

## ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

1.	<b>Meeting:</b>	Cabinet
2.	<b>Date:</b>	8 September 2010
3.	<b>Title:</b>	<b>Equity and Excellence: Liberating the NHS - White Paper and Responding to the Consultation</b>
4.	<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 changes roles for local government.

A suite of consultation documents have subsequently been published, which require a response by 11 October 2010. This report sets out the key proposals within the White Paper and the implications these will have for RMBC and Partners, as well as making recommendations for effectively responding to the consultation and next steps for public health in Rotherham.

### 6. Recommendations

**That Cabinet:**

- **Note the proposals set out in the White Paper and implications for RMBC and Partners**
- **Note that a formal response is required to the consultation and agree whether a joint response from RMBC and NHS is the preferred option**
- **Note the steps being taken to develop a new joint Public Health Strategy for Rotherham**

## **7. Proposals and details**

The White Paper sets out a number of key proposals, including giving patients more choice over GPs and treatment, creating a framework for the NHS, which includes abolishing top-down targets and replacing with separate frameworks for outcomes that set direction for the NHS, for public health and social care. Outcomes rather than activity will provide the incentives for better quality. There will be a focused set of national outcome goals determined by the Secretary of State, against which the new NHS Commissioning Board, which will take over the current Care Quality Commissions responsibility of assessing NHS commissioners, will be held to account. Commissioning responsibilities will be transferred from PCTs to new local consortia of GPs, with PCTs being abolished from 2013.

The Health Bill will be presented to Parliament in autumn and will support the creation of a new national Public Health Service, to integrate and streamline existing health improvement and protection bodies and functions. The Bill will also create HealthWatch England, a new independent consumer champion within the Care Quality Commission. Local Involvement Networks (LINKs) will become local HealthWatch organisations; which will be funded by and accountable to local authorities.

Key proposals are set out in more detail in appendix A.

### **7.1 Implications for Rotherham**

Local Authorities will be given a new role; taking responsibility for the public health improvement functions currently within PCTs. Commissioning of local health services will be the responsibility of new local consortia of GP practices, creating greater accountability, local autonomy and democratic legitimacy, as well as the need for partnership working with local authorities, to ensure local priorities and needs are met. With these functions removed from PCTs, there will no longer be a need for them; therefore PCTs are to be abolished from 2013.

Local Directors of Public Health (DPH) will be jointly appointed by local authorities and the new national Public Health Service. Publication of the Public Health White Paper, expected autumn 2010 will provide further clarity and detail as to the arrangements for the employment of public health teams and the accountability of the Local Director of Public Health. The local DPH will also be allocated a ring-fenced public health improvement budget to support their 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. Although the current arrangements for the DPH in Rotherham includes their involvement in the Chief Executive's Strategic Leadership Team, the post is not currently funded in any part by the local authority. Further detail as to the actual arrangements for public health teams and the budget will be available when the Public Health White Paper is published in autumn.

'Health and Wellbeing Boards' are to be established within local strategic partnerships, to join up the commissioning of local NHS services, social care and health improvement. This would allow local authorities to take a strategic approach to promoting integration across health and adult social care, children's services

(including safeguarding) and the wider local authority agenda. Local authorities are being asked for comments as to whether they prefer the option of a new Board, or whether this could be delivered within existing partnership arrangements. A potential recommendation for Rotherham is to make the existing Alive Theme Board the new Health and Wellbeing Board within this proposal.

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 of the Health and Wellbeing Board. Statutory functions of the Health Overview and Scrutiny Committees (HOSCs) will be transferred to the Health and Well-being Board, however, formal health scrutiny will remain an important function within Local Authorities, who will need to ensure there is a process in place to scrutinise the functions of the Health and Wellbeing Board and health improvement policy decisions.

Local Involvement Networks (LINKs) will become local HealthWatch branches. Local HealthWatch will have a role in ensuring patient feedback is reflected in commissioning plans. Accountability and funding for these organisations will be with the Local Authority.

## **7.2 Consultation Process**

Formal consultation is taking place on the White Paper and its proposals. Comments are being invited on the White Paper itself by 5 October 2010, particularly in relation to implementation of the proposals which require primary legislation set out on page 49 of the White Paper, and as appendix B with this report.

Further consultation documents have now been published for specific aspects of the White Paper, with formal responses to be received by 11 October 2010.

### **7.2.2 Local Democratic Legitimacy in Health**

The paper provides further information on proposals for increasing local democratic legitimacy in health, through a clear and enhanced role for local government and elected members. 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.

This consultation document includes the most pertinent detail for which RMBC should respond to. Appendix B provides an overview of the proposals and issues to consider for implementation and responding the consultation.

### **7.2.3 Commissioning for Patients**

The paper provides further information on the intended arrangements for GP commissioning and the NHS Commissioning Board's role in supporting GP consortia and holding them to account.

### **7.2.1 Transparency in Outcomes – A Framework for the NHS**

The White Paper explains how the Secretary of State will hold the NHS to account for improving healthcare outcomes through a new NHS outcomes

framework. The framework will be made up of a focused set of national outcomes against which the new NHS commissioning Board would be held to account. There is also a clear commitment for working with clinicians, patients, carers and representative groups to create the framework and identify outcome indicators that are based on the best available evidence.

#### **7.2.4 Regulating Healthcare Providers**

This paper provides further information on the proposals for all NHS Trusts to become Foundation Trusts and for establishing an independent economic regulator for health and adult social care.

### **7.3 Responding to the Consultation**

There is opportunity to respond formally to the consultation by 11 October 2010. Consideration needs to be given as to how this response is provided, either:

- as a council
- as an LSP
- as a partnership with the PCT
- as a partnership with the GP's and PCT

Discussions between NHR and GPs have already begun to take place, and RMBC will work with NHR to ensure it is effectively positioned in relation to the management of commissioning.

### **7.4 Rotherham Joint Public Health Strategy**

To address public health in Rotherham and to respond effectively to the proposals set out in the White Papers, a clear understanding is needed as to what is required from the local health economy. Therefore work will be undertaken to look at what the top priorities are for Rotherham residents, taken from the Joint Strategic Needs Assessment and Children's Audit of Need. A further piece of work will also be used to inform the priorities; the 500 Babies research will be developed into 'Rotherham Families' to show life chances for all people at various stages in the life.

A scoping exercise has already taken place with RMBC and NHR colleagues looking at a public health vision in line with the policy objectives from the recent Marmot Review. Marmot suggests a different approach to public health which is more in line with what the architecture should look like when it becomes Local Authority responsibility. The Rotherham priorities can then be aligned to these objectives, producing a Rotherham specific plan.

## **8. Finance**

A ring-fenced health improvement budget, which includes a bonus for outcomes, will be provided to all Directors of Public Health. Further detail regarding the amount of this budget and how it will be ring-fenced is not yet known, it is expected that the Public Health White paper out in autumn will provide more information.

## **9 Risks and Uncertainties**

Implementation of some White Paper proposals may be influenced by the Spending Review expected from the Treasury in October 2010 and the Localism and Decentralisation Bill expected from CLG in December 2010. For example, what the Bill says about the governance arrangements for councils and what the Review says about placed-based budgets.

There is also 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.

RMBC needs to consider all proposals and implications of this and future health related White Papers to ensure it is fully equipped to take on the new role. The risk of not looking at this immediately could be ineffective partnership and integrated working with the new arrangements and therefore poor outcomes for services.

## **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.

RMBC will become the new lead for health improvement functions, taken from the PCT from 2013; how this function fits into the Corporate Plan priorities need to be considered. This new role for RMBC will also need to be reflected within the refreshed Public Health Strategy which is currently being developed.

## **11 Background Papers and Consultation**

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

Consultation documents:

Increasing Democratic Legitimacy in Health

Commissioning for Patients

Transparency in Outcomes: A Framework for the NHS

Regulating healthcare providers

The Marmot Review. Fair Society, Healthy Lives (February 2010)

## **12 Contact**

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