CABINET MEMBER FOR HEALTH & SOCIAL CARE

Venue: **Eric Manns Building, 45 Moorgate Street, Rotherham.**

Date: **Monday, 26th July, 2010**

Time: **10.00 a.m.**

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested, in accordance with the Local Government Act 1972 (as amended March 2006)

2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.

3. Apologies for Absence

4. Minutes of the previous meeting held on 12th July, 2010 (herewith) (Pages 1 - 7)

5. NHS White Paper (herewith) (Pages 8 - 13)

CABINET MEMBER FOR HEALTH & SOCIAL CARE
Monday, 12th July, 2010

Present:- Councillor Doyle (in the Chair); Councillors Gosling, Jack and Walker

Apologies for absence were received from Councillors P A Russell and Steele.

H8. MINUTES OF THE PREVIOUS MEETING HELD ON 28TH JUNE 2010

Consideration was given to the minutes of the meeting of the Cabinet Member for Health and Social Care held on 28th June 2010.

Resolved:- That the minutes of the previous meeting held on 28th June 2010 be approved as a correct record.

H9. ANNUAL SAFEGUARDING REPORT

Shona McFarlane, Director of Health and Wellbeing presented the submitted report in respect of the Safeguarding Adults Annual Report.

She referred to the achievements and contributions in 2009/10 which were:-

- We have increased the level of awareness and alerts by 22% to 689
- Increased overall awareness by 19%
- 95% of customers are satisfied our services helped them to feel safe
- 100% of customers feel safer as a result of safeguarding intervention
- Completed 83% of cases in year, increased from 78.2%, with 37 ongoing cases into 2010/2011
- Implemented innovative ways in engaging with customers
- Second phase of **'Home from Home'** is improving standards increasing the number of homes rated 'Good' or 'Excellent'
- One of the first Safeguarding Adults Boards in the country to have a Multi Agency Training and Development Programme – '***Bronze to Platinum'*** which has already trained over 5000 Council and partner staff in safeguarding awareness
- a strengthened Quality Assurance framework was in place
- We have further reduced crime by 13%

The work on **'Home from Home'** had received regional and national recognition. Regionally it was nominated for a Great British Care Award and nationally the Care Quality Commission approached us to help respond to a report published in March 2009 by Care Equation on roles and responsibilities in promoting improvement in adult social care services.

The Safeguarding Adults Service Plan Priority Actions for 2010/2011 were to:-

Promote

- Undertake an annual multi agency Safeguarding Adults Awareness campaign

Prevent

- Implement the 2010/2011 '***Bronze to Platinum'*** training programme across the Council, key partners and independent providers
- Learn from the outcomes of Serious Case Reviews, Quality Assurance findings and the Care Quality Commission inspection
- Develop a universal service review format for all personalised care and support services using the principles of **'Home from Home'** to improve outcomes relating to Dignity and Respect for customers and their families
- Work with the Care Quality Commission to improve information sharing at a local level, regional and national level.

Protect

- Review, strengthen and implement the area specific guidance section of the South Yorkshire Safeguarding Adults Procedures
- Audit the implementation and embedding of the Mental Capacity Act (including Deprivation of Liberty Safeguards) with the Local Authority and commissioned social care services.

The timetable for consultation and publication was that the report be presented to the Rotherham Safeguarding Adults Board on the 14th July 2010, and then published to all Partner agencies represented at the Rotherham Safeguarding Board and on the Council website. Safeguarding Adults Awareness week 2010 was to be held 12th to 16th July 2010 and it was envisaged that the report would be ready for publication the week commencing 19th July on the back of the heightened awareness of the previous week.

The report would then be presented to the Adult Services and Health Scrutiny Panel on 9th September 2010.

Resolved:- That the Safeguarding Adults Annual Report 2009-2010 be approved for publication and presentation at:

- Safeguarding Adults Board on 14th July 2010
- Adult Services and Health Scrutiny Panel on 9th September 2010

H10. TRANSFORMING COMMUNITY SERVICES – SHAPING OUR FUTURE

Consideration was given to a report presented by Chrissy Wright, Director of Commissioning and Partnership which gave an update on the progress towards achieving the Department of Health's "Transforming Community Services" agenda in Rotherham.

The aims of the Transforming Community Services paper were:

- To effect the internal separation between PCTs as commissioners and PCTs as providers
- To bring about a step change improvement in community services
- To ensure PC provider units were business ready to make that step change

In Rotherham the 'split' between commissioning a provider services had already happened. The PCT was now NHSR – commissioning organisation and Rotherham Community Health Services (RCHS) provider organisation.

The Department of Health had established a timetable for implementation of a clear separation between the commissioning and provider functions and during 2010 the NHSR must develop an implementation plan for each of the services. This work was ongoing and in Rotherham it is known as 'Shaping the Future'.

The implementation of *Shaping our Future* would lead to changes in the Rotherham provider landscape and NHS Rotherham would cease to have a provider arm and Rotherham Community Health Services (RCHS) would cease to exist. RCHS would be replaced with new arrangements as part of an overall plan for the future shape of the NHS in Rotherham. The new arrangements must protect and improve services for patients and the wider community and must protect, wherever possible, the interests of staff.

A Programme Board had been set up to oversee the consultation process and transfer of services to other providers. A number of project groups reporting to the Programme Board had been established to look at specific areas of the work and each group was chaired by an NHS Rotherham executive director and there was representation from NAS at the Programme Board and in the appropriate project boards.

The project groups were:

- Children and young people
- Planned care and long-term conditions
- Mental health and learning disabilities
- Palliative and end of life care
- Workforce

The proposals in detail were:

- **General Practices**
  RCHS manages three small GP practices. All other GPs in Rotherham are independent contractors. The proposal was to invite the patients at the Rosehill Medical Centre to register with other GPs. Consideration would be given to the "right to request" from managers and staff at the Canklow and Gate surgeries to set up a social enterprise, and if this was not successful NHSR would procure a new provider for these surgeries.

- **Children's Services**
  RCHS provides a range of children's services including health visiting and school nursing, specialist nursing services, and mental health services. The proposal was to transfer these services to the Rotherham NHS Foundation Trust. Consideration would be given to whether it would be best to transfer child and adolescent mental health services to the Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust.

- **Staying Healthy Services**
  RCHS currently runs the Rotherham NHS Stop Smoking Service. The proposal was to transfer this service to the Rotherham NHS Foundation Trust.

  RCHS provides the Rotherham Occupational Health Advice Service. The proposal was to transfer this service to the Rotherham NHS Foundation Trust.

  The NHS Rotherham health trainers provide support in GP premises. The proposal was to transfer the services to the Rotherham NHS Foundation Trust.

- **Planned Care and Clinic Services**
  RCHS provides a range of planned care and clinic services, including physiotherapy, podiatry services, speech and language therapy, primary ear care and community dental services. The proposal was to transfer these services to the Rotherham NHS Foundation Trust.

- **Long-term Conditions, Intermediate Care and Urgent Care Services**
  RCHS provides a wide range of services that support people with long-term conditions (for example heart disease and lung disease). These include district nurses, allied health professionals and specialist nurses working a variety of settings including GP practices, patients homes, clinics, intermediate care and Breathing Space. The proposal was to transfer these services to the Rotherham NHS Foundation Trust.

- **Mental Health Services**
  RCHS provides primary care counselling and psychological therapy services. These services are provided in partnership with GPs who have direct access to the services for their patients. The proposal is to transfer these services to the Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust.

- **Services for People with Learning Disabilities**
  RCHS provides specialist assessment and treatment and community health Services provided for people with learning disabilities. The proposal was to transfer these services to the Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust.

  RCHS provides the staff for three residential homes which are owned and provided by South Yorkshire Housing Association and commissioned by Rotherham Council. The proposal was to transfer the staff who worked in these homes to the Rotherham, Doncaster and South Humber Mental Health NHS Foundation Trust.

- **Palliative and End of Life Care Services**
  RCHS provides a range of specialist palliative and end of life care services, including the staff of Rotherham Hospice, which is owned and provided by the Rotherham Hospice Trust. The proposal was to transfer these services to the Rotherham Hospice Trust.

  Service Specifications were being worked up for each of the services and once these were complete draft offers would be developed for the new provider organisations so that they could see in detail which services and associated staffing would transfer to them.

The changes proposed would not, for most people, lead to any immediate changes in service provision. NHS community services would continue to be provided in similar ways, but over time we expect improvements to be made to the range of community services and the way they were delivered.

Some of the impacts were:

- Patients in Rawmarsh would have a choice of four general practices. The Canklow and Gate surgeries patients would continue to have access to the specialist support they need.

- Health visitors, school nurses and other children's health services would continue to work closely with GPs and Rotherham Council to offer services to children.

- There would continue to be a range of services which support people to develop and maintain healthy lifestyles.

- Planned care services and clinics would continue to be held at Rotherham Community Health Centre and other community clinics, backed up by the infrastructure and governance of high quality organisation.

- Patients with long-term conditions would gradually be offered more services in the community, and everyone with a long-term condition would be provided with an individual care plan detailing how, where and when to seek assistance and how they could best look after their own health. These community services would continue to be backed up by high quality hospital services.

- Primary care mental health services would continue to be provided in the same way in GP surgeries by a provider with a good track record.

- Specialist health services for people with learning disabilities would be provided in a similar way by a provider with a good track record. The staff working in the residential homes for people with learning disabilities would transfer to the same provider.

- The Rotherham Hospice would provide a comprehensive home based, day centre and in patient specialist palliative and end of life care services.

The staff consultation process had begun and would run from 24th May to 23rd August 2010. As services were unlikely to change at this stage, there was no requirement to consult formerly with the public, but NHSR would be writing out to all stakeholders to explain our plans.

It was noted that a Government White Paper on Health had been issued today and it was agreed that the Cabinet Member would be provided with a briefing paper in respect of this.

A discussion ensued concerning future options for public health functions. It was agreed that a report be brought to a future meeting detailing the potential options for public health services.

Reference was made to the transfer of jointly commissioned services to the Foundation Trust and it was suggested that a stipulation be made that the Trust be able to make efficiency savings of 10% upon this transfer. It was agreed that this information be included in the next report.

Resolved:- (1) That the progress of NHSR towards achieving Transforming Community Services be noted.

(2) That a report be presented to a future meeting in respect of possible options for public health services

(3) That a report be presented to a future meeting in respect of the Offer to the proposed provider, RFT, of jointly commissioned services.

H11. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That, under Section 100A(4) of the Local Government Act 1972 of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972.

H12. ROTHERCARE CHARGING POLICY

Kirsty Everson, Director of Independent Living presented the submitted report in respect of the Rothercare Charging Policy.

Rothercare is the Council's alarm and response service provided by Neighbourhoods and Adult Services to help vulnerable people live safely in their own home. It is one element of the overall Rothercare Direct service which acts as the first point of contact for all social care enquiries for adults in the borough.

Since 2004 the Rothercare service charges have increased from £2.60 to £2.94 per week. For the financial year 2004/05, 2005/06 and 2006/07 Rothercare customers did not incur any increase in their weekly charge. It is proposed that from 4th October 2010, the weekly charge be increased by 6 pence. This would increase the overall charges as follows:-

- From £2.94 to £3.00 per week = £144 per annum for Council tenants based on charging over 48 weeks
- From £2.72 to £2.77 per week = £144.04 for non Council tenants based on charging customers over 52 weeks.

In addition to this increase it was proposed to make revisions to the Rothercare charging regime in relation to the freephone telephone number, the use of GSM diallers and to introduce fees for replacing lost or damaged equipment.

Resolved:- (1) That the increase in Rothercare weekly charge be agreed with effect from 4th October 2010.

(2) That the revisions to the Rothercare charging regime in relation to the freephone telephone number and the introduction of fees for replacing lost or damaged equipment be approved.

(3) That the revision to the use of GSM diallers be approved subject to an evaluation of the options available to existing users.

ROTHERHAM BOROUGH COUNCIL – REPORT TO ASH

1.	**Meeting:**	**Cabinet Member for Health and Social Care**
2.	**Date:**	**26th July 2010**
3.	**Title:**	**NHS White Paper – Equity and excellence: Liberating the NHS**
4.	**Programme Area:**	**Neighbourhoods and Adult Services**

5. Summary

This paper sets out the key areas of impact for Health and Social Care for Adult Services in the recent White paper on the NHS.
Key issues are:

- PCT responsibilities for local health improvement will transfer to local authorities, who will employ the Director of Public Health jointly appointed with the Public Health Service with premium payments for those authorities reducing health inequalities.
- A new body will be created for patient and public involvement known as HealthWatch England, a new independent consumer champion within the Care Quality Commission. Local Involvement Networks (LINks) will become the local HealthWatch, creating a strong local infrastructure, and will enhance the role of local authorities in promoting choice and complaints advocacy.
- The new White Paper on Social Care to be published October 2011 focusing on the funding of social care through an insurance or partnership scheme and the DH will establish a commission on the funding of long-term care and support, to report within a year.
- All hospitals are to become foundation trusts allowing them to trade independently and be in direct competition with the private hospital sector
- PCTs will cease to exist in four years replaced by GP Consortia and over the next four years there will be a reduction of 45% of management costs in the NHS. Strategic Health Authorities (SHAs) will also cease to exist and a review of DH arm's-length bodies will shortly be published

6. Recommendations

That :

1. **That the Cabinet Member notes the key areas of impact for Adult Health and Social Care services**

7. Proposals and Details

7.1 Background

The Coalition governments NHS White Paper – Equity and Excellence, Liberating the NHS was published on 12th July and this precedes legislation to be placed before Parliament in the current parliamentary session. It proposes major reforms to the NHS and also changes roles for local government.

The White Paper sets out that the role of Department of Health role in NHS will be much reduced and more strategic focusing on improving public health, removing health inequalities, extending choice – not just where and when but also circumstances of treatment and care you receive and improving the level of engagement of patients and the public.

7.2 Main Proposals

7.2.1 Choice, control and patient involvement

Personal budgets are being extended to personal health budgets and will allow individuals in control of how, where and from whom they receive their healthcare. A personal health budget can either be arranged by the NHS, an independent third party, or the individual can be given the money to buy the care themselves through a direct payment.

Other key areas of improvement of choice and control for individuals are:

- the government plans to give patients choice of treatment and provider in the vast majority of NHS-funded services by 2013/14
- every patient will have a right to choose to register with any GP practice they want
- Patients will be given access to detailed information about hospitals and GP services to enable them to exert more choice and control over who provides their treatment

7.2.2. Public Health

There will also be a new Public Health Service, to integrate and streamline existing health improvement and protection bodies and functions, including an increased emphasis on research, analysis and evaluation. It will be responsible for vaccination and screening programmes and, in order to manage public health emergencies for example to coordinate the national response to the flu pandemic.

PCT responsibilities for local health improvement will transfer to local authorities after the abolition of PCTs in 2013, local authorities will then employ the Director of Public Health jointly appointed with the Public Health Service

Director of Public Health in Rotherham, John Radford is a joint appointment with NHSR and sits on the Council's SLT, but is employed by NHSR. The arrangements for a Public Health team within the authority are not yet known but RMBC will receive a ring-fenced Public Health budget to undertake their public health

and health improvement functions, the allocation formula for those funds will include a new “health premium” designed to promote action to improve population-wide health and reduce health inequalities

7.2.3 Patient and Public Involvement

A new body will be created for patient and public involvement known as HealthWatch England, a new independent consumer champion within the Care Quality Commission (CQC). Local Involvement Networks (LINks) will become the local HealthWatch, these will be funded by and accountable to local authorities creating a strong local infrastructure, and will enhance the role of local authorities in promoting choice and complaints advocacy. This will involve the Rotherham LiNK being subsumed into RMBC from VAR who currently host the arrangements. Local HealthWatch representatives will also play a formal role to ensure that feedback from patients and service users is reflected in commissioning plans

7.2.4 Social Care White paper

The Department of Health will continue to have a vital role in setting adult social care policy recognising the critical interdependence between the NHS and the adult social care system in securing better outcomes for people, including carers. The intention is to reduce the barriers between health and social care funding to encourage development of preventative services.

The new white paper on Social Care to be published October 2011 focusing on the funding of social care through an insurance or partnership scheme and the DH will establish a commission on the funding of long-term care and support, to report within a year. The Commission will consider a range of ideas, including both a voluntary insurance scheme and a partnership scheme. The Law relating to Adult Social Care will be reformed and consolidated working with the Law Commission.

7.2.5 Rotherham Foundation Trust

All hospitals are to become foundation trusts, within three years,allowing them to trade independently and be in direct competition with the private hospital sector. Also these NHS foundation hospital trusts freedom will have the freedom to leave the state sector and become employee led social enterprises.

The Transforming Community Services programme will continue and complete by April 2011 and in future all community services will be provided by a Foundation Trust or other types of provider. Private firms who will be allowed to compete to offer services - "any willing provider" will be able "to deliver services to NHS patients". All providers will have a joint licence overseen by Monitor and CQC to maintain essential levels of safety and quality and ensure continuity of essential services.

7.2.6 Carers

The White paper states that there will be a NHS that “*Is genuinely centred on patients and carers”* and a new Carers strategy will be published in April 2011 this will include new online services for the support of patients and carers. The

new HealthWatch body for involvement will include carers feedback as an integral part of local commissioning across health and social care.

7.2.7 Performance

Many top-down targets will be abolished and the focus will shift to clinical measures with the current performance regime replaced with separate frameworks for outcomes that set direction for the NHS, for public health and social care, payment by performance – outcomes not activity providing incentives for better quality. This will also include a focused set of national outcome goals determined by the Secretary of State, against which the NHS Commissioning Board will be held to account, alongside overall improvements in the NHS

7.2.7 Commissioning

Building on the power of the local authority to promote local wellbeing, new statutory arrangements within local authorities will be established as "health and wellbeing boards" to take on the function of joining up the commissioning of local NHS services, social care and health improvement. These health and wellbeing boards allow local authorities to take a strategic approach and promote integration across health and adult social care, children's services, including safeguarding, and the wider local authority agenda.
PCTs will cease to exist in four years replaced by GP Consortia and over the next four years there will be a reduction of 45% of management costs in the NHS. Strategic Health Authorities (SHAs) will also cease to exist and a review of DH arm's-length bodies will shortly be published

An autonomous statutory NHS Commissioning board will be established in shadow form by April 2011 and fully operational April 2012 first allocations of money for commissioning to GP consortiums Autumn 2012 it will take over the current CQC responsibility of assessing NHS commissioners and will hold GP consortia to account for their performance and quality.

GPs will become commissioners of all health services - all GPs with a patient list will be expected to become members of a consortia. How these are to be configured will be locally prescribed but are likely to be on a geographical basis and be approx 1 consortia of GPs per 100K of population resulting in 2 in Rotherham. There will be a mix of GPs commissioning of services and specialist management bought in and they will not commission GP services, other family health services (ie dentistry, community pharmacy, primary ophthalmic services –the NHS Commissioning Board will do this) though they will be 'involved'. Essentially the GP consortia can choose what they do themselves and what they 'buy in' from VCS, local authorities and private companies. They will be developed in shadow form in 2010/11 and by April 2013 the GP consortia will effectively replace NHSR.

7.2.8 Overview of New Roles and Resources for Local Councils

There will be an extension and simplification of powers to enable joint working between the NHS and local authorities.
Specific responsibilities for Local Authorities will be:

- Promoting integration and partnership working between NHS, social care public health and other local services and strategies
- Leading Joint Strategic Needs assessments and promoting collaboration on local commissioning plans
- Building partnerships for service changes and priorities

Health Overview and Scrutiny Committees' functions will be superseded by the new proposals, further details on how this will effect local authorities is yet to be published. Elected Members, relevant NHS commissioners, Directors of Public Health adult social services and children's services will all be under a duty of partnership and involved in carrying out the responsibilities above.

7.2.9 Timeline:

Health Bill introduced to Parliament	autumn 2010
Separation of SHAs' commissioning and provider oversight	by end 2010
Public Health White Paper	late 2010
Re-focused Carer's Strategy	April 2011
White Paper on social care reform	During 2011
NHS Commissioning Board fully established	April 2012
New Local Authority Health and Wellbeing Boards in place	April 2012
Public Health Service in place, with ring-fenced budget and local health improvement led by DPH in local authorities	April 2012
Health Watch established	April 2012
Formal establishment of all GP consortia	During 2012
SHAs are abolished	2012-13
PCTs are abolished	April 2013

8 Finance

There are no immediate financial implications arising from this paper

9. Risks and Uncertainties

1. That when the transfer to RMBC of the Public Health service the funding does not follow for the infrastructure
2. That the PCT organisation begins to lose staff before the total transfer of commissioning to the GP consortia leaving a lack of organisational resource to maintain services
3. That the opportunity to reinforce the voice of the customer is not fully grasped with the new approach of a national and local HealthWatch body
4. That there is a negative economic impact on the locality due to the reduction of staffing numbers in health bodies both in Rotherham and regionally
5. That the opportunities for increased partnership working are not grasped to achieve the desired outcomes set out in the White Paper

10. Policy and Performance Agenda Implications

The policy changes in this paper in relation to the partnership arrangements between health bodies and local authorities will have an impact on structural and governance arrangements and will require a fundamental review to develop of new bodies of accountability including the Health and Wellbeing Board. This will also include the cessation of the Health Overview Scrutiny Committee functions and the inclusion of Public Health as a function within the local authority.

11. Background Papers and Consultation

- **Commissioning a patient led NHS'** a policy letter that the then Head of NHS (07-05) set the scene for the split of commissioning from provision and the possible externalisation of provider services

- White Paper **'Our Health, Our Care, Our Say'** (01-06) confirming the trend to the commissioner/provider split and initiated thinking of joint working arrangements between provider services/LA/regional provider organisations. Decreed that the move to a separate provider arm is not mandatory but will be judged on a basis similar to best value and general direction of travel emphasis from DH is 'a need to split'.

- **NHS Operating Framework** 08/09 policy direction more explicit here and supporting documents to the operating framework provide further detail as to the desired policy outcome

- **National Health Service Act 2006** this established the ability to form a community foundation trust to provide free health care according to core NHS principles – free at source, free from central government control and SHA performance management, must be financially viable and subject to inspection by CQC and Monitor.

- **World Class Commissioning** this is seen as critical to transforming community services and securing high quality services that deliver safe and effective care

Contact Name: Chrissy Wright, Director Commissioning and Partnerships, 01709 822308, chrissy.wright@rotherham.gov.uk