Haringey Council

Agenda item:

[No.]

Cabinet **On 26 April 2011**

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

Report of: **Dr. Jeanelle de Gruchy,** Director of Public Health
Mun Thong Phung, Director of Adult, Culture and Community Services
Peter Lewis, Director, Children and Young People's Service

Signed:

Contact Officers:

Dr. Jeanelle de Gruchy Director of Public Health, NHS Haringey Tel: 020 8442 6608 Email: jeanelle.degruchy@haringey.nhs.uk	Lisa Redfern Assistant Director, Adult, Culture & Community Services Tel: 020 8489 2326 Email: lisa.redfern@haringey.gov.uk	Debbie Haith Deputy Director, Children & Families Tel: 020 8489 1496 Email: debbie.haith@haringey.gov.uk

Wards(s) affected: **All** | Report for: **Key**

1. Purpose of the report (That is, the decision required)

1.1 This report addresses 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**, and the legislative requirements set out in the **Health and Social Care Bill**. It covers:

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

1.2 In readiness for the establishment of the HWB with full statutory responsibilities by April 2013, consultation has been undertaken with the groups listed in Section 12: Consultation to consider the recommendations set out in paragraph 4 of this report.

2. Introduction by Cabinet Member

2.1. 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.

2.2. 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.

2.3. Health inequalities continue to be a priority for Haringey and this report sets out Haringey's response to these far-reaching changes.

2.4. A small cross-party working group on health inequalities will be established to determine the top five priority areas on which the Council should focus its effort.

3. State link(s) with Council Plan Priorities and actions and /or other Strategies:

3.1. ACCS Council Plan Priorities are:

- A healthy, caring Haringey
- A thriving Haringey
- Delivering high quality efficient services

4. Recommendations

4.1 Discuss the proposed vision and outcomes to be finalised at the inaugural meeting of the shadow Health and Wellbeing Board (sHWB).

4.2 Endorse the creation of a sHWB as a small, focused, commissioning decision-making partnership board from April 2011 and consider the proposed membership and other arrangements.

4.3 Consider the membership of the statutory HWB from April 2013, described in the Health and Social Care Bill as a committee of council, taking into account the legal comments in this report.

4.4 Agree that the immediate focus of the sHWB will be:

- developing a health and wellbeing strategy
- establishing health and social care commissioning arrangements
- integrating the public health function within the council

4.5 Note progress on the transfer and integration of the public health function in the council, establishment of a GP consortium and HealthWatch, and associated timescales.

5. Reason for recommendation(s)

5.1 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.

5.2 The Department of Health's (DH) plan is that new HWBs with full statutory responsibilities 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

5.3 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

5.4 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.

5.5 **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.

5.6 Further relevant policy background is described in Appendix 1.

6. Other options considered

6.1. No other options are under consideration.

7. Summary

7.1 This report proposes the strategic direction for health and wellbeing locally with the following vision:

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.

7.2 We are proposing **three outcomes to be delivered using a partnership approach across and between organisations**:

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

7.3 **What we are proposing to do next:**

i. set up a **sHWB** from April 2011
ii. develop a **new health and wellbeing strategy** with associated delivery plans
iii. establish **health and social care commissioning arrangements**
iv. integrate the **public health function** within the council

8. Chief Financial Officer Comments

8.1 The recommendation to set up a sHWB 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 White Papers and associated publications.

9. Head of Legal Services Comments

9.1 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 needs.

9.2 The Health and Social Care Bill, as currently drafted, will require the Council to establish a Health and Wellbeing Board (HWB) for the Borough. The statutory HWB will have the status of a Council Committee established under section 102 of the Local Government Act 1972.

9.3 The membership of the statutory HWB must comprise: - (i) at least one Councillor nominated by the Leader of the Council (or the Leader in person may sit on the HWB), (ii) the Council's Director of Adult Social Services, (iii) the Council's Director of Children's Services, (iv) the Council's Director of Public Health, (v) a representative of the local Healthwatch Organisation, (vi) a representative of each relevant commissioning consortium and (vii) such other persons or representatives as the Council thinks appropriate. Once the statutory HWB is established by the full Council, the Council may appoint additional members to it but only after the HWB has been consulted. The HWB itself may appoint its own additional members.

9.4 It seems likely that all the members of the statutory HWB will have voting powers but this will depend on Regulations and Guidance to be made once the Bill has been enacted. Further legal advice on the membership and constitution of the HWB will be necessary at this time.

9.5 It is anticipated that the statutory HWB will come into being in April 2013. In the meantime a non-statutory shadow HWB is proposed for establishment by the Cabinet as a partnership board with a view to working towards a transition to the statutory HWB.

10. Head of Procurement Comments – [Required for Procurement Committee]

10.1. Not applicable.

11. Equalities & Community Cohesion Comments

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

11.2

Document	Commitment
Sustainable Community Strategy 2007-16	**Healthier people with a better quality of life**
Children and Young	We want every child and young person in Haringey to

	People's Plan 2009-20	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***.**

11.3 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.

11.4 An Equalities Impact Assessment will be carried out as we develop the strategic direction for health and wellbeing locally; it will take account of requirements included in the Health and Social Care Bill published on 19 January 2011.

12. Consultation

12.1 This report has been considered and agreed by Haringey Council's Chief Executive's Management Board, Haringey Strategic Partnership (HSP) Well-being Partnership Board (WBPB), Children's Trust and CAB.

12.2 At a WBPB discussion on 11 January 2011, participants included elected Councillors and representatives from Haringey Council, NHS Haringey, the Mental Health and Hospital Trusts, GPs, Public Health, the Voluntary Sector, Police, Probation Service, Adult Learning and the Community Link Forum. The meeting fully endorsed the recommendation to establish a sHWB from April 2011 and other key discussion points have been incorporated into local proposals.

12.3 Feedback from the meetings has been used to inform the draft terms of reference of the sHWB which will be agreed at its inaugural meeting in April 2011.

12.4 At the HSP Executive meeting on 9 March 2011, proposals for the new arrangements were outlined, and the existing WBPB was formally dissolved.

13. Service Financial Comments

13.1. Not applicable.

14. Use of appendices /Tables and photographs

Appendix 1: Policy background
Appendix 2: Remit of existing WBPB and Children's Trust
Appendix 3: Future key public health roles

15. Local Government (Access to Information) Act 1985

- Health White Paper, Equity and Excellence: Liberating the NHS, Haringey Strategic Partnership, 21 October 2010
- Responding to the NHS and Public Health White Papers, Haringey Well-being Partnership Board, 11 January 2011

16. Setting the strategic direction for health and wellbeing

16.1 Our proposed vision[1] for the sHWB in Haringey is:

[1] To be finalised at the inaugural meeting of the sHWB.

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.

16.2 We are proposing **three outcomes to be delivered using a partnership approach across and between organisations**:

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

16.3 **Implementing our vision**

To achieve this we will:

- Use evidence from our 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

17. Establishing a shadow Health and Wellbeing Board

17.1 Local government will have a new role in encouraging coherent commissioning across the NHS, social care, public health and other local partners. Local HWBs are the proposed key structures to enable this vision of joined-up commissioning and provision. The new HWBs with full statutory responsibilities are required to be in place by April 2013. GP commissioning consortia have a duty to cooperate with HWBs.

17.2 We are recommending that we set up a sHWB from April 2011 – the structure would need to be able to be modified once legislation in the form of the Health and Social Care Bill has been passed. The sHWB will operate throughout the transition period until the new statutory board is in place in April 2013.

17.3 The sHWB will be a small, focused, commissioning decision-making partnership board. However, wider discussion meetings will be held as and when required to gather a broader body of evidence. The current draft of the Health and Social Care Bill states that, from April 2013, the statutory HWB will be a committee of the council.

17.4 An informal introductory meeting of the sHWB took place on Thursday 7 April ahead of its formal establishment. This was an opportunity for current membership of the shadow partnership board to receive updates on progress and to discuss the draft terms of reference prior to the inaugural meeting of the formal sHWB proposed for May 2011.

17.5 It is proposed that the sHWB adopts the HSP's definition of commissioning: *The cycle of assessing the needs of people and communities in Haringey, designing effective services and support, influencing the market to secure services, monitoring and reviewing the impact of commissioned services*.

17.6 The proposed immediate focus of the sHWB will be:

- developing a health and wellbeing strategy
- establishing health and social care commissioning arrangements

17.7 The sHWB will have a broader remit than the former WBPB 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 WBPB as it will also cover services to children. Appendix 2 sets out the remit of the WBPB and Children's Trust.

17.8 Haringey was accepted on to the Department of Health's network of "early implementers" of HWBs in March 2011.

17.9 The sHWB will prepare partners for the establishment of the statutory HWB 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 consortium
- *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).

17.10 The health and wellbeing strategy will be the mechanism for delivering the HWB's outcomes.

17.11 Membership of the shadow Health and Wellbeing Board

17.11.1 The proposal for membership of the Board is for the minimum as detailed in the White Paper.

Agency	Number of representatives

Local Authority elected representatives:	
Leader of the Council (Chair)	1
Cabinet Member for Adults and Community Services (Vice Chair)	1
Cabinet Member for Children and Young People	1
Cabinet Advisor on Health Inequalities	1
Local Authority representatives	
Director of Adult Social Services	1
Director of Children's Services	1
NHS representatives:	
GP Commissioning Consortium	2
NHS Commissioning Board (when constituted)	1
NHS Borough Director (pro tem)	1
NHS Haringey Chair (pro tem)	1
Joint representation	
Director of Public Health	1
Community representative	
HealthWatch	1
Total	**13**

17.12 Local Authority/NHS Integrated Programme Board

17.12.1 In Haringey, we have already set up an Integrated Programme Board to manage the implementation of the White Papers. It is responsible for:

- Establishing our local HWB (including a sHWB)
- Engaging with GP collaboratives
- Establishing a health and wellbeing commissioning group

17.12.2 The Integrated Programme Board also has 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. An event is planned for mid-May for local authority senior and middle managers, council and GP commissioners, policy and performance, and key frontline staff.

17.12.3 Membership of the Integrated Programme 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.

17.12.4 The Board meets fortnightly and provides progress updates to the council's management board, HSP Executive and Children's Trust.

17.12.5 There is potential for the Integrated Programme Board to become the executive group of the sHWB.

18. Changes to the NHS

18.1 Consultation on changes to NHS Haringey

18.1.1 Following staff consultation, the Boards of the five Primary Care Trusts (PCTs) in the NHS North Central London (NCL) cluster[2] have agreed to create a single management team across the NCL cluster, while retaining a local presence in each of the five boroughs. The proposal for this central transitional organisation was deemed necessary to meet the national requirement to make significant cost savings by 2012/13; approximately 54% management cost savings across the NCL sector, which equates to £28 million. Recent estimates suggest that NHS NCL is within £1.5 million of its savings target as a result of the move.

18.1.2 The NHS NCL cluster will be responsible for maintaining the performance of NHS services throughout the anticipated changes in the Health and Social Care Bill. This will include clinical quality and financial performance and NHS Constitution requirements. Working with NHS London, the cluster will also oversee the Quality, Innovation, Productivity and Prevention (QIPP) programme which is aimed at ensuring value for money and maximum benefit to patients.

18.1.3 The Haringey Borough Presence Team will have a borough director as the local leader for the NHS and the transition programme. The Team is due to move to River Park House in April 2011.

18.2 Proposed new public health system in Haringey

18.2.1 The current PCT public health team, led by the Director of Public Health (DPH), is part of the above process. Although public health has been relatively protected, there will be a reduction in the public health workforce through the proposed management cost savings process, with the loss of four Band 7 WTE and 0.4 WTE Band 8; public health specialist posts have been protected.

18.2.2 The 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 Haringey's GP consortium on the population aspects of NHS services
- collaborating with local partners on improving health and wellbeing, including the GP consortium, other local DsPH, local businesses and others.

18.2.3 Arrangements have been made to deliver certain public health functions at a sector level, with public health expertise from the borough teams.

[2] In April 2009, London's 31 PCTs were consolidated into six commissioning groups, now known as clusters. London was the first to do this and PCT clusters are now being introduced across the NHS in England, as required by the new Operating Framework and supporting Guidance.

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

18.2.5 The public health function moved from NHS Haringey to the local authority in March 2011 and is located in River Park House. A detailed description of public health functions is given in Appendix 3.

18.3 Funding for public health

18.3.1 The NHS White Paper proposed that the DH would create a ring-fenced public health budget; 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.

18.3.2 At this time of high financial challenge, there is a considerable risk of a reduction in funding for public health. The local baseline funding for public health is currently being determined with clarification of commissioning lead and budget responsibility – as well as where reductions have recently occurred, or where they are proposed.

18.3.3 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.

18.3.4 Current community NHS providers – in particular, health visiting and school nursing – deliver substantial parts of what is required to improve public health and provide prevention activity. How we identify and safeguard those activities commissioned for public health action is still to be clarified.

18.3.5 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.

18.3.6 Within London, the Mayor has a statutory responsibility for tackling health inequalities. The Secretary of State has asked the Mayor and boroughs to agree to an appropriate division of resources and functions to improve health. One proposal is for a 3% top slice of the local authority public health budget to be allocated to a London-wide public health function.

18.4 GP Consortium in Haringey

18.4.1 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.

18.4.2 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 have agreed to form a pan-Haringey Consortium covering a population of approximately 285,000.

18.4.3 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.

18.4.4 Haringey GP Consortium is included in the fourth wave of GP pathfinders announced on 1 April by Health Secretary Andrew Lansley. GP pathfinder status has been granted to GP commissioning consortia who have shown that they would like to move quickly to implement the new commissioning roles. They will test concepts, themes and functions at an early stage. The proposed statutory functions of GP consortia have been published by the Department of Health, with partners, in The Functions of GP Commissioning Consortia: A Working Document.

18.5 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.

19. Health and Social Care Bill: progress update

19.1 **The Health and Social Care Bill 2011** was published on 19 January 2011. Further detail can be found in Appendix 1. The government has stated that it wants to modernise the NHS with the support of patients, the public and health professionals.

19.2 On 5 April 2011, the **cross-party Commons Health Committee** published the latest review of NHS Commissioning, which recommended a number of significant changes to the Bill.

19.3 The MPs propose that **representatives of nurses, hospital doctors, public health experts and local communities should all be involved as decision makers alongside GPs in NHS commissioning**.

19.4 On 6 April 2011, the Government launched a **two month listening exercise on NHS modernisation** which will focus on:

- the role of choice and competition for improving quality
- how to ensure public accountability and patient involvement in the new system

- how new arrangements for education and training can support the modernisation process
- how advice from across a range of healthcare professions can improve patient care

19.5 Haringey's involvement in the changing health agenda has led to excellent progress locally. The Public Health function transferred to the local authority in March; we have achieved early implementer status for implementing sHWB arrangements and the Board has already held its first meeting; and we are building a good relationship with many of our GPs.

20. Next steps

20.1 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.	Consultation on Public Health White Paper, Healthy Lives, Healthy People	31 March 2011
6.	Consultation on the public health outcomes framework and the funding and commissioning of public health	31 March 2011
7.	NHS Commissioning Board established in shadow form	April 2011
8.	Shadow Public Health England set up	2011/12
9.	Shadow GP consortia set up	2011/12
10.	NHS Commissioning Board with Regional Offices established	April 2012
11.	Public Health England, the new national Public Health Service, established; shadow public health ring-fenced allocations to local authorities published	April 2012
12.	Strategic Health Authorities abolished	2012/13
13.	Local health improvement functions transferred to local authorities, with ring-fenced grant	April 2013
14.	GP consortia commissioning the majority of local NHS services – contracts held with providers	April 2013
15.	Primary Care Trusts abolished	April 2013

No.	Local activity in Haringey	Timescale
1.	LA/ NHS Integrated Programme Board established	October 2010
2.	Information to GPs on LA	December 2010
3.	• Establish Integrated Programme 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.	• DPH to establish the baseline of funding for public health within Haringey, both within NHS Haringey and	End of December 2010

No.	Local activity in Haringey	Timescale
	Haringey Council • DPH to be made aware of all proposals for reduction in budgets considered to be for public health	
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.	Transfer of public health team to the local authority	April 2011
7.	Haringey shadow Health and Wellbeing Board established	April 2011
8.	Haringey shadow GP consortium set up	2011/12
9.	NHS Haringey abolished	April 2013
10.	Haringey Health and Wellbeing Board established with full statutory responsibilities	April 2013

Appendix 1: Policy background

Equity and Excellence: Liberating the NHS
The 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 responding to the public consultation on the White Paper was published in December 2010. It set 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 the White Paper is available on request.

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

Achieving Equity and Excellence for Children
In addition to the NHS White Paper, a separate consultation on the above paper was launched in September 2010 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 HWB.

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.

The White Paper reiterates key public health challenges include the continuing premature morbidity and mortality caused by smoking related conditions; the unhealthy consumption of alcohol; poor diet; increasing rates of sexually transmitted infections; and poor mental health. It then outlines the government's commitment to protecting the population from serious health threats; helping people live longer,

healthier and more fulfilling lives; and improving the health of the poorest, fastest. Health inequalities are explicitly referenced, including the stark fact that the gap between rich and poor is not improving.

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. Public Health England will be established by 2012 to ensure expertise and responsiveness, particularly on health protection, where a national response is vital; it will incorporate the Health Protection Agency and the National Treatment Agency. Details of the public health outcomes framework and funding are being consulted on separately.

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

Healthy Lives, Healthy People: transparency in outcomes, proposals for a public health outcomes framework

A consultation on the public health outcomes framework – to sit alongside the proposed NHS outcomes framework and social care outcomes framework – was published in December 2010.

It proposes five domains to fulfil the government's vision to create a new public health system in England to protect and improve the public's health, improving the health of the poorest, fastest. The framework is based on five inter-linked domains; within each domain a set of indicators have been proposed.

Domain 1: Health protection and resilience: protecting people from major health emergencies and serious harm to health
Domain 2: Tackling the wider determinants of ill health: addressing factors that affect health and wellbeing
Domain 3: Health improvement: positively promoting the adoption of 'healthy' lifestyles
Domain 4: Prevention of ill health: reducing the number of people living with preventable ill health
Domain 5: Healthy life expectancy and preventable mortality: preventing people from dying prematurely.

Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health

This consultation, also published in December 2010, reiterates the proposal for ring-fenced public health funding from within the overall NHS budget. The majority of the public health budget will be spent on local services, either via local authorities through a ring-fenced grant or via the NHS. The DH will incentivise action to reduce health inequalities by introducing a new health premium.

The document sets out the proposed primary commissioning route for public health funded services. Proposals about who the primary commissioner should be are based on the following principles:

(a) The default position is that, wherever possible, public health activity should be commissioned by local authorities according to locally identified needs and priorities;
(b) If the service in question needs to be commissioned at scale, or if it is health protection best done at national level, then it should be commissioned or delivered by Public Health England at a national level; and
(c) If the activity in question is best commissioned as part of a pathway of health care (therefore, the level of integration with other health services is more significant), or if the activity in question currently forms part of existing contractual NHS primary care commissioning arrangements, then Public Health England should fund that public health activity and commission it via the NHS Commissioning Board.

Capable communities and active citizens (A vision for adult social care)
In November 2010, 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.

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 HWBs 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 HWBs 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 unless there is prior evidence and funding is 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.

The Health and Social Care Bill 2011 was published on 19 January 2011. 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.

It covers an extensive range of measures and key elements include:

- Establishing the NHS Commissioning Board answerable to the Secretary of State for Health
- Establishing commissioning consortia answerable to the NHS Commissioning Board
- Abolition of primary care trusts, strategic health authorities, and NHS trusts (to become foundation trusts)
- An extended role for Monitor as the economic regulator with a remit for promoting competition where appropriate
- Local authorities to become responsible for local health improvement, and jointly appointing directors of public health with the Secretary of State
- Establishing local Healthwatch organisations and the Healthwatch England Committee within the Care Quality Commission
- Local authority scrutiny of NHS bodies and NHS-funded providers
- HWBs to be set up by local authorities with statutory membership for commissioning consortia who will also be partners in JSNAs and health and wellbeing strategies.
- The National Institute for Health and Clinical Excellence (NICE) to produce quality standards, to cover social care, to produce guidance on behalf of the NHS Board and to publish a charter describing how it operates
- A new Health and Social Care Information Centre established for the collection, analysis and publication of information following guidance from the Secretary of State and the Board
- Duties on Monitor, the Care Quality Commission, the NHS Board, NICE and the Information Centre to cooperate in their functions. The Secretary of State would intervene in breaches of cooperation
- Changes to health and social care professional regulation

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

	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 • 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 Children and Young People's Plan** • Be healthy • Stay safe • Make a positive contribution • Enjoy and achieve • Achieve economic well-being **From the draft Health Inequalities Strategy:** Enabling the Best Start in Life

Appendix 3: Key public health roles

This document 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 shadow Health and Wellbeing Board's health and wellbeing strategy.
- Commission health improvement services and health promotion activity to encourage healthier lifestyles
- Influence the GP consortium 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 consortium may be most effective.

Many functions within the local authority contribute to the health improvement agenda - for example housing, planning, schools, community safety, parks and leisure – 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, addressing the wider determinants of health and reducing inequalities.

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 commissioning and compliance with 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

- 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 when this body is established, 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. Public health will lead on NHS emergency planning at North Central London cluster level.

4. Public health support for health and social care commissioning

Key roles

- Contribute to an effective shadow Health and Wellbeing Board and a strong joint commissioning function with the GP consortium and local authority
- Supporting health care (acute and community) and social care commissioning
- Ensuring that all components of clinical effectiveness and best practice are supporting commissioning
- Contributing to improving quality of health and social care through programme evaluation and quality monitoring

The need for local organisations to work together in partnership is essential to providing effective and targeted services to local people. The statutory Health and Wellbeing Board needs 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 Children and Adolescent Mental Health Services [CAMHS]) and long term conditions.