Department of Health's plan is that new statutory Health and Wellbeing Boards will be in place by April 2012 to ensure that:

- joint working takes place when commissioning NHS, public health, and social care services
- there is strategic oversight of health and care services
- GP consortia are responsive to the needs of patients

In November 2010, the government published **Healthy Lives, Healthy People**, the White Paper setting out its strategy for public health in England. It describes a framework and principles to:

- protect the population from serious health threats
- help people live longer, healthier and more fulfilling lives, and
- improve the health of the poorest, fastest

Further relevant policy background is described in Appendix 1.

1.2 The local context: a strategic vision for health and wellbeing in Haringey

Haringey has long been committed to ending health inequalities and improving health and wellbeing locally (see Appendix 2 for details); a summary of our current commitments is set out below.

Document	Commitment
Sustainable Community Strategy 2007-16	**Healthier people with a better quality of life**
Children and Young People's Plan 2009-20	We want every child and young person in Haringey to be **happy, healthy, safe and confident about the future.**
Well-being Strategic Framework 2010 (revised draft)	**A healthy and caring Haringey**: *All people in Haringey have the best possible chance of enjoyable, long, healthy lives***.**

In response to the recent national developments outlined above we are proposing bringing our local commitments together to promote a **Healthier Haringey** where people of all ages are able to benefit from improvements. Our vision[1] is that:

Vision
'Every child, young person and adult in Haringey will

[1] To be finalised at the inaugural meeting of the Shadow Health and Wellbeing Board.

have an equal chance of having a healthy, safe and fulfilling life.'

We are proposing **three outcomes**:

i. improved health and wellbeing
ii. reduced health inequalities
iii. children and adults safeguarded

1.3 Implementing our vision

To achieve this we will:

- Develop strong partnership working between commissioning organisations
- Prioritise early intervention and prevention
- Offer residents increased choice and control over their lives through the personalisation of health and social care services
- Use evidence from our joint strategic needs assessment (JSNA) to commission value for money services and interventions
- Recognise that local residents, statutory, voluntary, community and commercial organisations all have a role to play in delivering health and wellbeing improvements

2 Establishing a shadow Health and Wellbeing Board

2.1 We are recommending that we set up a shadow Health and Wellbeing Board from April 2011 – the structure would need to be able to be modified once legislation has been passed - subject to approval by the HSP Executive, Well-being Partnership Board and the Children's Trust. The shadow Board will operate until the new statutory board is in place in April 2012.

2.1.1 The shadow Health and Wellbeing Board will have a broader remit than the current Well-being Partnership Board, shifting to whole system commissioning for children ***and*** adults to enhance partnership work. It will have increasing authority as its statutory functions become clearer. Its membership will be wider than the current Well-being Partnership Board as it will also cover services to children.

2.1.2 The shadow Board will prepare partners for the establishment of the statutory Health and Wellbeing Board by developing a Health and Wellbeing Strategy initiating focused work programmes to:

- *lead the statutory JSNA programme*, planning and commissioning services based on evidence from JSNA findings
- *reduce health inequalities*, ensuring a focus on public health during the transition to the local authority leadership for health improvement
- *oversee the commissioning function* identifying areas and priorities for joint commissioning and pooled budget arrangements for NHS, children's and adults' social care including safeguarding, public health and other local services (a group will be set up to lead this work)
- *promote integration and partnership working*
- *promote engagement with GPs* through the development of the GP consortia
- *enhance public and patient engagement* establishing a local *HealthWatch*
- *monitor and review health and wellbeing improvements and outcomes* (using the NHS, Public Health and Social Care Outcomes Frameworks).

2.1.3 The Health and Wellbeing Strategy will be the mechanism for delivering the Health and Wellbeing Board's outcomes.

2.2 Local Authority/NHS Integrated Working Board

2.2.1 In Haringey, we have already set up an Integrated Working Board to manage the implementation of the White Paper. It is responsible for:

- Establishing our local Health and Wellbeing Board (including a shadow Board)
- Engaging with GP collaboratives
- Establishing a health and wellbeing commissioning group
- Transferring the public health function to the council

2.2.2 The Integrated Working Board will also have a comprehensive communications plan to help manage the change. We have begun establishing links between the council, NHS Haringey and GPs, and have produced a short guide for GPs on the role of local authorities in improving health and wellbeing outcomes.

2.2.3 Membership of the Integrated Working Board includes representatives from: Haringey Council's Adults' and Children's Services, the Chief Executive's Service; Public Health; NHS Haringey's commissioning function; and a Clinical Director representing the GP collaboratives.

2.2.4 The Board will meet fortnightly for the next few months and will provide progress updates to the council's management board, Haringey Strategic Partnership Executive, Well-being Partnership Board and Children's Trust.

2.2.5 There is potential for the Integrated Working Board will become the executive group of the shadow Health and Wellbeing Board.

3 Changes to the NHS

3.1 Consultation on changes to NHS Haringey

3.1.1 A staff consultation on the implementation of a Single Management Team for the five Primary Care Trusts (PCTs) in North Central London (NCL) started on Monday 22 November 2010 and ends on Monday 21 February 2011. These changes will be effective from 1 April 2011. The proposal is to create a single, central transitional organisation across the NCL sector, while retaining a local presence within each of the five boroughs. The proposal is deemed necessary to meet the national requirement to make significant management cost savings by 2012/13; approximately 54% management cost savings across the NCL sector, which equates to £28 million.

3.1.2 The proposal is for Haringey's local NHS presence to be provided largely by joint commissioning posts with Enfield's as well as joint commissioning posts with Haringey Council for adults' and children's social care.

3.2 Proposed new public health system in Haringey

3.2.1 The PCT public health teams are part of the above process. Although public health has been relatively protected, there will be a reduction in the public health workforce. The proposed structure is for teams to be based locally with

the local authority, led by the Director of Public Health (DPH), who will be jointly accountable to their local authority chief executives and to the sector DPH who will be accountable to the sector chief executive.

3.2.2 Arrangements to deliver certain public health functions at a sector level – with public health expertise from the borough teams – are under discussion by the five PCT DsPH in the sector.

3.2.3 Throughout the transition, staff will remain NHS Haringey employees until employment is either transferred to the national Public Health Service, or other agencies or providers or the council.

3.2.4 It is proposed that the public health function is transferred from NHS Haringey to the council by March 2011 and a project plan to support the transfer is in development. A detailed description of future public health functions is given in Appendix 3.

3.3 Funding for public health

3.3.1 The NHS White Paper proposed that the Department of Health would create a ring-fenced public health budget, and with this local DsPH will be responsible for health improvement funds allocated according to relative population health need. The allocation formula for these funds will include a 'health premium' designed to promote action to improve population-wide health and reduce health inequalities.

3.3.2 At this time of high financial challenge, there is a considerable risk of a reduction in funding for public health. Currently the baseline funding for public health requires further clarification – as well as where reductions have recently occurred, or where they are proposed.

3.3.3 Health improvement and health protection issues are currently largely commissioned by the public health team through existing NHS commissioning budgets and it is envisaged that this will continue and be transferred as part of a ring-fencing public health function; clarification of commissioning lead and budget responsibility for certain areas is required.

3.3.4 In addition, current community NHS providers deliver substantial parts of what is required to improve public health, and provide substantial preventative as opposed to care and treatment activity – health visiting and school nursing being obvious examples. How we identify and safeguard those activities commissioned for public health action is still to be clarified.

3.3.5 Currently the extent of local authority funding for public health, particularly health improvement, is unclear; a considerable proportion of this is likely to be from area-based grants, which are to be discontinued, which fund the delivery of many public health functions.

3.4 GP Consortia in Haringey

3.4.1 The NHS White Paper proposed a fundamental shift in responsibilities and budgets for commissioning NHS healthcare and services, with GPs working in 'consortia' at the centre of this.

3.4.2 Haringey GP practices have been organised into four collaboratives for the last three years: West Haringey, Central Haringey, North East Haringey and South East Haringey. A GP Clinical Director leads the work of each respective collaborative. The four collaboratives recently agreed to form a pan-Haringey Consortium that would cover a population of approximately 250,000.

3.4.3 NHS London's GP consortia development programme (designed with the national programme) will make funds available from April 2011 for GP consortia to boost their progress.

3.4.4 The four Haringey GP collaboratives have expressed their interest to be one of the first groups to take part in the NHS London pathfinder programme and NHS Haringey is supporting them through their application process. A joint statement of intent to work in partnership with the local authority is a key part of the application. It is hoped that Haringey GPs will be in a position to apply for pathfinder status by 24 December 2010.

3.5 HealthWatch

During 2011/12 we will be preparing for the creation of Haringey HealthWatch, which will replace the Local Involvement Network. It will be an independent body with the power to monitor the NHS and to refer patients' concerns to a wide range of authorities and be in place by April 2012.

4 Next steps

4.1 An updated version of this report will be presented to the Children's Trust in February 2011; we will provide regular updates on progress to the council's management board, NHS Haringey and to the HSP and thematic boards.

4.2 Below are the timescales for implementation of the national and local changes.

No.	National activity	Timescale
1.	NHS White Paper (and other related papers) published	July 2010
2.	DH Vision for Adult Social Care and outcomes framework consultation published	November 2010
3.	Public Health White paper published	November 2010
4.	Publications on information strategy, patient choice, provider led education and data returns	December 2010
5.	NHS Commissioning Board established in shadow form	April 2011
6.	Haringey shadow Health and Wellbeing Board established	April 2011
7.	Phased transfer of public health team to the local authority	April 2011
8.	Shadow GP consortia set up	2011-12
9.	NHS Commissioning Board with Regional Offices established	April 2012
10.	Public Health England, the new national Public Health Service, established	April 2012
11.	Strategic Health Authorities abolished	2012-13
12.	GP consortia commissioning the majority of local NHS services – contracts held with providers	April 2013
13.	Primary Care Trusts abolished	April 2013

No.	Local activity in Haringey	Timescale
1.	LA/ NHS Integrated Working Board established	October 2010
2.	Information to GPs on LA	December 2010
3.	• Establish Integrated Working Board sub group to manage the transfer, subject to agreed financial arrangements, of the NHS public health team to the council • Project brief /PID to be developed	December 2010
4.	• Director of Public Health to establish the baseline of funding for public health within Haringey, both within NHS Haringey and Haringey Council • DPH to be made aware of all proposals for reduction in budgets considered to be for public health	End of December 2010
5.	As part of the new responsibilities of the DPH: • Agree the public health elements of all community provider services • Begin establishing accountable joint commissioning arrangements with the GP collaboratives.	End of January 2011
6.	Haringey shadow Health and Wellbeing Board established	April 2011
7.	Phased transfer of public health team to the local authority	April 2011
8.	Haringey shadow GP consortia set up	2011-12
9.	NHS Haringey abolished	April 2013

4.3 To start discussion at the Well-being Partnership Board **a list of questions** is presented below for consideration. These cover the vision for improving health and wellbeing locally, setting up of a shadow Health and Wellbeing Board and proposals for developing the Health and Wellbeing strategy.

Questions for discussion

Section 1: Setting the strategic direction for health and wellbeing

Vision
'Every child, young person and adult in Haringey will have an equal chance of having a healthy, safe and fulfilling life.'

Outcomes

i. **improved health and wellbeing**
i. **reduced health inequalities**
ii. **children and adults safeguarded**

1. **Do you agree with the proposed vision for health and wellbeing?**
(The vision will be finalised at the inaugural meeting of the shadow Health and Wellbeing Board.)

2. **Could it be worded differently? If so how?**

3. **Do you agree with the proposed outcomes?**

Section 2: Establishing a shadow Health and Wellbeing Board

Recommendation 2 of this report:
Endorse the creation of a shadow Health and Wellbeing Board from April 2011 with an immediate focus on:

- establishing health and social care commissioning arrangements
- the transfer of the public health unit to Haringey Council
- developing a Health and Wellbeing Strategy

4. **Do you agree with the creation of a shadow Health and Wellbeing Board which will include adults' and children's services and safeguarding from April 2011?**

5. **What, if any, other areas of immediate focus should the Health and Wellbeing Board have?**

6. **What are the implications of the creation of the Health and Wellbeing Board for the other thematic boards under the HSP?**
   - What are the key relationships and how should they be developed?
   - How should the Health and Wellbeing Board operate to carry out the oversight role effectively?
   - How should the shadow Health and Wellbeing Board manage potential conflicts and not prejudice possible future statutory positions?
   - How might the Health and Wellbeing Board facilitate the integration of care pathways so that client/ patients receive seamless care even when different commissioners contribute to the care pathway?

Section 3: Developing the Health and Wellbeing Strategy

It is proposed that the Health and Wellbeing strategy will include the following themes:

- **Empowering Haringey's people and communities**
- **Enabling the best start in life**
- **Primary and social care equity**
- **Health, work and wellbeing**
- **Maintaining healthy and sustainable places**
- **Preventing ill-health and supporting lifestyle changes**

7. **Do you agree with inclusion of the above themes?**

8. **Which health improvement issues should the Health and Wellbeing Strategy focus on as priorities?**

9. **What information will the Health and Wellbeing Board need in order to assess the effectiveness of health improvement programmes and their impact on health?**

Appendix 1: Policy background

Equity and Excellence: Liberating the NHS

The above White Paper, published on 13 July 2010, outlines a series of changes to the NHS. It introduces additional responsibilities and new statutory functions which build on the power of local authorities to promote local wellbeing. It states that each local authority will take on the function of joining up the commissioning of local NHS services, social care and health improvement. Health improvement includes positive promotion of the adoption of 'healthy' lifestyles, as well as inequalities in health and the wider social influences of health.

The Local Government Information Unit described the White Paper as representing "possibly the most radical restructuring of the NHS since its inception". The Paper sets out three key principles:

- Patients at the centre of the NHS
- Changing the emphasis of measurements to clinical outcomes
- Empowering health professionals, in particular GPs

The legislative framework following the public consultation on the White Paper was published in December 2010. It sets out how the government will legislate and implement the proposed reforms, drawing on the insights and experience contributed by those who responded to the consultation.

A fuller briefing on this White Paper is available on request.

Achieving Equity and Excellence for Children

In addition to the NHS White Paper, in September 2010, a consultation on the above was launched to consider how to ensure high-quality services for children and young people. It recognises that, although children and young people are mostly healthy, illness and injury can have a long-lasting impact on a young person and ultimately on their life chances and overall wellbeing; the implementation of proposals from this consultation will be the responsibility of the Health and Wellbeing Board.

Healthy Lives, Healthy People

In November 2010, the government published its Public Health White Paper setting out a framework and a set of principles to:

- protect the population from serious health threats
- help people live longer, healthier and more fulfilling lives, and
- improve the health of the poorest, fastest.

Subject to Parliament, the government has set out its intention to put local government and communities at the heart of improving health and wellbeing for their populations and tackling inequalities. The government has promised a ring-fenced budget of £4bn, part of which will go to local authorities, while the rest will be spent by a new central body, **Public Health England**, which will organise national programmes such as immunisation and screening. Details of the public health outcomes framework and funding will be consulted on separately in the next few weeks.

NHS White Paper Transparency in Outcomes (A framework for the NHS)

The above consultation document (section 2.2 of the DH document) states that the current performance regime will be replaced with separate frameworks for outcomes that set direction for the NHS, public health and social care, and provide for clear and unambiguous accountability thus enabling better joint working.

Capable communities and active citizens (A vision for adult social care)
In November, the DH published its vision for adult social care, setting out a new agenda for adult social care based on a power shift from the state to the citizen. The vision will feed into the development of a White Paper on social care in autumn 2011, and future legislation. The DH also launched a consultation**, Transparency in Outcomes: a framework for adult social care**, setting out a new strategic approach to quality and outcomes in adult social care. Responses are due by February 2011.

All's well that ends well – Local Government Information Unit (LGIU) study
An independent study, commissioned by the LGIU and published in October 2010, focuses on the role of local government in supporting health improvement and tackling health inequalities, and analyses the structure of support needed locally to deliver effective action for communities.

- The new Health and Wellbeing Boards need real teeth – they have to be statutory bodies with effective powers, able to make decisions and to bring reluctant partners into line, but there should not be a government blueprint – they need flexibility to adapt different types of structure to respond to local circumstances.
- The new boards should be subject to independent and robust scrutiny.
- Support is needed to get the new system right – local government needs to take the lead here.
- There needs to be much more robust evaluation of what works – nationally and locally; programmes should not be rolled out with no prior evidence and no funding built in for evaluation.
- Clarity is needed over spending on health improvement and tackling health inequalities; no-one knows what is currently spent – resources need to be better targeted with ongoing effective evaluation.
- There is an urgent need to make the business and policy case for early intervention and preventative action – with new models which incentivise different parts of the public sector to invest up-front.

Appendix 2: Remit of existing Well-being Partnership Board and Children's Trust

	Existing Well-being Partnership Board	Children's Trust
Vision	'A Healthy and Caring Haringey: *All people in Haringey have the best possible chance of enjoyable, long, healthy lives*.' *(Draft revised Wellbeing Strategic Framework)*	*We want every child and young person in Haringey to be happy, healthy and safe with a bright future. (Children's Trust Terms of Reference)* We want every child and young person in Haringey to be **happy, healthy, safe and confident about the future.** *(Children and Young People's Plan)*
Purpose (taken from ToR)	To lead in promoting and delivering a Healthier Haringey for all people aged 18 years and over in Haringey by: 1. improving the health and quality of life of people who live and work in Haringey and reducing health inequalities 2. setting a strategic framework, including outcomes and objectives, through which joint priorities can be delivered and through which statutory responsibilities can be carried out 3. agreeing joint, overarching priorities for the wider well-being agenda	1. To develop and publish a child and family-centred outcome led vision for all children and young people in a Children and Young People's Plan which incorporates all partners' strategies related to children and young people. 2. To put in place robust arrangements for inter-agency governance and performance measurement of all the Every Child Matters outcomes for children and young people. 3. To develop integrated strategy, joint planning and commissioning and pooled and aligned budgets to deliver the Children and Young People's Plan. 4. To deliver child safeguarding services through integrated processes, and effective multi-agency working underpinned by shared language and shared processes. 5. To develop and promote integrated frontline delivery of services organised around the needs of the child, young person or family rather than professional or institutional boundaries.
Outcomes	**From draft revised Wellbeing Strategic Framework:** • Reduced health inequalities (see below) • Adults safeguarded from abuse wherever possible and dealt with appropriately and effectively if it does occur • Choice and control offered through the personalisation of services	**From Children and Young People's Plan** • Be Healthy • Stay safe • Make a positive contribution • Enjoy and achieve • Achieve Economic well-being

	Existing Well-being Partnership Board	Children's Trust
	• Care closer to home **From the draft Health Inequalities Strategy:** • Empowering Haringey's People and Communities • Primary and Social Care Equity • Health, Work and Wellbeing • Maintaining Healthy and Sustainable Places • Preventing Ill-Health and Supporting Lifestyle Changes	**From the draft Health Inequalities Strategy:** Enabling the Best Start in Life

Appendix 3: Key public health roles

This appendix sets out the key roles likely to be required to deliver improved health and reduce health inequalities locally.

1. Health improvement commissioning and strategic development

Key roles
- Ensure all health improvement activity has 'strategic fit' with the newly constituted Health and Wellbeing Board
- Commission health improvement services and health promotion activity to encourage healthier lifestyles
- Influence GP consortia to commission services to encompass prevention and early intervention as well as disease treatment
- Develop partnership working to impact on the wider determinants of health and health inequalities

The new public health function will have significant responsibilities for commissioning of health improvement services, for example, smoking cessation services. For some areas where prevention, screening and treatment are closely linked, such as sexual health, some form of joint commissioning approach with our GP consortia may be most effective. Likewise, there will be benefits in ensuring we capitalize on the expertise and experience of primary care trust and local authority commissioners working on the adults' and children's social care and drug and alcohol agendas.

Many functions within the local authority contribute to the health improvement agenda and we need to ensure that integration will deliver the required functions but avoid duplication and that the focus remains on early intervention and prevention. We need to aim to ensure best practice and value for money inform our commissioning and that the delivery of commissioned services is performance managed and evaluated appropriately.

2. Public health intelligence

Key roles
- Leading the Joint Strategic Needs Assessment (JSNA)
- Adding value to the existing 'intelligence function' within the council

Intelligence supports all public health functions. JSNAs will form the foundation of priority setting and inform a range of commissioning strategies and plans; they will help local people to hold providers and commissioners to account. The public health team has a number of specialists skilled in intelligence who currently support the JSNA programme as part of their roles; they will bring valuable expertise to the council's intelligence function. Some intelligence is being provided at a sector level.

3. Health protection

Key roles

- Ensuring effective infectious disease surveillance and outbreak management
- Ensuring effective infection prevention and control in NHS premises and non-NHS community settings (e.g. schools, care homes)
- Ensuring effective commissioning of immunization and screening programmes
- Contributing to effective emergency planning and ensuring NHS emergency resilience
- Contributing to partnership working on environmental health issues, community safety and injury prevention

North East and North Central London Health Protection Unit (NE&NCL HPU) currently provides expert advice to each local authority as well as surveillance of infectious diseases and health protection incidents to inform local action; timely investigation of incidents and trends of disease; and leading or contributing to prevention and control programmes. While clarity on the role of Public Health England in health protection provision at the local level is required, integration of the public health team into the local authority provides a real opportunity to develop multi-disciplinary environmental protection and emergency planning functions locally

We provide public health leadership for screening and immunisation programmes at sector level. The DsPH across the sector are currently identifying other areas for sector joint working, such as emergency planning and response.

4. Public health support for health and social care commissioning

Key roles

- Developing information solutions to assist joint commissioning
- Supporting health care (acute and community) and social care commissioning
- Ensuring that all components of clinical effectiveness and best practice are supporting commissioning process
- Contributing to a strong joint commissioning function between the GP consortia and local authority

The need for local organisations to work together in partnership more closely and effectively than ever before is integral to providing effective and targeted services to local people. The powers that enable joint working between the NHS and local authorities will be extended and new statutory Health and Wellbeing Boards will be expected to be in place by April 2012 to ensure that there is strategic oversight of health and care services and that joint working takes place when commissioning NHS, public health, and social care services.

The NHS makes a large (about 40% and relatively rapid) contribution to some conditions – such as cardiovascular disease – that are major contributors to health inequalities. Influencing NHS commissioning to reduce inequality is therefore important. Public health has considerable technical expertise and experience for health care commissioning; locally we have prioritised this with senior public health support and will continue to do so, proactively and as required.

Existing local NHS service providers include substantial health improvement roles, from health promotion to elements of more major services which deliver public health outcomes such as school nursing and health visiting. Arrangements for the

commissioning of these services are likely to need a strong joint commissioning function between GP consortia, public health and the local authority.

Decisions will also be needed about key joint commissioning arrangements for mental health and learning disabilities; children's and young people's services (including CAHMS) and long term conditions.