ADULT SERVICES AND HEALTH SCRUTINY PANEL

Venue: **Town Hall, Moorgate Street, Rotherham. S60 2RB**

Date: **Thursday, 10th February, 2011**

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.

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

3. Apologies for Absence and Communications.

4. Declarations of Interest

5. Questions from members of the public and the press

10.00 a.m.

6. Update on Assistive Technology Review (Pages 1 - 3)

10.05 a.m.

7. 2011 Health and Social Care Bill - Summary (Pages 4 - 9)

10.20 a.m.

8. Healthy Lives, Healthy People: public health white paper consultation (Pages 10 - 28)

11.20 a.m.

9. Adult Services and Health Scrutiny Panel (Pages 29 - 33)
   - minutes of meeting held on 6th January, 2011.

10. Cabinet Member for Adult Social Care and Health (Pages 34 - 36)
    - 22nd December, 2010. (copy attached)
    - 17th January, 2011. (copy attached)

Date of Next Meeting:-

Thursday, 3rd March 2011

Membership:-

Chairman – Councillor Jack
Vice-Chairman – Steele
Councillors:- Barron, Blair, Burton, Goulty, Hodgkiss, Kirk, Middleton, Turner and Wootton

Co-opted Members

Jim Richardson (Aston cum Aughton Parish Council), Russell Wells (National Autistic Society), Mrs. A. Clough (ROPES), Jonathan Evans (Speak up), Victoria Farnsworth (Speak Up), Ms J Dyson, Ms J Fitzgerald and Mr P Scholey (UNISON)

ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

1.	**Meeting:**	Adult Services and Health Scrutiny Panel
2.	**Date:**	10 February 2011
3.	**Title:**	Assistive Technology Scrutiny Review: Update
4.	**Directorate:**	Chief Executive's

5. Summary

ASH Panel received a report and presentation on 7 October 2010, which outlined the main findings and recommendations resulting from the Assistive Technology Scrutiny Review.

Since the start of the review and recommendations being made, a large amount of work has been undertaken in this area; therefore following consultation with Adult Services Directorate it is being proposed that a further report be brought to Panel at the meeting in March 2011, to provide details of what has taken place and to approve the final scrutiny review report.

6. Recommendations

That the Adult Services and Health Scrutiny Panel:

- **Agree for the Assistive Technology update report to be brought to the next Panel meeting in March 2011**

7. Proposals and details

The review recommendations include:

- That the Council and NHS Rotherham produces a joint and overarching long term Assistive technology strategy, with a view to developing a 'single point of entry' for service users and carers.

- A robust monitoring system for AT is put into place to record savings in terms of the prevention of avoidable admissions to hospital, the prevention / delay of admission to long-term residential care, and savings from individualised homecare packages.

- The Council continually seeks to expand and promote the Assistive Technology it has to offer.

- The Council examines ways for more cost effective approach to excessive usage or repair.

- That awareness of AT / Telecare across professionals, including domiciliary care providers, is continued and strengthened so that all view it as an option for all Service Users and Carers.

- Good quality information and signposting needs to be provided by the Council and NHS Rotherham for both Carers and Service Users to enable them to understand their AT options and so to self assess with confidence.

Following consultation with Adult Services Directorate, it is understood that a large amount of work has been undertaken since the start of the review, including further developments in relation to these recommendations.

It is therefore proposed that a further report be brought to the March Panel meeting for members to receive an update on these developments, prior to final approval of the scrutiny review report.

8. Finance

The Adult Services and Health Scrutiny Panel agreed to look into how RMBC had met aims in relation to the Preventative Technology Grant which was awarded from the Department of Health for 2006-08. The report in March will update on how this grant has been allocated.

9 Risks and Uncertainties

Due to the length of time over which the review has taken place, a number of developments have been made in this area, it is therefore important to bring the scrutiny review report up to date.

10 Policy and Performance Agenda Implications

There are a number of implications resulting from the review recommendations, which will be updated in the March report.

11 Background Papers and Consultation

Minutes of the Adult Services and Health Scrutiny Panel – 7 October 2010

12 Contact

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ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

1.	**Meeting:**	Adult Services and Health Scrutiny Panel
2.	**Date:**	10 February 2011
3.	**Title:**	2011 Health and Social Care Bill: Summary
4.	**Directorate:**	Chief Executive's

5. Summary

The Health and Social Care Bill was introduced into Parliament on 19 January 2011.

The Bill takes 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 require primary legislation.

This report provides a summary of the legislation and main implications.

6. Recommendations

That the Adult Services and Health Scrutiny Panel:

- **Note and discuss the implications arising from the Health and Social Care Bill**

7. Proposals and details

The Health and Social Care Bill is part of the Government's vision to modernise the NHS so that it is built around patients, led by health professionals and focused on delivering world-class healthcare outcomes.

It also includes provision to strengthen public health services and reform the Department's arm's length bodies.

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

Summary of Bill proposals, listed by section of the 2011 Bill:

Section 8: Duties as to improvement of public health
Updates the 2006 Act so that local authorities must take steps to improve health, and the Bill sets out example steps that may be taken

Bill Text for Section 8
(3) The steps that may be taken under subsection (1) or (2) include—
(a) providing information and advice;
(b) providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way);
(c) providing services or facilities for the prevention, diagnosis or treatment of illness;
(d) providing financial incentives to encourage individuals to adopt healthier lifestyles;
(e) providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment;
(f) providing or participating in the provision of training for persons working or seeking to work in the field of health improvement;
(g) making available the services of any person or any facilities.
(4) The steps that may be taken under subsection (1) also include providing grants or loans (on such terms as the local authority considers appropriate).

Section 13: Other services etc. provided as part of the health service
Updates the 2006 Act so that local authorities must take on the formerly Secretary of State (SoS) responsibility for medical and dental inspection and treatment of pupils at schools maintained by the local authority. The local authority may arrange for medical and dental treatment and inspection of pupils in other non-school forms of education provision, and in non-local authority maintained schools. The local authority may provide for weighing and measurement of junior pupils and children in childcare.

Also updates the 2006 Act so that a local authority may conduct, commission or assist with research connected with the exercise of its functions in relation to the health service, including obtaining data/information and funding researchers

Section 14 Regulations as to the exercise by local authorities of certain public health functions
Updates the 2006 Act so that the SoS can make regulations to require local authorities to exercise the SoS's health protection functions. The SoS can also make regulations to prescribe steps to be taken in relation to local authorities' own public health functions (e.g. those updated by section 8 and 13 of the 2011 Bill)
If regulations for health protection are made, the SoS can still him/herself take any steps required of local authorities

Section 18: Exercise of public health functions of the Secretary of State
Updates the 2006 Act so that SoS may arrange for local authorities (and/or NHS commissioners) to exercise any of the public health functions of the SoS. Terms may be agreed in relation to this, including for payment.

Section 19: The NHS Commissioning Board: further provision
Updates the 2006 Act so that the national commissioning board must encourage commissioning consortia to work closely with local authorities in arranging provision of services, particularly through section 75 agreements
NB this goes beyond public health services, but is relevant as ph services may be one such area where close working is needed

Section 22 Commissioning consortia: general duties etc.
Updates the 2006 Act so that commissioning consortia must consult with their relevant HWB/s on a commissioning plan, in particular whether said commissioning plan takes into account the most recent joint health and wellbeing strategy. The HWB must give an opinion to the consortia and may give its opinion to the National Commissioning Board

Relevant HWBs for a consortium are those whose areas contain all or part of the consortium area, so a consortium that overlaps HWB boundaries will have to consult with more than one HWB.

Section 25: Other health service functions of local authorities under the 2006 Act
Updates the 2006 Act so that the local authority takes on PCT functions for dental public health, along with flexibilities for discharging those functions through arrangements with other local authorities or other bodies
Local authorities must also work jointly with the prison service in relation to exercise of the local authority and prison service functions relating to health

Section 26: Appointment of directors of public health
The 2006 Act is updated so that each local authority must jointly appoint a DPH, who will be statutorily responsible for the public health functions of the local authority as set out in other legislation (including the 2006 Act as amended by this Bill). Provision is made for SoS to direct a local authority to review and investigate the performance of the DPH in relation to certain functions, but there does not appear to be power for SoS to order the dismissal of a DPH – SoS may write to local authorities to suggest steps to be taken, but the local authority is only obliged to consider these. Local authorities must consult with the SoS before terminating a DPH appointment.

Bill Text for Section 26
(1) Each local authority must, acting jointly with the Secretary of State, appoint an individual to have responsibility for —
(a) the exercise by the authority of its functions under section 2B, 111 or 249 or Schedule 1,
(b) the exercise by the authority of its functions by virtue of section 6C,
(c) anything done by the authority in pursuance of arrangements under section 7A,
(d) the exercise by the authority of any of its functions that relate to planning for, or responding to, emergencies involving a risk to public health,
(e) the functions of the authority under section 325 of the Criminal Justice Act 2003, and
(f) such other functions relating to public health as may be prescribed.
(2) The individual so appointed is to be an officer of the local authority and is to be known as its director of public health.
(3) Subsection (4) applies if the Secretary of State—
(a) considers that the director has failed or might have failed to discharge (or to discharge properly) the responsibilities of the director under—
(i) subsection (1)(b), or
(ii) subsection (1)(c) where the arrangements relate to the Secretary of State's functions under section 2A, and
(b) has consulted the local authority.
(4) The Secretary of State may direct the local authority to—
(a) review how the director has discharged the responsibilities mentioned in subsection (3)(a);
(b) investigate whether the director has failed to discharge (or to discharge properly) those responsibilities;
(c) consider taking any steps specified in the direction;
(d) report to the Secretary of State on the action it has taken in pursuance of a direction given under any of the preceding paragraphs.
(5) A local authority may terminate the appointment of its director of public health.
(6) Before terminating the appointment of its director of public health, a local authority must consult the Secretary of State.

Section 27 Exercise of public health functions of local authorities
Updates the 2006 Act so that local authorities must regard SoS publications relating to the local authorities' public health functions as set out in the amended 2006 Act, other legislation and any other prescribed public health functions. The DPH must prepare and the local authority publish an annual report on the health of the population.

Section 42 Charges in respect of certain public health functions
Updates the 2006 Act to allow the SoS to make charges relating to steps taken in relation to the SoS's duty for health protection, including where a local authority takes steps if required to by the SoS. Charges can also be made by SoS for steps taken by the local authority in relation to health improvement.

Section 50 Co-operation with bodies exercising functions in relation to public health
Updates the 2006 Act to provide a general mutual duty of co-operation between SoS and any other bodies that exercise functions similar to the SoS's health protection functions. Charges can be applied by whichever party requires the co-operation of the other.

Section 167 Establishment and constitution
Updates the Local Government and Public Involvement in Health
Act 2007 and other legislation to require setting up of local Healthwatch, overwriting previous requirements for local involvement networks.

Section 170 Independent advocacy services
Updates the Local Government and Public Involvement in Health
Act 2007 to require each local authority to set up independent advocacy services for health services, which can be but do not have to be provided through local Healthwatch.

Section 176 Joint strategic needs assessments
Updates the Local Government and Public Involvement in Health Act 2007 to bring commissioning consortia into the role formerly held by PCTs in relation to JSNA, working with their respective responsible local authorities.

Section 177 Joint health and wellbeing strategies
Updates the Local Government and Public Involvement in Health
Act 2007 so that local authorities and commissioning consortia partners must prepare local health and wellbeing strategies. In particular must consider the merits of using Section 75 arrangements and may include views on how 'health-related services' could integrate with health and social care services. Health related services are those services that impact on health, but are not services provided by the health service.

Places a duty on local authorities and commissioning consortia to have regard to JSNA and JHWS when exercising relevant functions – i.e. those functions that meet or affect needs in the JSNA.

Section 178 Establishment of Health and Wellbeing Boards
Mandates the establishment by a local authority of a Health and Wellbeing Board for its area. Prescribes a minimum membership including one nominated councillor, DASS, DPH, DCS, local healthwatch, a relevant person for each commissioning consortia (one or more consortia can share a relevant person if the HWB agrees). Other membership is at the discretion of the local authority, in consultation with the rest of the HWB. Commissioning Consortia are under a duty to co-operate with the HWB.

Section 179 Duty to encourage integrated working
A Health and Wellbeing Board must encourage integrated working in the provision of health or social care services. In particular supporting section 75 arrangements. HWB may also encourage providers to work jointly.

Section 180 Other functions of Health and Wellbeing Boards
States that the JSNA and JHWS functions of a local authority and its partner commissioning consortia are to be exercised by the HWB. Other local authority functions may also be discharged by the HWB if the local authority so wishes.

Section 182 Discharge of functions of Health and Wellbeing Boards
Provides flexibility for joint working between HWBs, including setting up sub committees between HWBs.

Section 183 Supply of information to Health and Wellbeing Boards
HWBs may request information from its local authority and others represented on the Board. Requests must be relevant to the HWB functions, and must be complied with.

Section 190 Pharmaceutical needs assessments
Updates the 2006 Act so that HWBs must carry out former PCT functions for pharmaceutical needs assessment, in accordance with regulations. Redefines

'Health Services' for the purposes of the 2006 Act to not include pharmaceutical services.

8. Finance

From April 2013, Public Health England will allocate ring-fenced budgets, weighted for inequalities, to upper-tier and unitary authorities in local government. Shadow allocations will be issued to LAs in 2012/13, providing an opportunity for planning.

8.1 Health premium

Building on the baseline allocation, LAs will receive an incentive payment, or 'health premium', that will 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 will be simple and driven by a formula developed with key partners, representatives of local government, public health experts and academic

9. Risks and Uncertainties

Legislation is subject to Royal Assent through Parliament.

10. Policy and Performance Agenda Implications

Further consultation is taking place on the proposed public health outcomes framework and funding and commissioning of services. See appendix A and B for questions.

11. Background Papers and Consultation

2011 Health and Social Care Bill

Healthy Lives, Healthy People: strategy for public health in England (2010)

Healthy Lives, Healthy People: Transparency in outcomes consultation document

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

12 Contact

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ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

1.	**Meeting:**	Adult Services and Health Scrutiny Panel
2.	**Date:**	10 February 2011
3.	**Title:**	Healthy Lives, Healthy People: Public Health White Paper Consultation
4.	**Directorate:**	Chief Executive's

5. Summary

Following the summary of the Public Health White Paper which was presented to Panel on 9 December 2010, this report outlines the key proposals and consultation questions which the Government are seeking views on.

The deadline for responses to the main white paper and two supporting documents which outline proposals for commissioning, funding and the new outcomes framework is 31 March 2011.

This report sets out the key proposals and consultation questions and asks for members of the Adult Services and Health Scrutiny Panel to contribute to the RMBC formal response.

6. Recommendations

That the Adult Services and Health Scrutiny Panel:

- **Note and discuss the proposals set out in the white paper and consultation documents**
- **Discuss and consider the questions, to inform the Council's response.**

7. Proposals and details

The White Paper outlines some significant changes to the way public health is delivered and gives a brief overview of some of the Government's priorities for public health. The proposals include:

- Establishing a new body – Public Health England – within the Department of Health to protect and improve the public's health.
- Responsibility for public health will transfer to local councils from 2013. Directors of Public Health will be jointly appointed by the local authority and
- 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 needs to be taken to address different public health needs. Some things will be tackled by central Government through Public Health England (such as serious threats and emergencies); others will need a combination of central Government and local action. In other situations enabling people to make healthier choices, including by providing information, promoting healthier behaviour and strengthening self-esteem and confidence will be key.
- Funding for public health work will be ring-fenced and areas with the poorest health will receive extra funding.
- Commissioning of public health activity will be the responsibility of Public Health England, through directly commissioning certain services directly (eg national purchasing of vaccines or national communications campaigns), asking the NHS Commissioning Board to commission public health services (eg national screening programmes), and the provision of the ring-fenced budgets for public health to local authorities. GP consortia may also be able to commission on behalf of Public Health England.
- GPs, community pharmacies and dentists will be expected to play a bigger role in preventing ill-health.
- A new outcomes framework will be produced against which progress on key public health issues will be measured. Local authorities will receive additional public health funding when progress on these outcomes is achieved.

7.1 Responding to the Consultation

The Government is consulting on the proposals within the main White Paper. The deadline for responding to the consultation is 31 March 2011. ASH panel members are being asked to consider the questions and contribute towards the formal response.

The two supporting documents refer to proposals in relation to the commissioning and funding of public health services and the new outcomes framework. Deadline for responding to these documents is 31 March 2011 and questions are attached as appendix A and B.

7.1.1 White Paper Consultation Questions

Role of GPs and GP practices in public health
The Department of Health (DH) will work to strengthen the public health role of GPs in the following ways:

- Public health England and the NHS Commissioning Board will work together to support and encourage GP consortia to maximise their impact on improving population health and reducing health inequalities
- Information on achievement by practices will be available publicly, supporting people to choose PG practices based on performance
- Incentives and drivers for GP-led activity will be designed with public health concerns in mind
- Public Health England will strengthen the focus on public health issues in the education and training of GPs as part of the DHs workforce strategy

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?

Public health evidence

- Public Health England (PHE) will promote information-led, knowledge-driven public health interventions.
- The DH will develop an evidence-based approach to public health alongside and evidence-based approach to healthcare
- PHE offers a unique opportunity to draw together the existing complex information, intelligence and surveillance functions performed by multiple organisations into a more coherent form and to make evidence more easily accessible
- Local requirements for public health evidence will drive PHEs evidence function
- The best way to ensure that the new system is effective and cost-efficient is by providing people with transparent information on the cost, evidence-base and impact of services

Research

- Public health evaluation and research will be critical in enabling public health practice to develop into the future and address key challenges such as how to handle the wider determinants of health and how to use behaviour change science
- The national Institute of health Research (NIHR) will continue to take responsibility for the commissioning of public health research on behalf of the DH
- The DH will establish an NIHR School for Public Health Research to conduct high-quality research to increase the evidence base for public health practice

Information and intelligence

- The DH will draw together existing public health intelligence and information functions; Public Health Observatories, cancer registries and parts of the HPA, working to eliminate gaps and overlaps
- PHE will:
    - Strengthen public health surveillance by ensuring fit-for-purpose data collection and analysis of health outcomes
    - Work with and measure the impact of different communication channels, including NHS Choices
    - Ensure NICE adds maximum value by providing authoritative independent advice
    - Develop intelligence about the relative cost-effectiveness of different interventions to support the Directors of Public Health in commissioning local services

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?

Regulation of public health professionals

- A detailed workforce strategy will be developed by Autumn 2011
- A range of public health staff will work with PHE, employed by the DH
- After completion of Transforming Community Services in April 2011, the provider functions of PCTs will have moved to other organisations, including community foundation trusts and social enterprises
- The DH will encourage PCTs and local government to discuss the future shape of public health locally
- Alongside Healthy Lives, healthy People, the DH is publishing a review by Dr Gabriel Scally of the regulation of public health professionals. The government believes that statutory regulation should be a last resort, the preferred approach is to ensure effective and independently-assured voluntary regulation for any unregulated public health specialists

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?

8. Finance

There are no direct financial implications to this report.

9 Risks and Uncertainties

Further clarity on the proposals will be provided following the consultation process, which ends 31 March 2011.

10 Policy and Performance Agenda Implications

Public health will transfer to local authority responsibility as of 2013, when the Director of Public Health will be employed by the council. RMBC will need to consider the future shape of the public health workforce during this transition period.

Further consultation is taking place on the proposed public health outcomes framework, see appendix A for questions

11 Background Papers and Consultation

Healthy Lives, Healthy People: strategy for public health in England (2010)

Healthy Lives, Healthy People: Transparency in outcomes consultation document

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

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Question	(Draft) Response
1. How can we ensure that the Outcomes Framework enables local partnerships to work together on health and wellbeing priorities, and does not act as a barrier?	
2. Do you feel these are the right criteria to use in determining indicators for public health? • Are there evidence-based interventions to support this indicator? • Does this indicator reflect a major cause of premature mortality or avoidable death? • By improving on this indicator, can you help reduce inequalities in health? • Will this indicator be meaningful to the broader public health workforce and wider public? • Is this indicator likely to have a negative/adverse impact on defined groups? • Is it possible to set measures, SMART objectives against the indicator to monitor progress in both the short and medium term? • Are there existing systems to collect the data required to monitor this indicator?	
3. How can we ensure that the Outcomes Framework and the health premium are designed to ensure they contribute fully to health inequality reduction and advancing equality?	
4. Is this the right approach to alignment across the NHS, Adult Social Care and Public Health frameworks? • Diagram on pg 14 showing how 3 frameworks sit together	
5. Do you agree with the overall framework and domains? • *Health protection and resilience* • *Tackling the wider determinants of health* • *Health improvement* • *Prevention of ill health*	

• *Healthy life expectancy and preventable mortality*	
6. Have we missed out any indicators that you think we should include?	
7. We have stated in this document that we need to arrive at a smaller set of indicators than we have had previously. Which would you rank as the most important?	
8. Are there indicators here that you think we should not include?	
9. How can we improve indicators we have proposed here?	
10. Which indicators do you think we should incentivise? (consultation on this will be through the accompanying consultation on public health finance and systems)	
11. What do you think of the proposal to share a specific domain on preventable mortality between the NHS and Public Health Outcomes Frameworks?	
12. How well do the indicators promote a life-course approach to public health?	

Funding and Commissioning **APPENDIX B**

Question	(Draft) Response
1. Is the health and wellbeing board the right place to bring together ring-fenced public health and other budgets?	
2. What mechanisms would best enable local authorities to utilise voluntary and independent sector capacity to support health improvement plans? What can be done to ensure the widest possible range of providers are supported to play a full part in providing health and wellbeing services and minimise barriers to such involvement?	
3. How can we best ensure that NHS commissioning is underpinned by the necessary public health advice?	
4. Is there a case for Public Health England to have greater flexibility in future on commissioning services currently provided through the GP contract, and if so how might this be achieved?	
5. Are there any additional positive or negative impacts of our proposals that are not described in the equality impact assessment and that we should take account of when developing the policy?	
6. Do you agree that the public health budget should be responsible for funding the remaining functions and services in the areas listed in the second column of Table A (pg 16)?	
7. Do you consider the proposed primary routes for commissioning of public health funded activity (the third column) to be the best way to: a) ensure the best possible outcomes for the population as a whole, including the most vulnerable; and b) reduce avoidable inequalities in health between population groups and communities? If not, what would work better?	
8. Which services should be mandatory for local authorities to provide or commission?	

9. Which essential conditions should be placed on the grant to ensure the successful transition of responsibility for public health to local authorities?	
10. Which approaches to developing an allocation formula should we ask ACRA to consider?	
11. Which approach should we take to pace-of-change?	
12. Who should be represented in the group developing the formula?	
13. Which factors do we need to consider when considering how to apply premium?	
14. How should we design the health premium to ensure that it incentivises reductions in inequalities?	
15. Would linking access to growth in health improvement budgets to progress on elements of the Public Health Outcomes Framework provide an effective incentive mechanism?	
16. What are the key issues the group developing the formula will need to consider?	

Rotherham Metropolitan Borough Council

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Healthy Lives, Healthy People

Public Health White Paper Consultation

Consultations

Rotherham Metropolitan Borough Council
Where Everyone Matters

- Government is consulting on the Public Health white paper
- Deadline for which is 31 March 2011
- Follows consultation which has already taken place on the NHS white paper – which RMBC responded to

3 parts to consultation:

Rotherham Metropolitan Borough Council
Where Everyone Matters

- Consultation questions referring to main white paper

- 2 supporting documents:
  - Commissioning and Funding for public health
  - New public health outcomes framework

Consultation Questions

Rotherham Metropolitan Borough Council
Where Everyone Matters

- The Dept. Of Health will work to strengthen the public health role of GPs by:
  - PHE and NHSCB to work together to encourage GPs in their PH role
  - Incentives and drivers for GP-led activity concerning PH
  - PHE to strengthen the focus of PH 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?

Questions Cont..

Rotherham Metropolitan Borough Council
Where Everyone Matters

- 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?

Questions Cont..

Rotherham Metropolitan Borough Council
Where Everyone Matters

- 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

Rotherham Metropolitan Borough Council
Where Everyone Matters

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

Rotherham Metropolitan Borough Council
Where Everyone Matters

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

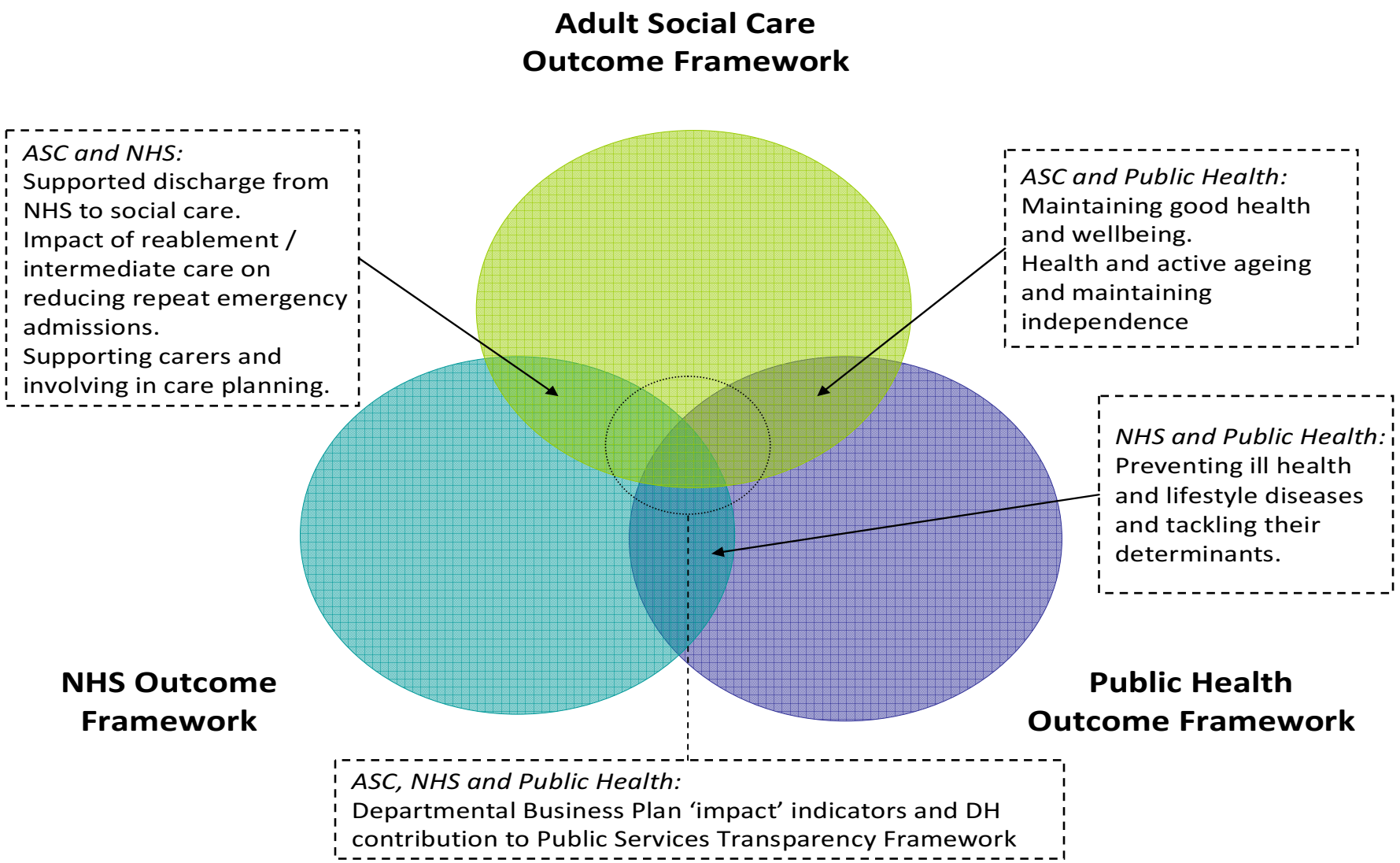
- The framework will be co-produced and nationally applicable without the Government dictating what is contained in the data set
- There will be a need to reflect the breadth of contributions from all partners
- Public health, NHS and Adult Social Care frameworks will all align with key areas of overlap 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

Framework Cont..

Rotherham Metropolitan Borough Council
Where Everyone Matters

- 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

Outcome Framework Alignment



ADULT SERVICES AND HEALTH SCRUTINY PANEL
6th January, 2011

Present:- Councillor Jack (in the Chair); Councillors Barron, Blair, Goulty, Middleton, Steele and Wootton.

Also in attendance were Councillor John Doyle (Cabinet Member for Adult Independence, Health and Well-being) and co-opted members Mrs. A. Clough (ROPES) and Mr P Scholey (UNISON).

Apologies for absence were received from Councillors Burton and Turner and from co-opted member Mr. J. Richardson.

65. COMMUNICATIONS

NHS Rotherham was organising a focus group to consider the issue of older people keeping warm at home. The first meeting of the focus group would take place on Wednesday, 23rd March, 2011. Councillors Jack and Steele and co-opted member Mrs. A. Clough expressed an interest in attending this meeting. Details of this study would be provided for all members of this Scrutiny Panel.

66. DECLARATIONS OF INTEREST

No declarations of interest were made at the meeting.

67. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

68. THE DEMOGRAPHIC CHANGE FOR ROTHERHAM

Further to Minute No. 59(2) of the meeting of the Adult Services and Health Scrutiny Panel held on 9th December, 2010, Miles Crompton, Research Co-ordinator, gave a presentation about demographic change in Rotherham. The presentation and the Scrutiny Panel's subsequent discussion included the following salient issues:-

- Rotherham's total population was now at its highest level since records began;

- life expectancy has increased, both for men and women – this increase has previously been under-estimated and, in small part, has contributed to the pension crisis;

- the population of people aged 60 years and older is now higher than the population of people aged 23 years and younger;

- large increases in the population aged 65 years and over and aged 85 years and over;

- increases in the number of households and of the number of pensioners living alone; possible future pressure upon the availability of certain types of housing and accommodation;

- people living to an older age may subsequently live more years whilst suffering a long-term illness;

- the availability and inclination of adult children to provide care for ageing parents; otherwise, care duties are performed by spouses or the state;

- higher birth-rates in the Black and Minority Ethnic communities (the trend in Rotherham mirrors the trend throughout the country);

- health improvements due to advances made in medical science and methods of treatment;

- pressure on service costs and delivery (eg: caring and health services) due to the increase in the population aged 65 years and older;

- service providers are concentrating upon early intervention and prevention, in an attempt to reduce the future pressure upon services and funding;

- overall, the demographic changes in Rotherham are similar to those both in South Yorkshire and in the country as a whole.

Resolved:- (1) That the details of the presentation be noted.

(2) That a seminar be arranged for all Members of the Council about this issue.

(3) That a copy of the presentation be provided for all members of this Scrutiny Panel.

69. DIABETES REVIEW - FINDINGS AND RECOMMENDATIONS

Further to Minute No. 61 of the meeting of the Adult Services and Health Scrutiny Panel held on 9th December, 2010, Caroline Webb, Senior Scrutiny Adviser, gave a presentation about the scrutiny review of health inequalities due to diabetes. The presentation and subsequent discussion included the following salient issues:-

Diabetes
Type I : is genetic and begins in childhood
Type II : begins in adulthood and is influenced by race and lifestyle/diet

Diabetes in Rotherham
- 11,000 people – more than 2,500 on insulin (plus approximately 1,100 undiagnosed)
- Obesity is everywhere
- Spend in 2008/09: £2.3 millions per 100,000 population but outcomes not linked to spend

Deprivation and Demographics
- High levels of deprivation in Rotherham
  - Lower levels of physical activity and poor diet
  - Greater risk of diabetes
- More people living longer
  - More diagnosed and undiagnosed diabetes
  - Side-effects of diabetes will be more prevalent

Treatment and Management
- General Practitioners
- Hospital-based specialist care
- Education
  - DAFNE (Dose Adjustment for Normal Eating)
  - DESMOND – aimed at newly diagnosed Type II patients
  - Learning Disability (for health professionals)

Issues Raised
- Management of diabetes when attending hospital as an in-patient for another matter
- Rotherham branch of Diabetes UK
- Retinopathy screening

Recommendations
- General Themes
  - Education and prevention
  - Earlier diagnosis
  - Spreading good practice
  - Better self-management

- Education and Prevention
  - Include diabetes awareness in school PSHE classes
  - Raise awareness among high risk groups
  - Ensure those at risk due to obesity are offered early support

- Earlier Diagnosis
  - Pharmacies
  - Non-invasive testing
  - NHS Health Checks Programme

- Spreading Good Practice
  - Prescribing
  - Support for the recently diagnosed

- Better Self-Management
  - Regular retinopathy screening
  - Closer links between patients and service commissioners/providers

- the importance of a healthy diet and, particularly of healthy eating in schools.

- the costs to the state of medical and care provision and to the individual in terms of health complications.

- developments in non-invasive testing and the possibility of demonstrating this process at the Town Hall.

Resolved:- (1) That the details of the presentation be noted.

(2) That the recommendations, now discussed, be included in the report of the Health Inequalities and Diabetes Scrutiny Review, which is to be provided for all members of this Scrutiny Panel and appropriate Council Departments and partner organisations.

(3) That the report of the Health Inequalities and Diabetes Scrutiny Review be submitted to the Performance and Scrutiny Overview Committee and to the Cabinet for further consideration.

70. YORKSHIRE AMBULANCE SERVICE - POTENTIAL INDICATORS FOR 2011/12 QUALITY ACCOUNTS

Consideration was given to a report presented the Head of Scrutiny Services and Member Support concerning the potential indicators for Quality Accounts for the Yorkshire Ambulance Service (NHS Trust) for 2011/12. After discussion of the indicators, it was agreed that Scrutiny Panel members would provide their detailed comments to the Scrutiny officers. The response to the Yorkshire Ambulance Service would have to be submitted by 28th January, 2011.

Resolved:- That the report be received and its contents noted.

71. THE ROTHERHAM FOUNDATION TRUST - IMPROVEMENT AREAS FOR 2011/12 QUALITY ACCOUNTS

Consideration was given to a report presented by Mrs. Jackie Bird (Rotherham NHS Foundation Trust) concerning the potential indicators for Quality Accounts for the NHS Trust for 2011/12.

The Scrutiny Panel noted that the Rotherham NHS Foundation Trust Quality Accounts would :-

: demonstrate accountability to the public for the quality of services
: enable a review of the services provided, to identify good services and where improvements are needed;
: identify the improvements achieved;
: demonstrate how patients, public and others are involved in the work.

The report stated that three new quality improvement areas had been identified for the local community, one from each area of (i) Patient Safety, (ii) Clinical Effectiveness and (iii) Patient Experience. The Scrutiny Panel agreed that the appropriate recommendations from the Diabetes Review (reference: Minute No. 69 above) should be included in the improvement areas.

Reference was made to:-

- the early discharge of patients from hospital (and the financial pressures caused by 'bed blocking');

- patient experience tracker – asking patients to provide feedback about their experience when staying in hospital;

- information leaflets provided to patients about their medication.

Resolved:- That this Scrutiny Panel supports the suggested areas of improvement outlined in the submitted report.

72. FALLS COLLABORATIVE - EVALUATION

The Scrutiny Panel received a presentation from Mrs. Jackie Bird (Rotherham NHS Foundation Trust) about patients falling and the actions being taken to prevent falls. The presentation and the Scrutiny Panel's subsequent discussion included the following salient issues:-

- the collaborative study of hospital in-patient falls;

- study of hospital ward data about patients' falls from height (2008 to 2010);

- outcomes of the study – reducing the incidence of falls, subsequent cost savings; increased use of bed rails; providing patients with slippers to prevent falls;

- provision of appropriate training; health community approach;

- dissemination of good practice, both regionally and nationally.

Resolved:- That the contents of the presentations be noted.

73. MINUTES OF THE ADULT SERVICES AND HEALTH SCRUTINY PANEL

Resolved:- That the minutes of the previous meeting of the Adult Services and Health Scrutiny Panel held on 9th December, 2010, be approved as a correct record for signature by the Chair.

74. CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING

Resolved:- That the minutes of the Cabinet Member for Adult Independence Health and Wellbeing held on 22nd October and 6th December, 2010, be noted and received.

CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING
Wednesday, 22nd December, 2010

Present:- Councillor Doyle (in the Chair).

H45. EXCLUSION OF THE PRESS AND PUBLIC

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

H46. SUPPORTING PEOPLE FLOATING SUPPORT TENDERS

The Director of Commissioning and Partnerships submitted a report detailing the procurement process and subsequent evaluation undertaken for EU Classified Annex 2b services to provide housing-related and preventative support.

Minute No. H73 of 21st December, 2009, had previously approved the tender process for 13 floating support contracts which were for an initial period of 3 years. There was an option to extend for 1 year with an opportunity to review finances on an annual basis with a break clause where appropriate.

The preferred contractors had previous experience in providing services to the client group in question with a good performance and quality service record.

Resolved:- That the awarding of the tenders detailed in the report submitted be approved.

CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING
Monday, 17th January, 2011

Present:- Councillor Doyle (in the Chair); Councillors Jack, P. A. Russell, Steele and Walker.

An apology for absence was received from Councillor Gosling.

H47. MINUTES OF PREVIOUS MEETINGS HELD ON 6TH AND 22ND DECEMBER, 2010

Consideration was given to the minutes of the previous meetings held on 6th and 22nd December, 2010.

Resolved:- That the minutes of the previous meetings held on 6th and 22nd December, 2010 be approved as a correct record.

H48. ADULT SERVICES REVENUE BUDGET MONITORING REPORT 2010/11

Consideration was given to a report introduced by Mark Scarrott, Finance Manager, which provided a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March, 2011 based on actual income and expenditure to the end of November, 2010.

The forecast for the financial year 2010/11 was an overall balanced budget against the revised approved net revenue budget of £71.3 million. The revenue budget and financial projection took into account in year savings contributions by Adult Services of £868k (total for the Neighbourhoods and Adult Services Directorate was £1.140 million) towards the overall Council's in year budget pressures as agreed by the Cabinet on 17th November, 2010.

The report set out the current position for the Department with a summary of the overall financial projection for each main client group both against original approved budget and the revised budget approved by the Cabinet.

To mitigate any further financial pressures within the service budget meetings with Service Directors and Managers were continuing to be held on a monthly basis to monitor financial performance against the revised approved budget and ensure expenditure was within this revised budget.

It was noted that any costs associated with voluntary early retirements and voluntary severance payments were met centrally and not from Adult Services' budgets.

A discussion and a question and answer session ensued and the following issues were raised and clarification provided by the Strategic Director of Neighbourhoods and Adult Services and the Director of Health and Wellbeing:-

- Day care transport, usage, increasing costs, efficiency and future options.
- Recruitment of key staff and meal provision in day centres.
- Underlying budge pressures offset by a number of forecasted

underspends.

- Circumstances and unpredictable elements around forecasted underspends, which should result in a balanced budget by year end.
- Excellent performance and ability of staff to meet the needs of the borough within the budget allocation.
- Increased pressure on independent home care within physical and sensory disability services.
- Social work staff recruitment, redeployment and vacancy management.
- Forecasted overspend on Direct Payments across all client groups.
- Expenditure on agency staff and the proportion off contract.
- Close monitoring of financial performance against the approved budget with Managers.
- Excellent response by staff during the period of inclement weather.
- Outcome of the Health White Paper and the negotiations taking place between the Council and the Primary Care Trust.

Resolved:- (1) That the latest financial projection against budget for the year based on actual income and expenditure to the end of November, 2010 for Adult Services be noted.

(2) That staff be congratulated on their efforts in keeping costs within the approved budget.