

## **CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING**

**Venue: Town Hall, Moorgate  
Street, Rotherham**

**Date: Monday, 11th October, 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.
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 13th September, 2010 (Pages 1 - 5)
5. Hospital Discharge (Pages 6 - 15)

#### **Extra Item:-**

6. Equity and Excellence: Liberating the NHS - Consultation Response (report herewith) (Pages 16 - 19)

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- 13/ 09/ 10

**CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING**  
**Monday, 13th September, 2010**

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

Apologies for absence were received from Councillor Walker.

**D17. MINUTES OF THE PREVIOUS MEETINGS HELD ON 26TH JULY, 2010 & 6TH AUGUST, 2010**

Consideration was given to the minutes of the previous meeting of the Cabinet Member for Health and Social Care held on 26<sup>th</sup> July, 2010 and the Cabinet Member for Adult Independence Health and Wellbeing held on 6<sup>th</sup> August, 2010.

Resolved:- That the minutes of the previous meetings held on 26<sup>th</sup> July, 2010 and 6<sup>th</sup> August, 2010 be approved as a correct record.

**D18. ADULT SOCIAL CARE 1ST QUARTER PERFORMANCE REPORT**

Chrissy Wright, Director of Commissioning and Partnerships presented the submitted report which outlined the 2010/11 Quarter 1 Key Performance Indicator results for the Adult Social Care elements of the Directorate. Seventeen KPIs were included in the suite, and of these at the end of Quarter 1, 76% (13) remained on target.

The following four performance measures did not achieve their target at Quarter 1.

- NI 136 (Vital Signs 3) People supported to live independently through social services (LAA)

At the end of Quarter 1 we were helping 5,666 service users to live at home. This score included last year's voluntary sector figures plus service users currently in receipt of an assessed care package.

To achieve this year's target we need to help approximately 2,000 extra service users by the end of the year.

An action plan had been developed to meet the target by capturing additional activity such as equipment, assistive technology and signposted services.

A significant increase in performance on this indicator may have an adverse effect on other indicators such as reviews, waiting times and carers.

Discussions had commenced with the Voluntary Sector to develop a commissioned support service for people who contact us, but following assessment did not meet FACS, approximately 3000 per year.

- **NAS 1 (PAF D40) Percentage of service users receiving a review**

This indicator was showing off target with a Quarter 1 score of 18.08% against a milestone target of 22.67%. However, 225 reviews had been completed during Quarter 1 that were still to be authorised and were not counted in the score. With these included the Quarter 1 score would be 21% which was just under the milestone target.

The roll out of personalised budgets had also had an impact on the rate of reviews undertaken as changes to business processes and the introduction of new forms and IT system changes had been put in place. This had affected the productivity of social work teams as they adjust to new ways of working.

A performance clinic was held on 29<sup>th</sup> July and the following actions were put in place:

- Appoint new Principal Social Worker from August to focus fully on reducing the numbers of unauthorised reviews.
  - Telephone reviews to commence from July
  - Residential and day care providers carrying out individual reviews on their service users (to commence immediately)
  - Revised targets set for social work teams to increase activity and bring indicator back on target by end of 2<sup>nd</sup> quarter
  - Remedial targets set for each service user group
  - Meeting to be convened with Mental Health to discuss remedial plan to bring performance back on target.
- **NAS 18 Percentage of customers receiving a statement of need**

This indicator measures the percentage of service users who had received a current statement of their needs and how these were being met.

Unauthorised review activity had had an impact on this indicator because the statements of need could not be sent out until after authorisation by a Team Manager or Principal Social Worker. Authorisation of these reviews would put the indicator back on target and this would be addressed by the appointment of a new Principal Social Worker in August.

- **NI 133 (Vital Signs 13) Acceptable waiting times for care packages**

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Of the care packages put in place during Quarter 1, 27 out of a total of 341 took longer than 28 days from the date of assessment. Historical problems with waiting lists for day care places and visual rehabilitation (Green Lane Resource Centre) had had an impact on Quarter 1 performance, as some service users assessed in 2009/10 had filtered into the score. These issues had now been resolved and alternative services were being offered so that we did not hold any waiting lists during 2010/11.

Reports were now being sent out to managers for action on a weekly basis detailing those who were waiting for services and highlighting cases where a service needed to be put in place in the coming week.

A discussion ensued regarding the use of telephone reviews and concerns were raised that this left customers at risk. Assurance was given that customers were given face to face interviews on alternate years and that consultation was also undertaken with their carers and families as part of the review.

Resolved:- That the results and the actions in place to improve performance be noted.

**D19. SAFEGUARDING ADULTS ANNUAL REPORT**

Further to Minute No 9 of 12<sup>th</sup> July, 2010, a further finalised report was presented in respect of the Safeguarding Adults Annual Report for 2009/2010.

Resolved: That the Safeguarding Adults Annual Report for 2009/2010 be noted.

**D20. ASSISTIVE TECHNOLOGY**

Kirsty Everson, Director of Independent Living presented the submitted report which provided a progress update on the roll out of Assistive Technology, summarised the learning from the Preventative Technology Grant (PTG) Project and identified the next steps being taken.

The key achievements were:

- Creation of an assistive technology smart flat at Grafton House, which has allowed NAS to evaluate the effectiveness of dedicated properties enhanced with a suite of assistive technology. Whilst the flats offer suitable accommodation for clients with a multitude of needs, the key challenge was moving the customer to other, more suitable accommodation. During the PTG project the smart flat was effectively bed blocked, on two occasions by customers.
- Undertaking trials on temperature extreme monitors, during the

winter of 2009, one of the coldest on record. Temperature extreme monitors were deployed to ensure customers remained warm in their home. Whilst only limited alarm activations occurred this had led onto further work with Sheffield University and the Keeping Warm in Later Life Project (KWILLT). Further work was now underway with telecare suppliers to reduce the parameters of the sensor and target even more vulnerable customers.

- Deployment of over 250 Bogus Caller Alarms in an initial trial, which in turn had led to additional funding from the JAG and South Yorkshire Police for further trials.

Surveys undertaken during December 2008 and January 2009 suggested that customers felt safer by having the technology installed in their property.

- Just Checking launch, with Rothercare now undertaking the installation element of the operation. This had resulted in increased interest by social worker teams to use this recently developed technology, which enabled the social worker or family member to monitor the daily activities of a customer, to provide additional assessment data or simply to ensure that they were carrying out their normal daily routines without requiring intervention.
- 40 Big button telephones were procured and issued to the sensory team to assist visual impaired clients. Whilst being the cheapest item procured through the project, they have assisted visually impaired clients to remain independent.
- 10,000 electronic clients' records were successfully transferred from the old Rothercare system, Tunstall PNC4 to the new ICT platform, Jontek Answer Link 3g. This was carried out without a break in live service to customers and the technology has benefited both staff and customers. Staff were able to undertake functions such as effective stock control and easier reporting. Other components to be procured for the Jontek system such as the integrated voice recording system would allow all calls to be recorded at the click of a button. The call could then be played back in real time and evaluated, to allow opportunities for better staff training through quality controlling calls and ensuring that customer request had been met.

During the project various internal departments and external organisations were approached to ensure that the full spectrum of customers were engaged and had the opportunity to benefit from assistive technology.

**Next Steps** – Building on lessons learnt it had been identified that assistive technology offered a cost effective alternative to traditional care

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packages. Additional funding of £225,000 from the Mid Term Financial Strategy (MTFS) had been achieved by NAS and would be used to build on the success of the PTG.

The Joint Commissioning Team had been identified to lead on expenditure and would work with partner agencies to forge closer relationships. It had been realised that this could not be achieved from existing resources so a dedicated post to fulfil the telecare agenda was being advertised and this post was now in the process of being recruited.

The new telecare post would work in tandem with Rothercare, joint commissioners, social workers, health professionals and other partner organisations to ensure that innovative ways of deploying telecare were maintained and an outcome focussed approach to the delivery of telecare was achieved. The remit of the telecare post would also involve the promotion of assistive technology through social workers teams to ensure that the delivery of telecare remained at the heart of any social care package.

Resolved:- (1) That the progress being made be noted.

(2) That a copy of the report be presented to the next Adult Services and Health Scrutiny Panel.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBER
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<b>1</b>	<b>Meeting:</b>	Cabinet Member for Adult Independence, Health & Wellbeing
<b>2</b>	<b>Date:</b>	11 October 2010
<b>3</b>	<b>Title:</b>	Hospital Discharge
<b>4</b>	<b>Programme Area:</b>	Neighbourhood and Adult Services

## 5. Summary

The purpose of this report is to provide reassurance and confidence to Cabinet Member with regard to improving the customer experience of the hospital discharge process. This report outlines the progress and the developments which have been made to improve discharge for patients following the review of hospital discharge arrangements. Safe and timely discharge of patients is essential to ensure customer safety and satisfaction; and has improved customer feedback.

## 6. Recommendations

**The contents of this report are noted.**

## 7. Proposals and Details

In order to improve the customer experience of hospital discharge process, a 'whole system' approach has been adopted by Rotherham Health and Social Care Community in accordance with the Government legislation, directives and principles outlined below.

The discharge of patients from Rotherham General Hospital is established upon the current hospital 'Discharge Policy and Procedures' which incorporates policy principles, policy statement, and responsibilities, with the objective to enable the safe and timely discharge of patients. The introduction in January 2004, of the 'National Health Service Community Care Delayed Discharge Act etc 2003' and latterly the Mental Capacity Act 2005, the NHS National Framework for Continuing Health Care have been incorporated into the Discharge Policy and Procedures, and has been instrumental in reducing the number of delayed transfers of care. This policy is under continuous review to incorporate new government legislation and directives.

The Community Care (Delayed Discharges) Act 2003 introduced a system of reimbursement by Social Services to the relevant NHS body, for delays caused solely by failure to provide timely social care assessments and/or social care services. The reimbursement cost is £100 per day for each person whose discharge is delayed.

The purpose of the legislation is to improve services for patients and ensure they have the right care in the right place, at the right time. Central to this, is avoiding situations where patients are put at risk by remaining in an acute hospital bed, when they no longer need acute care.

It is essential for Rotherham Health and Social Care Communities to maintain and build upon effective local partnerships and a whole systems approach to care planning and service development. This should be implemented within the broader policy framework of the NHS Plan and the National Service Frameworks. One outcome of this approach should be to minimise delays in discharge for patients in acute hospital beds.

The major principles of the act are;

- Unnecessary admissions are avoided and effective discharge is facilitated by a 'whole system approach' to assessment processes and the commissioning and delivery of services;
- The need for engagement and active participation of individuals and their carer(s) as equal partners;
- Discharge is seen as a process, and not an isolated event. It has to be planned at the earliest opportunity across the primary, hospital and social care services;



- The process of discharge planning should be coordinated by a named person (the 'care co-ordinator'), with responsibility for coordinating all stages of the 'patient journey';
- Staff should work within a framework of integrated multidisciplinary and multi-agency team working to manage all aspects of the discharge process. The team should consider transfer to the patient's own home before seeking any alternative arrangement;
- Effective use is made of all available services, especially intermediate care services, so that existing hospital capacity is used appropriately and individuals achieve their optimal outcome.

The continued increase in the population of older people in Rotherham has contributed to an increase in hospital admissions; with a significant projected demographic increase of 5020 older people in Rotherham (11.5% 2001-2010; Source: 2001 census Information Dept). There will continue to be an increase in Rotherham's older people population with the potential for increases in hospital admissions and discharges, and subsequent pressure on finite resources to deliver quality health and social care support services to our customers within specific time frames.

There are ongoing initiatives to avoid inappropriate admissions into acute care and developments to provide alternative levels of care pathways and support services. Rotherham's Health and Social Care Communities i.e. Rotherham Foundation Trust, NHS Rotherham, RMBC Adult Services, have established and also re-established different groups to plan and deliver improved services adhering the above principles.

Adult Services continues to be an active member of the Emergency Care Network Group, a multi agency membership whose purpose is to develop integrated and effective Urgent and Emergency Care Services and pathways across the Health and Social Care Community of which the safe and timely discharge of patients is an element of this work.

The Discharge Monitoring Group has been re-established at the request of Adult Services and now has two groups, a strategic and an operational group. The purpose of the strategic group is to bring about a substantial improvement in the discharge process, involving all stakeholder partners, in order to ensure safe and timely hospital discharge for patients, in accordance with government guidance and legislation and is accountable to the Emergency Network Group. One purpose of the operational group is to review process and protocols pertaining to discharge in response to operational practice, learning, and also in response to both customer comments and complaints; and is accountable to the strategic group.

Adult Services Customer Quality Team produces quarterly Excellence Performance Reports which are obtained and produced by a variety of methods including customers' involvement. With regard to the Hospital Social Work Team and the safe and timely patient discharge of patients, the report evidences a high level of customer satisfaction with an improvement of service

deliver of social care ranging in the lower 90% satisfaction from the previous quarter, to higher 90% range of satisfaction for the first quarter of 2010. (See appendix 1 for figures).

There is partnership working between Health and Social Care complaints departments both regionally and locally operating through their comments and complaints procedures, pertaining to hospital discharge. Comments or recommendations resulting from a complaint are fed into the Operational Discharge Monitoring Group to inform practice and amendments to procedure, through learning from customer experiences.

Other recent developments has been the permanent appointment by Adult Services of a part time Health and Social Care Coordinator for BME patients, who provides information and advice on their admission into hospital if required. This customer group previously identified from the initial pilot were receiving a less equitable service, or no service at all due to lack of awareness by not being informed. This has also had the benefit of raising the issue and profile across all organisations.

There is a specific and proactive focus by Adult Services through their Health and Social Care Information Facilitators, to providing information to carers or family member who are likely to require community care services on discharge from hospital, advice of available health and social care services, prior to the allocation of a social worker: whilst also outlining the patient's journey. This may be beneficial to them individually as a carer, or to the cared for person.

The continuous successful recruitment to vacant posts has increased the number of new social workers and enabled some increased degree of flexibility to patients and their carers for appointments, where carers who previously may have experienced difficulty in being available to participate in assessments, during core hours due to other commitments, are now able to do so outside core hours.

There are two part time stroke coordinators employed by Adult Services who operate on the stroke ward and provide additional advice and support to patients who may decline or not be eligible for social worker involvement, in preparation for their discharge from hospital.

A relatively new development in order to provide consistency in the application of NHS Continuing Health Care Framework whilst also enhancing the patient's opportunity to be successfully assessed against the eligibility criteria is the creating of dedicated team from Adult Services and Rotherham Foundation Trust to undertake this function.

### **8. Finance**

No additional resources currently required.

## 9. Risks and Uncertainties

There are a variety of risks that can impact upon the patient's timely discharge which will potentially cause delay. These include:

Insufficient staff availability due to variety of factor; e.g. Pandemic episode; emergency planning / major incident episode. All organisations have their own Business Continuity Plans to deal with short periods of difficulty. There is ongoing work across the Health and Social Care Community to develop a robust surge plan for all longer term eventualities and mitigate the effects of Pandemic type episodes.

There is the short term impact of absence through sickness which can reduce the staffing capacity to undertake timely assessments. In addition there are some difficulties in successfully recruiting to all social work vacancies due to the dearth of available social workers nationally. The Council's Grow Your Own Scheme will provide a limited mitigation of this risk.

Unpredictability to calculate specific costs incurred for reimbursement of patients whose discharge is delayed solely due to the responsibility of Adult Services. There is a budget allocation to accommodate a degree of costs incurred, should contingency actions to avoid reimbursement and the discharge patients within government time frames not be achieved.

Other possible delays can be due to equipment being unavailable or other healthcare professionals' responsibilities needing to be completed; or a combination of the above.

A further risk is the sufficiency of capacity or limited development of resources with regard to alternative levels of care facilities, resulting in inappropriate hospital admissions, subsequently placing increased and inappropriate demand on acute care and discharge.

## 10. Policy and Performance Agenda Implications

Timely transfers of care impact positively on numerous Key Performance indicators:

- NI 132; NI 133; N1 136; NAS 1: D 40

Ultimately it will provide improved outcomes for customers in the areas identified below against CQC Outcomes Framework:

- Improved health and wellbeing
- Improved quality of life
- Exercise choice and control

**11. Background Papers and Consultation**

National Health Service Community Care and Delayed Discharge Act etc 2003.

Hospital Discharge Policy.

National Framework for NHS Continuing health care.

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**Appendix 1**  
**Key Lines of Enquiry (DRAFT SS Evidence)**

**What development and actions are being undertaken to improve the safe and timely discharge of patients from hospital. Are services consistent and of a high standard.**

<b>Delivering Excellent Service</b>	<b>Evidence</b>	<b>Gap/action</b>	<b>Contact/reference</b>
<p>Safe and timely Patient Discharge / Transfer of care from Acute Hospital environment.</p> <p>High level of customer satisfaction with access to council services from all parts of the community</p>	<p>Customer Services Excellence Performance Report;</p> <ul style="list-style-type: none"> <li>• Overall satisfaction with the service received? - Increase from 93% to 98%.</li> <li>• How happy are you that we did what you said we would do when we first contacted you? – Increase from previous quarter 90% to 97%.</li> <li>• How happy are you with the time taken between your first contact &amp; receiving a service? – Increase from 87% to 89%.</li> <li>• Did you find it easy or difficult to understand the information we gave you? Increase from 95% to 97%.</li> <li>• How happy are you that staff explained what would happen next? - Increase from 93% to 97%.</li> <li>• How happy are you that you were treated fairly? – Increase from 95% to 98%.</li> <li>• How happy were you that staff were polite, friendly and sympathetic to your needs? Increase form 97% to 98%</li> </ul>	<p>Continuous endeavour for improvement across all the identified areas.</p> <p>Focus area for improvement as this is a relatively low performance figure compared to the others</p>	<p>Jasmine Speight</p>

# Inspection of Customer Access to Services

Delivering Excellent Service	Evidence	Gap/action	Contact/reference
Neighbourhoods and Adult services actively monitors the quality of experience of people who access the service including those of target groups or communities of interest	Learning from Customers work streams, - Mystery Shopping; Home Truths, Customer Satisfaction Testing; Customer 1st Stats, ( Telephone calls, letters, waiting times) Learning from customer workshops (quarterly workshops held with a cross section), Carers Forum feedback, customer complaints,		
Customers can contact the council easily in person via the internet, e-mail or by telephone for example using a single number to acquire contact with Hospital Social Team	<p>Adult Services reception within hospital available for customers to make relevant enquiries; with interviewing officers available if required.</p> <p>Part time BME Health &amp; social care coordinator available to hospital patients &amp; their carers</p>		<p>H Cavanah/ Rachel Crehan/Carole Darwin</p> <p>S Khan</p>
Hospital social work team are easily accessible to all hospital customers, they are family friendly, welcoming, and have facilities for private interviews.	<p>DDA compliancy</p> <p>Private interview facilities available</p> <p>Signs are reasonable</p>		
The Hospital social work team offer out-of-hours service to customers / carers if required. The range of services provided reflects the needs and aspirations of local people and partners.	Assessing Officers are available to people visiting Out of Hours; after 5pm to 8pm.	<p>(partial service availability)</p> <p>Ongoing area of work</p>	M Joynes
Staff are well trained in customer care, equalities and diversity and demonstrate a high level of customer focus.	<p>ff circulation of Calendar of Religious Festivals and Special Days 2010/11</p> <p>Part time BME Health &amp; social care coordinator available to hospital patients &amp; their carers.</p>		S Khan

# Inspection of Customer Access to Services

Delivering Excellent Service	Evidence	Gap/action	Contact/reference
<p>The Council uses feedback from comments and complaints in a systematic way to improve the accessibility and quality of the service.</p>	<p>Recognition of positive comments of staff &amp; service delivery via managers meeting monthly awards.</p> <p>Joint working with health partners through complaints; e.g. hospital complaints dept, PALS, VAN regional complaint meetings - learning from complaints &amp; feeding into discharge monitoring group to inform &amp; improve service.</p>		<p>Stuart Purcell - NAS Ann Dale - NHSR Brigid Reid - RFT</p>
<p>A wide range of quality information which is easy to read and available in a range of languages and formats is available.</p>	<p>Some material available in ethnic minority languages, e.g. complaints.</p> <p>Interpretation and translation service available in SS.</p> <p>Talking Newspapers and Brailing service available through sensory disability teams.</p> <p>DVD for Deaf people "Speak Up" - video information for adults with learning disability. Learning Disability Directory that is available in community languages.</p>		<p>Sharon Hirshman/ T White</p>
<p>Service standards are clearly explained and understood both staff and all customers and partners.</p>	<p>Service Standard leaflet provided by staff to customers / carers</p>	<p>Requires refresh / updating</p>	
<p>Rehabilitation Services available on discharge to patients assessed as eligible</p>	<p>Intermediate Care beds and Community rehabilitation services.</p>		

<b>Is the Council using e-government to support access to services?</b>			
<b>Delivering Excellent Service</b>	<b>Evidence</b>	<b>Gap/Action</b>	<b>Contact/Reference</b>

<b>How is the service using customer's feedback and complaints to improve service quality?</b>			
<b>Delivering Excellent Service</b>	<b>Evidence</b>	<b>Gap/Action</b>	<b>Contact/Reference</b>

<b>How is the Council improving customer access through partnership working?</b>			
<b>Delivering Excellent Service</b>	<b>Evidence</b>	<b>Gap/Action</b>	<b>Contact/reference</b>



<b>ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS</b>
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<b>1.</b>	<b>Meeting:</b>	Cabinet Member for Adult Independence, Health and Well-being
<b>2.</b>	<b>Date:</b>	11 October 2010
<b>3.</b>	<b>Title:</b>	<b>Equity and Excellence: Liberating the NHS – Consultation Response</b>
<b>4.</b>	<b>Directorate:</b>	Chief Executive's

### 5. Summary

The Government's Health White Paper precedes legislation to be placed before Parliament in the current parliamentary session. It proposes major reforms to the NHS and also changed roles for local government.

A suite of consultation documents has been published alongside the white paper, which require a response by 11 October 2010. The key consultation proposals which impact on RMBC, as a local authority, are set out in the: "Local Democratic Legitimacy in Health" consultation paper.

Following consultation with Directorates and Elected Members a formal response has been compiled, which the Cabinet Member for Adult Independence, Health and Well-being is being asked to sign-off for submission by the deadline of 11 October.

### 6. Recommendations

- **That the Cabinet Member for Adult Independence, Health and Well-being considers and approves the consultation response for submission**

## **7. Proposals and details**

The paper provides further information on proposals for increasing local democratic legitimacy in health, as set out in the consultation paper. The paper states that the proposals will provide real local democratic accountability and legitimacy in the NHS through a clear and enhanced role for local government and elected members. It suggests local authorities are uniquely placed to promote integration of local services across boundaries between the NHS, social care and public health. Local authorities will be given an enhanced role in public health promotion for their local areas. The document sets out a number of questions against the key proposals a suggested response is still in development in consultation Adult Services and Health Scrutiny Members and will be provided separately, in advance of the meeting for discussion and consideration.

### **7.1 Health and Well-being Boards**

A key proposal in the white paper is for local authorities to establish a statutory partnership 'Health and Well-being Board'. It is intended that the board would have 4 main functions:

- To assess local need and lead on Joint Strategic Needs Assessments
- To promote integration and partnership across the NHS, social care and public health
- To support joint commissioning and pooled budget arrangements
- To undertake a scrutiny role in relation to major service re-design

Membership of the board would include: the Leader of the Council, social care, NHS commissioners, local government and patient champions, GP consortia, representative of NHS Commissioning Board and a representative of the local HealthWatch. Other public body officials, the voluntary sector and providers may also be invited as the local authority wishes.

Views are being sought on whether these boards should be a statutory function, or whether local authorities should have the power to decide how best to take forward joint arrangements within their own area. Consideration also needs to be given in relation to the membership and proposed functions of the board.

### **7.2 Overview and Scrutiny Function**

The statutory overview and scrutiny functions will be transferred to the new health and wellbeing board if established. These functions include:

- Calling NHS managers to give information and answer questions about services and decisions
- Requiring consultation by the NHS where major changes to health services are proposed
- Referring contested service changes to the Secretary of State for Health

Members of the Health and Wellbeing Board, including elected members, would be able to identify shared goals and priorities and identify early on in the commissioning process how to address any potential disputes. Government will work with local authorities and the NHS to develop guidance on how best to resolve issues locally

Views are being sought on whether these functions should be transferred to the health and well-being board and how best to ensure local resolution of issues and concerns through scrutiny and referral. The document also seeks ideas on what arrangements local authorities can put into place to ensure effective scrutiny of the board's functions.

### **7.3 Local HealthWatch**

The paper proposes to increase choice and control for patients, by creating a local infrastructure in the form of local HealthWatch. It is the intention that the current Local Involvement Networks (LINKs) will become the local HealthWatch branch, which will have the power to refer concerns to HealthWatch England; which will form part of the Care Quality Commission.

The structure of the new HealthWatch will be broadly similar to the current arrangements, although HealthWatch will have additional functions, so they become more like a 'citizens advice bureau', these functions include:

- NHS complaints advocacy service
- Supporting patients to exercise choice, i.e. choosing their GP practice

Views are being sought on whether local HealthWatch should take on this wider role and how local authorities are best able to commission the service.

### **7.4 Improving Integrated Working**

The government is clear that joint, integrated working is vital to developing a personalised health and care system.

The existing framework provided in legislation in the NHS Act 2006 sets out optional partnership arrangements for service-level collaboration between local authorities and health-related bodies. Arrangements include:

- PCTs or local authorities leading commissioning services for a client group on behalf of both organisations
- Integrated provision (e.g. care trusts)
- Pooled budgets

The paper suggests that take up of current flexibilities to enable joint commissioning and pooled budgets has been relatively limited. Joint commissioning around the needs of older people or children for example remains untapped – new commissioning arrangements will support this. GP consortia will have a duty to work with colleagues in the wider NHS and social care.

One suggested option is to leave it up to NHS commissioners and local authorities as to whether and how they work together, and devise their own local arrangements. The preferred option however is to specify the establishment of a statutory role to support joint working on health and well-being. This would provide duties to cooperate and a framework of functions.

The consultation asks for consideration to be given to how local authorities can be best supported to increase integrated and partnership working.

## **7.5 Responding to the Consultation**

The deadline for responding to the consultation is 11 October 2010.

The Cabinet Member for Adult Independence, Health and Well-being is being asked to consider and approve the response for submission by the deadline.

## **8. Finance**

There are no direct financial implications to this report.

## **9 Risks and Uncertainties**

There remains uncertainty with regards to the proposals in relation to the new health improvement roles and responsibilities for local authorities; including details of the ring-fenced budget and Director of Public Health and staff. Further clarity on these proposals will be provided by the publication of the Public Health White Paper due in autumn.

## **10 Policy and Performance Agenda Implications**

There are a number of policy changes set out in the paper in relation to the partnership arrangements between health bodies and local authorities.

Consideration needs to be given as to the best option for either establishing a new Health and Wellbeing Board as set out in the proposals, or whether to build this into existing Partnership arrangements, such as using the Alive Theme Board. How this arrangement then fits into the existing LSP structure, Community Strategy and refreshed Corporate Plan priorities will need to be considered.

## **11 Background Papers and Consultation**

Equity and Excellence: Liberating the NHS. White Paper (July 2010)

Increasing Democratic Legitimacy in Health Consultation document

## **12 Contact**

**Kate Taylor**

Policy Officer

Chief Executive's

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