

<b>Item No.</b> 8.	<b>Classification:</b> Open	<b>Date:</b> 17 <sup>th</sup> February 2011	<b>Meeting Name:</b> Health and Social Care Board
<b>Report title:</b>		'Healthy Lives, Healthy People' – The Public Health White Paper	
<b>Ward(s) or groups affected:</b>		All wards	
<b>From:</b>		Dr Ann Marie Connolly	

### **RECOMMENDATION(S)**

1. The Health and Social Care Board is asked to note the contents of the report and the implications of the implementation of the Public Health White Paper.

### **BACKGROUND INFORMATION**

2. This paper presents the main aspects of the White Paper on Public Health, and its supporting documents, which are currently out for consultation.
3. While the White Paper is currently out for consultation, aspects relating to its implementation are already included in the Health and Social Care Bill currently going through parliament. The implementation of this White Paper, subject to the passage of the Bill, will have implications for the responsibilities of Southwark Council and transfer of responsibilities from NHS to local authority.
4. A summary of these implications in relation to the proposed new Health and Wellbeing Board has been considered at the recent Southwark Health and Wellbeing partnership board.

### **KEY ISSUES FOR CONSIDERATION**

5. The Public Health White Paper proposes to transfer responsibilities for health improvement to local authorities. This will be supported by a ringfenced grant.
6. The council will be accountable for the achievement of a suite of Public Health Outcomes. A proposal for a Framework for these Public Health Outcomes is currently out for consultation. There is currently a potentially large number of outcomes being considered.
7. Councils will have a Director of Public Health who will be the principal adviser on health matters to the council and whose role is likely to include providing intelligence and evidence based advice, supporting and developing strategies that will improve health, and commissioning programmes and services that will help local populations to manage their own health.
8. The Council will be responsible for establishing and running the new Health and Wellbeing Boards for the local area. These boards will be responsible for strategic oversight in relation to health and wellbeing matters for all of the population including children.

9. Health and Wellbeing Boards will be responsible for producing a Joint Strategic Needs Assessment (JSNA) of the local population. This will inform the production of a Joint Health and Wellbeing strategy for the area that will be produced with the local GP commissioning consortium.

### **Policy implications**

10. The change will mean that the existing Health and Wellbeing Board will no longer be appropriate in its scope, membership and accountability. The new Health and Wellbeing Board would most likely take over the responsibilities of the existing H&WB Board and the Health and Social Care Board. The relationship of the new Board with the LSP, Southwark Alliance and with the Children's Partnership, Young Southwark, will need to be considered.
11. The council will need to establish a Public Health function within the organisation. This will need to be in place by April 2013. However it is possible that some or all of the current functions might transfer to the council earlier using some form of jointly agreed arrangement with the PCT such as a Section 75 agreement.
12. There is much development work to be completed to establish the Health and Well Being Board in shadow form, to prepare the council for its new health responsibilities and to manage the transition period
13. While the transition is taking place the PCT remains accountable for health improvement targets and the budgets for public health are within the PCT allocation.

### **Community impact statement**

14. There is no immediate impact on local communities. The impact will be on the council functions and accountabilities to start with. In the longer term it would be expected that this proposed approach will improve outcomes for local people through a greater focus on health improvement outcomes and through better joint planning and commissioning.

### **Resource implications**

15. Full assessment of all the financial, resource and staffing implications in relation to the public health function transfer have yet to be carried and this is likely to take place over the next six months to a year. However this will all be subject to national legislation and transition planning at national, London and local level.

### **NOTE: Legal/Financial implications**

16. There will be legal implications related to the transfer of accountabilities for health improvement to the council. There are also implications related to the establishment of the Health and Well-being Boards in 2013. Any possible future transfer of public health staff under a section 75 arrangement will have financial issues in relation to it.

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