

Subject: Public Health – Health and Wellbeing Strategies

Report to: Health and Environment Committee

Report of: Executive Director of Secretariat

Date: 17 April 2013

This report will be considered in public

1. Summary

- 1.1 Members have agreed to receive a briefing on public health focusing on borough Health and Wellbeing Strategies. This report sets out background information to the briefing and discussion that will follow with invited guests.

2. Recommendation

- 2.1 **That the Committee notes this report as background to the discussion with public health experts.**

3. Background

Public health reforms

- 3.1 Changes to public health management and service delivery as proposed under the Health and Social Care Act 2012 (the Act) were fully implemented on 1 April 2013. A new national body - Public Health England (PHE) – was established and local responsibility for public health was transferred to Local Authorities.
- 3.2 Under the Act Local Authorities must appoint a Director of Public Health and establish a Health and Wellbeing Board to help them discharge their public health responsibility. The Health and Wellbeing Board is the vehicle through which the responsible local authority and each of its partner clinical commissioning groups is responsible for assessing local needs¹ and developing a joint Health and Wellbeing Strategy for the local area. The Boards have operated in shadow form over the last 12 year.
- 3.3 *Previous work on borough Health and Wellbeing Strategies*
The Committee briefly discussed public health reforms at its meetings on 12 September 2012 and 5 February 2013. Officers have also completed desk-based research to identify the key priorities, actions and outcomes identified in the borough strategies. This work is on-going; Members formally noted early analyses at the 5 February Committee meeting.²

¹ By carrying out Joint Strategic Needs Assessments more commonly referred to as JSNAs

² Health and Environment Committee meeting dated [5 February 2013](#)

City Hall, The Queen's Walk, London SE1 2AA

4. Issues for Consideration

Purpose of the meeting

- 4.1 The Committee wishes to use this meeting to better understand the process and thinking behind the development of the strategies, how progress on meeting local priorities and maintaining patient care will be monitored and the mechanisms by which a strategic focus on pan-London priorities will be preserved.

Areas for briefing/discussion

- 4.2 Committee discussions have previously focused on three areas:

(i) Strategy development

Analyses of the Joint Strategic Needs Assessments, undertaken by NHS London (the Strategic Health Authority pre-April 2013) were instrumental in identifying the priority work streams for the shadow London Health and Improvement Board.³ Members are keen that analyses of borough strategies continue to ensure a collective coherence in approach and message.

(ii) Strategic overview and co-ordination on pan-London public health priorities

As well as the overview maintained through the Strategic Health Authority, the shadow London Health Improvement Board (LHIB) provided a regional level partnership between key stakeholders (the Mayor, NHS London and London Boroughs) in public health to deliver a pan-London programme to improve Londoners' health and reduce health inequalities. Established in 2011, it was envisaged that the partnership would assume statutory status from April 2014, following the enactment of the Social Care and Health Bill, but its omission from the legislation means that this will no longer happen. Proposals for a non-statutory approach to pan-London health governance are currently under consideration.

(iii) Managing performance

- 4.3 While there is broad support for the direction of reform and for the increased role of local authorities, questions remain about how performance and accountability for performance will be managed under the new structures and what it will mean for patient care and outcomes. The existing framework - the Public Health Outcomes Framework for England, 2013-2016, (PHOF) published by the Government last year, primarily aids the collation and publication of local data at national level. There could be more clarity about what mechanisms will be used to identify and address under-performance.

Guests

- 4.4 Among the representatives invited to brief the Committee and participate in the discussion are:

- A representative from Public Health England (London region office)
- A representative from the Greater London Authority
- A borough Director of Public Health
- A representative from a Clinical Commissioning Group
- A representative from the National Council for Voluntary Organisations
- A representative from The King's Fund

³NHS London was the Strategic Health Authority for London. The priority work streams for LHIB were obesity, cancer, alcohol and information transparency.

5. Legal Implications

5.1 The Committee has the power to do what is recommended in the report.

6. Financial Implications

6.1 There are no financial implications arising from this review.

List of appendices to this report:

There are none.

Local Government (Access to Information) Act 1985
List of Background Papers: None
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