

ROTHERHAM BOROUGH COUNCIL – REPORT TO ASH

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

5. Summary

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

Key issues are:

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

6. Recommendations

That :

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

7. Proposals and Details

7.1 Background

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

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

7.2 Main Proposals

7.2.1 Choice, control and patient involvement

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

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

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

7.2.2. Public Health

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

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

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

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

7.2.3 Patient and Public Involvement

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

7.2.4 Social Care White paper

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

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

7.2.5 Rotherham Foundation Trust

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

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

7.2.6 Carers

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

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

7.2.7 Performance

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

7.2.7 Commissioning

Building on the power of the local authority to promote local wellbeing, new statutory arrangements within local authorities will be established as "health and wellbeing boards" to take on the function of joining up the commissioning of local NHS services, social care and health improvement. These health and wellbeing boards allow local authorities to take a strategic approach and promote integration across health and adult social care, children's services, including safeguarding, and the wider local authority agenda.

PCTs will cease to exist in four years replaced by GP Consortia and over the next four years there will be a reduction of 45% of management costs in the NHS. Strategic Health Authorities (SHAs) will also cease to exist and a review of DH arm's-length bodies will shortly be published

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

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

7.2.8 Overview of New Roles and Resources for Local Councils

There will be an extension and simplification of powers to enable joint working between the NHS and local authorities.

Specific responsibilities for Local Authorities will be:

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

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

7.2.9 Timeline:

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

8 Finance

There are no immediate financial implications arising from this paper

9. Risks and Uncertainties

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

10. Policy and Performance Agenda Implications

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

11. Background Papers and Consultation

- **Commissioning a patient led NHS** a policy letter that the then Head of NHS (07-05) set the scene for the split of commissioning from provision and the possible externalisation of provider services
- White Paper **'Our Health, Our Care, Our Say'** (01-06) confirming the trend to the commissioner/provider split and initiated thinking of joint working arrangements between provider services/LA/regional provider organisations. Decreed that the move to a separate provider arm is not mandatory but will be judged on a basis similar to best value and general direction of travel emphasis from DH is 'a need to split'.
- **NHS Operating Framework** 08/09 policy direction more explicit here and supporting documents to the operating framework provide further detail as to the desired policy outcome
- **National Health Service Act 2006** this established the ability to form a community foundation trust to provide free health care according to core NHS principles – free at source, free from central government control and SHA performance management, must be financially viable and subject to inspection by CQC and Monitor.
- **World Class Commissioning** this is seen as critical to transforming community services and securing high quality services that deliver safe and effective care

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