CABINET MEMBER FOR HEALTH & SOCIAL CARE
26th July, 2010

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

An apology was received from Councillor Steele.

H13. MINUTES OF THE PREVIOUS MEETING HELD ON 12TH JULY, 2010

Consideration was given to the minutes of the previous meeting of the Cabinet Member for Health and Social Care held on 12th July, 2010.

Reference was made to the Annual Safeguarding report and a request was made that the final version of the report be brought to the next meeting on 13th September 2010 for approval.

Resolved:- That the minutes of the previous meeting held on 12th July, 2010 be approved as a correct record.

H14. NHS WHITE PAPER

Chrissy Wright, Director of Commissioning and Partnerships presented the submitted report which set out the key areas of impact for Health and Social Care for Adult Services in the recent White Paper on the NHS.

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

The main proposals were:

Choice, Control and Patient Involvement

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

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

- The government plans to give patients choice of treatment and provider in the vast majority of NHS funded services by 2013/14
- Every patient would have a right to choose to register with any GP practice they want
- Patients would 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

Public Health

There would also be a new Public Health Service, to integrate and streamline existing health improvement and protect bodies and functions, including and increased emphasis on research, analysis and evaluation. It would be responsible for vaccination and screening programmes and manage public health emergencies.

PCT responsibilities for local health improvement would transfer to local authorities after the abolition of PCT's in 2013. Local Authorities would then employ the Director of Public Health jointly appointed with the Public Health Service.

The arrangements for a Public Health team within the authority were not yet known but RMBC would receive a ring-fenced Public Health budget to undertake their public health and health improvement functions. The allocation formula for those funds would include a new "health premium" designed to promote action to improve population-wide health and reduce health inequalities.

Patient and Public Involvement

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

Social Care White Paper

The Department of Health would 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 was to reduce the barriers between health and social care funding to encourage development of preventative services.

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

Rotherham Foundation Trust
All hospitals were to become foundation trusts, within three years, allowing them to trade independently and be in direct competition with the private hospital sector.

The Transforming Community Services programme would continue and be completed by April 2011, and all future community services would be provided by a Foundation Trust or other types of provider. All providers would have a joint licence overseen by Monitor and CQC to maintain essential levels of safety and quality and ensure continuity of essential services.

The White Paper states that there would be a NHS that "*Is genuinely centred on patients and carers"* and a new Carers Strategy which would be published in April 2011. This would include new online services for the support of patients and carers.

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

Commissioning

New statutory arrangements would be established within local authorities as "health and wellbeing boards" take on the function of joining up the commissioning of local NHS services, social care and health improvement. These health and wellbeing boards would 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 would cease to exist in four years to be replaced by GP Consortia. Over the next four years there would be a reduction of 45% of management costs in the NHS and Strategic Health Authorities would also cease to exist.

An autonomous statutory NHS Commissining Board would be established in shadow form by April 2011 and be fully operational in April 2012. The first allocations of money for commissioning to GP Consortiums would be in Autumn 2012 and they would take over the current CQC responsibility of assessing NHS commissioners and would hold GP consortia to account for their performance and quality.

GPs would become commissioners of all health services, and all GPs with a patient list would be expected to become members of a consortia. These are likely to be configured on a geographical basis and be one consortia of GPs per 100k of population. It was anticipated that this would result in there being two in Rotherham. There would be a mix of GPs commissioning services with specialist management bought in. They would not commission GP services, other family health services (ie dentistry, community pharmacy, primary ophthalmic services) as the NHS Commissioning Board would do this. Essentially the GP consortia could choose what they do themselves, and what they 'buy in' from VCS, local authorities and private companies. They would be developed in shadow from 2010/11 and by April 2013 the GP consortia would effectively replace NHSR.

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 would 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 would be superseded by the proposals, further details on how this would effect local authorities was yet to be published.

Resolved:- That the key areas of impact for Adult Health and Social Care services be noted.