**ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS**

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| **1.** | **Meeting:** | Cabinet |
| **2.** | **Date:** | 23rd February 2011 |
| **3.** | **Title:** | 2011 Health and Social Care Bill: Implications for Rotherham |
| **4.** | **Directorate:** | Chief Executive's |

## 5. Summary

The **Health and Social Care Bill 2011** sets out the Secretary of State's plan for NHS reform subject to the will of Parliament.

The Bill takes forward the areas of Equity and Excellence: Liberating the NHS (July 2010) and the subsequent Government response Liberating the NHS: legislative framework and next steps (December 2010), which require primary legislation.

This report outlines the statutory responsibilities and implications for Rotherham and makes a number of recommendations for taking forward this agenda.

## 6. Recommendations

**That Cabinet:**

- **Agree to the establishment of a Health and Wellbeing Board as a council-led committee and the drafting of a constitution and terms of reference**
- **Agree the democratic representation of the Board will be made up of a minimum of 3 Elected Members with relevant portfolios**
- **Consider that the Board arrangements are in place alongside NHS shadow GP commissioning as early as possible, but no later than September 2011**
- **Note the duty of the Health and Wellbeing Board to undertake the Joint Strategic Needs Assessment and develop the Health and Wellbeing Strategy**
- **Note that the Director of Public Health will be jointly appointed by RMBC and Public Health England and that further guidance is to be received for these arrangements**
- **Continue to explore with NHSR and the Director of Public Health the level of resources and staffing needed for the public health function to be transferred to the authority**
- **Approve that a local HealthWatch is commissioned locally to replace LINks**

## 7. Proposals and Details

Local authorities are uniquely placed to promote integration of local services across the boundaries between the NHS, social care and public health. The transfer of public health to local authorities will provide a clear opportunity to enhance the role in improving citizens' health and well being.

The Government intends that local authorities will have greater responsibility in four areas:

- leading joint strategic needs assessments (JSNA) to ensure coherent and co-ordinated commissioning strategies;
- supporting local voice, and the exercise of patient choice;
- promoting joined up commissioning of local NHS services, social care and health improvement; and
- leading on local health improvement and prevention activity.

It will provide the opportunity for local areas to further integrate health with adult social care, children's services (including education) and wider services, including, improving health inequalities, housing, and tackling crime and disorder.

### 7.1. Health and Wellbeing Boards

**Section 178 of the Bill proposes the Establishment of Health and Wellbeing Boards (HWB).**

This mandates the establishment by a local authority of a Health and Wellbeing Board for its locality.

#### 7.1.1. Operation of Health and Wellbeing boards

The Secretary of State for Health anticipates that Health and Wellbeing boards in a reformed NHS will have a lead role in determining the strategy and allocation of any local application of place-based budgets for health. That health and wellbeing board would have an important role in relation to other local partnerships, including Safer Rotherham Partnership, Children's Trust and those relating to vulnerable adults and children's safeguarding.

#### 7.1.2. Membership of Health and Wellbeing boards

It prescribes a minimum membership including one nominated Elected Member, Director of Adult Social Services, Director of Public Health, Director of Children's Services, local HealthWatch, a relevant person for each GP Commissioning Consortia (one or more consortia can share a relevant person if the HWB agrees). Other membership is at the discretion of the local authority, in consultation with the rest of the HWB. GP Commissioning Consortia are under a duty to co-operate with the HWB. Elected Members of the local authority will decide who chairs the board.

Consideration is needed as to the full membership of the Board. It is being proposed that to ensure the democratic accountability of the Board, there is a minimum of three Elected Members of the Executive Committee with relevant portfolios; such as Health, Adults and Children's.

To ensure that the board is able to engage effectively with local people and neighbourhoods, local authorities are also able to choose to invite local

representatives of the voluntary sector and other relevant public service officials to participate in the board as required.

It is likely that as the PCT Clusters become established they will achieve a seat on the Health and Wellbeing Board to support the transition during the demise of the PCT and the SHA

### 7.1.3. Functions of Health and Wellbeing Boards

The primary aim of the health and wellbeing boards would be to promote integration, and joint commissioning across health and social care and partnership working between the NHS, social care, public health and other local services to improve democratic accountability.

The Board will be the strategic decision maker with overall responsibility for all health and social care budgets. The Government proposes four main functions:-

- to assess the needs of the local population and lead the statutory joint strategic needs assessment;
- to promote integration and partnership across areas, including through promoting joined up commissioning plans across the NHS, social care and public health;
- to support joint commissioning and pooled budget arrangements, where all parties agree this makes sense; and
- to undertake a scrutiny role in relation to major service redesign

It will be the responsibility of the Board to agree and sign-off all related commissioning plans, ensuring regard is given to the JSNA and agreed partnership Health and Wellbeing Strategy. If the Board feels that commissioning plans have not had adequate regard to the JSNA and Health and Wellbeing Strategy, they can write to the national NHS Commissioning Board.

There will be a statutory obligation for the local authority and GP Commissioners to participate as members of the board and act in partnership on these functions. The Health and Wellbeing Board would give local authorities influence over NHS commissioning, and corresponding influence for NHS commissioners in relation to health improvement, reducing health inequalities, and social care. Joint Commissioning and opportunities for greater integration across health and social care will be maximised as establishment of these will be a priority for the Health and Well Being Board.

### 7.2. Strengthening public and patient involvement

Local Involvement Networks (LiNks) will become the local HealthWatch.

Local authorities will be responsible for commissioning HealthWatch and it is being recommended that Cabinet agree to the decommissioning of LiNKs and the commissioning of a local HealthWatch body.

### 7.3. Overview and Scrutiny Function (OSC)

The Bill anticipates the continuance of Local Authority scrutiny function on the NHS.

Local authorities will have the flexibility to decide how best to discharge powers in relation to scrutiny, however it is recognised that the split needs to be retained between the Executive and Scrutiny functions within the council.

There is a continuation of the requirement that all providers of NHS services may be required to attend scrutiny meetings or provide information to the local authority scrutiny function.

### 7.4. Local authority leadership for health improvement

When PCTs cease to exist in 2013, the Department of Health (DH) intends to transfer responsibility and funding for local health improvement activity to local authorities. Funding for health improvement includes that spent on the prevention of ill-health by addressing lifestyle factors such as smoking, alcohol, diet and physical exercise.

Local authority leadership for local health improvement will be complemented by the creation of a National Public Health Service (PHS). The PHS will integrate and streamline health improvement and protection bodies and functions, and will include an increased emphasis on research, analysis and evaluation. It will secure the delivery of public health services that need to be undertaken at a national level.

In order to manage public health emergencies, the PHS will have powers in relation to the NHS, matched by corresponding duties for NHS resilience.

Section 26 of the Bill proposes that each local authority must jointly appoint a Director of Public Health (DPH), who will be statutorily responsible for the public health functions of the local authority. Local DPHs will be jointly appointed by local authorities and Public Health England (PHE). The DPH will have a ring-fenced health improvement budget, allocated by PHE. There will be direct accountability to both the local authority, and, through PHE, to the Secretary of State. The Secretary of State, through PHE, will agree with local authorities the local application of national health improvement outcomes.

Consideration is needed as to the resources, including budget allocation and staffing levels, required by RMBC to adequately perform the necessary public health duties proposed by Government. RMBC will need to work closely with the DPH and NHSR to make key decisions in this area.

### 7.5 GP Consortium

From April 2013 the Bill proposes the Establishment of GP Commissioning Consortia accountable to an NHS Commissioning Board. These consortia will be responsible for the funding of the bulk of NHS services locally. There will be national commissioning of some specialist services. It is understood there will be a single consortium for Rotherham. This is commencing in shadow form in Rotherham and GPs have been appointed as leads for services such as Children and Young People or Mental Health and End of Life Care. Members need to consider appropriate council representation on this group and where this group fits with the Health and Wellbeing Board.

In order to support the organisational transition from the demise of PCTs and Strategic Health Authorities (SHAs) to GP commissioning consortia and a national NHS Commissioning body, PCT Clusters are to be established as time limited bodies. As part of the transition to 2013 the PCT cluster group for South Yorkshire will have an important role to play to ensure that commissioning of local services by PCTs can be sustained.

It is recommended that consideration is given to how Elected Members can engage with GPs to begin to build relationships to ensure effective partnership working.

### 7.6 Rotherham Joint Strategic Needs Assessment 2010/11

Since 1 April, 2008, Local Authorities and Primary Care Trusts are under a statutory duty under the Local Government and Public Involvement in Health Act to produce a Joint Strategic Needs Assessment (JSNA). In Rotherham the current JSNA is being refreshed. The JSNA establishes the current and future health and social care needs of the population, informing local priorities and targets, leading to agreed commissioning priorities that will improve outcomes and reduce health inequalities throughout the Borough.

### Strategic Assessments in Rotherham

The JSNA is one of a number of strategic assessments undertaken locally which together provide a comprehensive and detailed assessment of local needs. Other borough wide documents are:-

- Local Economic Assessment (no longer a statutory duty)
- Joint Strategic Intelligence Assessment (statutory requirement)
- CYPS Audit of Need (required for C&YP Single Plan)
- Strategic Housing Market Assessment (requirement of Planning Policy Statement 3)
- Single Conversation (requirement for HCA funding)
- Child Poverty Needs Assessment (statutory requirement)

The JSNA will become a key document for the Health and Wellbeing Board; informing all strategies and commissioning plans relating to health and wellbeing, which the Board will be responsible for signing off. RMBC as the lead organisation will need to produce a revised JSNA, bringing together all partners of the Health and Wellbeing Board, including the local GP Consortium. This will need to be in place from September onwards in line with the new arrangements. Consideration is needed as to the appropriate staff resources needed to develop this piece of work and ensure it is properly communicated across borough. It is understood that national guidance will be published on taking forward JSNA under the new proposals.

It is also recommended that the number of needs assessments currently undertaken locally is streamlined over time where appropriate, and developed into a single, easily accessible format.

### 7.7. Health and Wellbeing Strategy

Work has been on-going for some time to develop the local Health and Wellbeing (HW) Strategy, which will update and replace the previous Public Health Strategy.

The HW Strategy will have to take regard of local need identified through the JSNA and will become the overarching strategy for the Health and Wellbeing Board, which all commissioning plans will sit under.

## 8. Finance

From April 2013, Public Health England will allocate ring-fenced budgets, weighted for inequalities, to upper-tier and unitary authorities in local government. Shadow

allocations will be issued to local authorities (LAs) in 2012/13, providing an opportunity for planning.

**8.1. Health premium**

Building on the baseline allocation, LAs will receive an incentive payment, or 'health premium', that will depend on the progress made in improving the health of the local population and reducing health inequalities, based on elements of the Public Health Outcomes Framework.

The premium will be simple and driven by a formula developed with key partners, representatives of local government, public health experts and academics.

**9. Risks and Uncertainties**

Legislation is subject to the will of Parliament.

**10. Policy and Performance Agenda Implications**

The Health and Wellbeing Board will have a duty to develop the JSNA. The DH will be preparing guidance on the future development of this piece of work under the new arrangements.

Government are currently consulting on the proposals in relation to the Public Health White Paper, including commissioning, funding and the proposed outcomes framework. The deadline for response is 31 March, RMBC are currently putting together a response in consultation with Directorates and Members, and will be submitted to Cabinet for sign-off on 9 March.

**11. Background Papers and Consultation**

Health and Social Care Bill 2011

Equity and Excellence: liberating the NHS white paper 2010

Healthy Lives, Healthy People: public health white paper 2010

Healthy Lives, Healthy People: consultation on commissioning and funding 2010

Healthy Lives, Healthy People: consultation on new outcomes framework 2010

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