ADULT SERVICES AND HEALTH SCRUTINY PANEL
10th February, 2011

Present:- Councillor Jack (in the Chair); Councillors Blair, Burton, Hodgkiss, Steele and Wootton.

Also in attendance were Jim Richardson (Aston cum Aughton Parish Council), Russell Wells (National Autistic Society), Mrs. A. Clough (ROPES), Victoria Farnsworth (Speak Up) and Mr P Scholey (UNISON).

Councillor Doyle was in attendance at the invitation of the Chair.

Apologies for absence were received from Councillors Goulty, Middleton and Evans.

75. DECLARATIONS OF INTEREST

No declarations of interest were made at the meeting.

76. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the press and public present at the meeting.

77. UPDATE ON ASSISTIVE TECHNOLOGY REVIEW

Further to Minute No. 40 of 7th October, 2011, the Policy and Scrutiny Officer, reported on the considerable amount of work that had been undertaken on the findings and recommendations from the Scrutiny Review.

Following consultation with Adult Services, it was understood that further developments had taken place in relation to the Review's recommendations. It was, therefore, proposed that a further report be submitted to the Panel's March meeting setting out details of what work had taken place and to approve the final Scrutiny Review report.

Resolved:- That a further report be submitted to this Panel's March meeting.

78. 2011 HEALTH AND SOCIAL CARE BILL - SUMMARY

The Policy and Scrutiny Officer reported on the Health and Social Care Bill, introduced into Parliament on 19th January, 2011. The Bill took forward the areas of Equity and Excellence: Liberating the NHS (July 2010) and the subsequent Government response Liberating the NHS: Legislative Framework and Next Steps (December 2010) which required primary Legislation.

It was part of the Government's vision to modernise the NHS so that it was built around patients, led by health professionals and focussed on delivering world class healthcare outcomes. It also included provision to strengthen public health services and reform the Department's arms length bodies.

The Bill contained provisions covering 5 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 arms length bodies

The report also set out a summary of the bill proposals listed by Section:-

Section 8	Duties as to improvement of Public Health
Section 13	Other services etc. provided as part of the Health Service
Section 14	Regulations as to the exercise by local authorities of certain Public Health functions
Section 18	Exercise of Public Health Functions of the Secretary of State
Section 19	The NHS Commissioning Board: further provision
Section 22	Commissioning Consortia: general duties etc.
Section 25	Other Health Service functions of local authorities under the 2006 Act
Section 26	Appointment of Directors of Public Health
Section 27	Exercise of Public Health functions of local authorities
Section 42	Charges in respect of certain Public Health functions
Section 50	Co-operation with bodies exercising functions in relation to Public Health
Section 167	Establishment and constitution
Section 170	Independent Advocacy Services
Section 176	Joint Strategic Needs Assessments
Section 177	Joint Health and Wellbeing Strategies
Section 178	Establishment of Health and Wellbeing Boards
Section 179	Duty to encourage integrated working
Section 180	Other functions of Health and Wellbeing Boards
Section 182	Discharge of functions of Health and Wellbeing Boards
Section 183	Supply of information to Health and wellbeing Boards
Section 190	Pharmaceutical Needs Assessments

From April, 2013, Public Health England would allocate ringfenced budgets, weighted for inequalities, to upper tier and unitary authorities in local government. Shadow allocations would be issued to local authorities in 2012/13 providing an opportunity for planning. Building on the baseline allocation, local authorities would receive an incentive payment, or 'health premium', that would depend on the progress made in improving the health of the local population and reducing health inequalities based on elements of the Public Health Outcomes Framework. The premium would be simple and driven by a formula developed with key partners, representatives of local government, public health experts and academics.

Discussion ensued on the report with the following issues raised/clarified by the Policy and Scrutiny Officer and Director of Public Health:-

- The Health and Wellbeing Board (HWB) would be set up by the local authority and would be a statutory board. There would be a minimum membership including 1 nominated Councillor, Director of Adult Social Services and Children Social Services, local Health Watch, representative from the GP Consortia and other members at the discretion of the local authority and Board members

- The Board would sit in a shadow form initially. A report was to be submitted to Cabinet shortly on how the Board may be constituted

- The Board would have to develop a Joint Strategic Needs Assessment

- Public Health would come into the local authority as its responsibility including the appointment of the Director of Public Health which would be a joint appointment by the local authority and the National body Public Health England

- The local authority would take on a number of functions which presently sat within the PCT including teenage public health, work with the Prison Service as well as pupils' health within schools

- The local Health Watch would replace the existing LINKS partnership – details still unclear

- The Board would be responsible for bringing all the commissioning together and would look at the commissioning plans across the different Services (Children Services, Adult Services, GP Consortia). The Services would have a duty to co-operate with the Board and must give regard to the Joint Strategic Needs Assessment as well as the Health and Wellbeing Strategy

- In the original consultation paper, "Liberating the NHS", there had been a suggestion that the HWB would take over the scrutiny role of health. Many authorities had argued that it did not make sense for the Boards to scrutinise themselves so there had been a u-turn although it was not absolutely clear as yet what the role of Scrutiny would be

- It was extremely complicated and there was not a lot of detail as yet and needed working through as to what it meant locally. Essentially, the Government was to split off NHS provision from Health so the outcomes of health would be the responsibility of Public Health England and have a commissioning board responsible for health services through the GP Consortia. It was proposed to join that up at a local level by the Health and Wellbeing Board with responsibility to try and co-ordinate local health and social care and as well as the prevention of illness through Public Health. There would be some resources come to it but not sufficient

- The School Visiting and Health Visiting Service would initially be nationally commissioned through Public Health England. They would be handed over to a local level at some stage in the future

- There was a key role for Scrutiny in terms of scrutinising the governance arrangements within the GP Consortia locally and how they used public money to commission services on behalf of the Rotherham public

- Currently the PCTs were being clustered for 2 years to manage the process. Rotherham was being clustered with Sheffield, Doncaster, Barnsley and Bassetlaw. The responsibility for NHS Rotherham would pass to that South Yorkshire cluster

- Rotherham's GP Consortia had been set up and was Chaired by Dr. David Tooth

- It was hoped that staff from Public Health would transfer to the local authority and would come with some NHS funding. However, 45% of NHS funding would come from Public Health England not all of which would reach the Council. There would be a number of services that had to be commissioned, Sexual Health Services, Screening Services, Specialist Clinics etc., that would transfer either to the local authority or Public Health England

It was noted that the report was to be submitted to the Performance Scrutiny Overview Committee and Cabinet for consideration before a response to the consultation was submitted.

Resolved:- That the implications arising from the Health and Social Care Bill be noted.

79. HEALTHY LIVES, HEALTHY PEOPLE: PUBLIC HEALTH WHITE PAPER CONSULTATION

Further to Minute No. 62 of December, 2010, the Policy and Scrutiny Officer submitted the key proposals and consultation questions which the Government were seeking views on by 31st March, 2011.

The proposals included:-

- Establishing a new body – Public Health England – within the Department of Health to protect and improve the public's health
- Responsibility for Public Health would transfer to local Councils from 2013 Directors of Public Health would be jointly appointed by the local authority
- Public Health England and work within the local authority
- Establishing Health and Wellbeing Boards to decide upon local public health priorities
- Using a 'ladder of interventions' to determine what action needed to be taken to address different public health needs
- Funding for public health work would be ringfenced and areas with the poorest health would receive extra funding

- Commissioning of public health activity would be the responsibility of Public Health England through directly commissioning certain services directly, asking the NHS Commissioning Board to commission Public Health Services and the provision of the ringfenced budgets for public health to local authorities
- GPs, community pharmacies and dentists would be expected to play a bigger role in preventing ill health
- A new Outcomes Framework would be produced against which progress on key public health issues would be measured

A powerpoint presentation was given to help the Panel in their deliberations as follows:-

- Government was consulting on the Public Health White Paper
- Deadline for which was 31st March, 2011
- Follows consultation which has already taken place on the NHS White Paper – which RMBC responded to

- **3 parts to consultation:**
  - Consultation questions referring to main white paper
  - 2 supporting documents:
    - Commissioning and Funding for Public Health
    - New Public Health Outcomes Framework

- **Consultation Questions**
  - The Department. of Health would work to strengthen the Public Health role of GPs by:
    - Public Health England (PHE) and NHSCB to work together to encourage GPs in their Public Health role
    - Incentives and drivers for GP-led activity concerning Public Health
    - PHE to strengthen the focus of Public Health issues in the education and training of GPs

  Question a: Are there additional ways in which we can ensure that GPs and GP practices will continue to play a key role in areas for which Public Health England will take responsibility?

  - PHE will promote information-led PH interventions
  - PHE will draw together existing complex information and intelligence performed by multiple organisations into a coherent form for ease of access
  - The National Institute of Health Research will continue to take responsibility for PH research on behalf of DH

  Question b: What are the best opportunities to develop and enhance the availability, accessibility and utility of Public Health information and intelligence?
  Question c: How can Public Health England address current gaps such as using the insights of behavioural science, tackling wider determinants of health, achieving cost effectiveness and tackling inequalities?

Question d: What can wider partners nationally and locally contribute to improving the use of evidence in public health?

- A detailed workforce strategy will be developed late 2011
- The DH will encourage PCTs and local government to discuss future shape of PH locally
- DH also publishing review of the regulation of PH professionals – they believe statutory regulation should be a last resort, preferred approach is to ensure effective voluntary regulation for any unregulated PH professionals

Question e: We would welcome views on Dr Gabriel Scally's report. If we were to pursue voluntary registration, which organisation would be best suited to provide a system of voluntary regulation for public health specialists?

- **Funding & Commissioning**
  16 questions relating to how PH is to be funded and services commissioned, key points to consider:

  - Ring-fenced PH budgets allocated to LAs by PHE
  - Will include Health Premium for authorities with greatest deprivation and inequalities
  - PH budget will not include functions which are already carried out by LAs such as housing, leisure, social care
  - HWB can pool other budgets as required
  - Shadow PH allocated to be provided April 2012
  - Local authorities and GP consortia will have equal obligation to prepare the JSNA through the HWB
  - HWB to develop local HW Strategy, based on the JSNA
  - Commissioners to have regard to the JSNA and HW Strategy
  - Ring-fenced budget to give opportunities for local government to involve new partners when contracting for services

- **Outcomes Framework**
  12 questions relating to the proposed new Outcomes Framework, key points to consider:

  - The framework will be co-produced and nationally applicable without the Government dictating what is contained in the data set
  - There will be a need to reflect the breadth of contributions from all partners
  - Public Health, NHS and Adult Social Care frameworks will all align with key areas of overlap where services share an interest
  - The framework will:
    - Use indicators which are meaningful to communities
    - Focus on major causes and impacts of health inequality
    - Take on a life-course approach
    - Use data collected and analysed nationally to reduce burden on LAs

- Will include 5 domains:
  - Health protection and resilience
  - Tackling wider determinants of health
  - Health improvement
  - Prevention of ill health
  - Healthy life expectancy and preventable mortality

Discussion ensued on the report with the following issues raised/clarified by the Policy and Scrutiny Officer and Director of Public Health:-

- It was essential that the GP Consortia recognised that it was responsible for health services as well as commissioning. Part of the proposals in both White Papers were that part of the payments to GPs in terms of the Quality Outcomes Framework would be based on the basis of some of the services they provided. Previously 20% of the payments were based on Public Health initiatives such as prevention of heart disease, screening for diabetes etc. at GP practice level

- The Government had stated its intention to market health so there would be an onus on those bodies commissioning services to comply with European Legislation and competition from the private sector

- With regard to voluntary registration, there were a large number of people working in Public Health that had a Public Health qualification as currently recognised. It was how those working in other aspects of Public Health were brought together under the "Public Health family" in terms of qualifications and standards in relation to practice. An example was Environmental Health Officers who were qualified in their own right and within their field may have specialism in Food Standards. They would come under Public Health. There were also Town Planners etc., professionals who took into account the health impact when submitting proposals for Council decision

- The Outcomes Framework would be a number of Indicators like Teenage Pregnancy rates, death rates etc. that the local authority's performance would be judged against. The Government was not stating that an authority had to reach a set target but that it had to make progress against the Framework and if it did it would get a reward in the form of "Health Premium"

- In terms of the competition, it did not necessarily mean the cheapest option. The specification around service had to be right so that it provided both quality and value for money in terms of the service commissioned on behalf of the people of Rotherham

- If a contract went wrong and it was part of Public Health it would fall to the Council; if it was health services it would be the GP Consortia

– The basis for the public health science at a local level was to understand the pattern of disease locally and then apply the measures to prevent those illnesses and diseases. Together with the information from the census it would be essential to understand which communities suffered most, what the problems were and how, under the new system, the Health and Wellbeing Board designed those services to meet those needs

– The financial impact of the new regime on councils was not known as yet. There would be a small amount of funding for Public Health divided out between the local authorities although the basis for the division had not been decided as yet. The bulk of the funding would be with the GPs so there was a need to work with the GPs to promote Public Health and secure the best deal possible

Victoria Farnsworth read out the following statement:- "Speak Up has developed the training package "My Health". I hope the GPs Consortia will continue to commission it. We train over 500 health workers last year across Rotherham and Sheffield to train health carers and workers to communicate better with people with learning disabilities and remind them that people with learning disabilities and other vulnerable people should be treated with dignity and respect. This training is also assisting professionals fulfil their obligations under the Equality Act."

Resolved:- (1) That a copy of the questions be circulated to Panel Members for consideration.

(2) That Panel Member feed any comments they wish to be incorporated into the response to the Scrutiny Office by 18th February, 2011.

(3) That the report and Panel comments be submitted to the 25th February, 2011, meeting of the Performance and Scrutiny Overview Committee.

80. ADULT SERVICES AND HEALTH SCRUTINY PANEL

Resolved:- That the minutes of the previous meeting of the Adult Services and Health Scrutiny Panel held on 6th January, 2011, be approved as a correct record for signature by the Chair with the additional apology of Russell Wells

81. CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH

Resolved:- That the minutes of the Cabinet Member for Adult Independence Health and Wellbeing held on 22nd December and 17th January, 2011, be noted and received.