



<b>Briefing for:</b>	Overview and Scrutiny Committee
<b>Title:</b>	Principles of the NHS and Public Health White Papers
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## 1. Introduction

- 1.1 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.
- 1.2 The Public Health White Paper sets out plans to return public health in England to the local authority, with a ring-fenced budget of around £4billion.
- 1.3 Health inequalities continue to be a priority for Haringey and this report is one of a series of papers setting out Haringey's response to these far-reaching changes.

## 2. Background information

- 2.1 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.
- 2.2 The Department of Health's plan is that statutory Health and Wellbeing Boards (HWBs) will be in place by April 2013 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
- 2.3 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
- 2.4 The Director of Public Health (DPH) will be employed by the local authority and jointly appointed by the local authority and Public Health England. The DPH will be professionally accountable to the Chief Medical Officer (CMO) and part of the Public Health professional network. The role of the DPH includes:
- developing an approach to improving health and wellbeing locally, including promoting equality and tackling health inequalities
  - promoting health and wellbeing within local government
  - advising and supporting GP consortia on the population aspects of NHS services
  - collaborating with partners on improving health and wellbeing, including GP consortia, local DsPH, local businesses and others.
- 2.5 [The Health and Social Care Bill 2011](#) was published on 19 January. The Bill contains provisions covering five themes:
- strengthening commissioning of NHS services
  - increasing democratic accountability and public voice
  - liberating provision of NHS services
  - strengthening public health services
  - reforming health and care arm's-length bodies.
- 3. Local Implications**
- 3.1 Haringey has long been committed to ending health inequalities and improving health and wellbeing locally; a summary of our current commitments is set out below.

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



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- 3.2 In response to the 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.
- 3.3 A report setting out draft proposals has been considered by Chief Executive's Management Board, Health and Well-being Partnership Board, NHS Haringey Board, Children's Trust and CAB. It is scheduled to be considered at Cabinet on 26 April. The report sets out proposals for:
1. Setting the strategic direction for health and wellbeing in Haringey
  2. Establishing shadow arrangements for the Health and Wellbeing Board

Cabinet will also note changes to the NHS (including proposed new public health system, setting up GP consortia, creating HealthWatch).

- 3.4 The proposed vision is:

### ***A healthier Haringey***

*We will reduce health inequalities through working with communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life.*

- 3.5 The report also proposes **three outcomes** to help deliver this vision:
- i. improved health and wellbeing
  - ii. reduced health inequalities
  - iii. children and adults safeguarded

### **3.6 To achieve our vision and deliver our outcomes we will:**

- Use evidence from our joint strategic needs assessment (JSNA) to plan and commission value for money services and interventions
- Develop partnership working through the joining up of commissioning for local NHS services, social care services and health improvement
- Prioritise early intervention and prevention
- Offer residents increased choice and control over their lives, within available resources, through the personalisation of health and social care services
- Recognise that local residents, statutory, voluntary, community and commercial organisations all have a role to play in delivering health and wellbeing improvements
- Maximise the opportunities to be gained from financial efficiency by closer partnership working and reducing duplication
- Acknowledge the difficult decisions that will need to be made in light of a financially challenged health and social care economy, making decisions in an inclusive and transparent way as possible

- 3.7 It proposes to begin the work required to achieve this by:



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- i. setting up a **shadow Health and Wellbeing Board (sHWB)** from April 2011
  - ii. developing a **new health and wellbeing strategy** with associated delivery plans
  - iii. establishing **health and social care commissioning arrangements**
  - iv. **transferring the public health function** to the council by the end of March 2011
- 3.8 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 have agreed to form a pan-Haringey Consortium that would cover a population of approximately 250,000.
- 3.9 The four Haringey GP collaboratives expressed their interest to be one of the first groups to take part in the NHS London Pathfinder Consortia programme and NHS Haringey supported them through their application process. A joint statement of intent to work in partnership with the local authority was a key part of the application. An initial application to be considered for Pathfinder status was submitted in December 2010 but was unsuccessful and a second application was submitted in February 2011.
- 3.10 The proposal is also 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.
- 3.11 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.