

ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

1.	Meeting:	Cabinet Member for Adult Independence, Health and Well-being
2.	Date:	11 October 2010
3.	Title:	Equity and Excellence: Liberating the NHS – Consultation Response
4.	Directorate:	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

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