

ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

1	Meeting:	Health Select Commission
2	Date:	1 February 2013
3	Title:	Update on health and wellbeing policy and organisational changes
4	Directorate:	Resources

5. Summary

Rotherham is making excellent progress in meeting the requirements and organisational changes set out in the Health and Social Care Act 2012.

The local Health and Wellbeing Board has been in operation for over 12 months and has been observed by the Department of Health, with positive feedback received. The local Clinical Commissioning Group has received authorisation to begin operating their statutory responsibilities from April 2013 and the development of the local Health and Wellbeing Strategy has demonstrated strong partnership working and collaboration between all health and wellbeing partners.

This report summarises the national policy drivers and how Rotherham is implementing the required changes, demonstrating the enthusiasm locally to work together to drive change and improve the health and wellbeing of Rotherham people.

6. Recommendations

For the Health Select Commission:

- **To note the policy and organisational changes being implemented nationally and locally**
- **To consider how the local health scrutiny function can support implementation of the changes; ensuring all health and wellbeing partners are delivering the best possible outcomes for local people**

7. Proposals and details

7.1 National policy context and organisational developments

The government's agenda for change in relation to health and wellbeing was set out in the Health and Social Care (HSC) Act 2012, which puts clinicians at the centre of commissioning and gives new focus to patient and public involvement, public health and the local authority.

The Act takes forward the areas of Equity and Excellence: Liberating the NHS white paper (July 2010) which required primary legislation, covering key areas such as:

- Strengthening commissioning of NHS services through local GP-led Clinical Commissioning Groups
- Strengthening public health services by transferring responsibility to Local Authorities
- Increasing democratic accountability and public voice through establishment of local Health and Wellbeing Boards and local HealthWatch organisations

NHS Commissioning Board

The NHS Commissioning Board (NHSCB) plays a key role in the Government's vision to modernise the health service. Its main aim is to secure the best possible health outcomes for patients by prioritising them in decision making.

The NHSCB was formally established as an independent body, at arm's length to the Government, on 1 October 2012 and has taken on initial statutory responsibilities (it will take up its full statutory duties and responsibilities from 1 April 2013). The most important of these responsibilities is the authorisation of clinical commissioning groups (CCGs) which are the drivers of the new, clinically-led commissioning system introduced by the HSC Act 2012.

Public Health England

Public Health England has been established to reduce health inequalities and protect and improve the nation's health and wellbeing. It will take up its full powers on 1 April 2013, when it will jointly appoint Directors of Public Health with local authorities.

Healthwatch

Healthwatch England is the new, independent consumer champion for health and social care in England. Their purpose is to argue for the consumer interest of all those who use health and social care services.

The Healthwatch network will be made up of 2 levels:

- Healthwatch England will work at a national level and support the establishment of local Healthwatch organisations. They will use local experiences of care to influence national policy
- Local Healthwatch will begin work in April 2013 and there will be a Healthwatch organisation covering every local authority area in England. They will take the experiences that people have of local care and use them to help shape local services

Work is underway in Rotherham to develop commissioning arrangements for a Local Healthwatch and tendering has begun to ensure arrangements are in place by 1 April 2013.

7.2 Local Implementation

Health and wellbeing Board

Local authorities are leading the coordination of health and wellbeing through the creation of high-level 'Health and Wellbeing Boards' (HWBB). Key responsibilities of board's include:

- Producing a Joint Strategic Needs Assessment
- Developing and publishing a Joint Health and Wellbeing Strategy
- Improving local population health and reducing health inequalities
- Integrating health, social care and public health

Rotherham's HWBB was established in September 2011, as a sub-committee of the council. The board is chaired by the Cabinet Member for Health and Wellbeing and brings together key decision makers from Social Care, Public Health, NHS and GPs, to address issues of local significance and to seek solutions through integrated and collaborative working.

The HWBB will be the single strategic forum to ensure coordinated commissioning and delivery across the NHS, social care, public health and other services directly related to health and wellbeing, in order to secure better health and wellbeing outcomes for the whole Rotherham population. The HWBB will advocate for and act as ambassador for Rotherham collectively on local, regional, national and international forums.

In September 2012 the HWBB underwent a self-assessment process following 12 months in operation. This allowed members of the board to reflect on their progress to date; looking at partnerships, strategy and performance, to ensure the board was best placed to take on statutory responsibilities from April 2013. This involved observation of the board by the national Director of Health and Wellbeing Boards (Department of Health), who provided positive feedback about how Rotherham was responding to the requirement to establish a HWBB and working in partnership with the NHS and CCG to develop local strategy.

Rotherham Clinical Commissioning Group

The Rotherham CCG was established in January 2011. It is led by local GPs and every Rotherham General Practice is a member. The CCG is made up of a number of committees and boards:

- The Strategic Clinical Executive group is made up of 8 GPs and is responsible for producing plans to improve health and health services locally
- The GP Reference Committee, is made up of a further 8 GPs and is responsible for communication and engagement between the CCG and all 150 GPs in Rotherham.
- CCG decisions are made by the CCG Committee, which is currently accountable to the Department of Health through NHS South Yorkshire and Bassetlaw Board.

The CCG is to be an independent statutory body from April 2013. At that point the CCG Committee will become the CCG Board, whose membership will include lay members, GPs, senior managers, a nurse, a hospital consultant and Rotherham's Director of Public Health.

Rotherham CCG has produced a Single Integrated Plan 'Your Life, Your Health'. The plan outlines the CCG's vision, values and priorities for the forthcoming years. Its purpose is to ensure performance, finance, quality, efficiency, workforce and IT plans are consistent with each other and aligned with the requirements of the NHS Operating Framework 2012/13 and the local Health and Wellbeing Strategy.

In December 2012 Rotherham CCG had its authorisation confirmed, which will be effective from April 2013. The authorisation process, led by the NHS Commissioning Board, was designed to ensure that the CCG meets safe thresholds to enable them to assume full statutory responsibility.

Public Health

Local Authorities will take on statutory duty for public health in April 2013. Rotherham has made progress on this, with public health staff now located within the council whilst the transition takes place. No decision has been made around the long term structural model. A lift and shift approach has been employed. The Director of Public Health reports directly to the Chief Executive in relation to his statutory functions. The Public Health team currently sit alongside staff from Neighbourhoods and Adult Services because the work is most closely aligned with these services but as a separate discreet grouping to 'look and learn' about the work undertaken by the team.

The Secretary of State for Health announced in January that there would be £2.7 billion ring fenced public health funding for 2013/14 and £2.8 billion for 2014/15. For Rotherham this equates to a public health grant of £13,790 for 2013/14 and £14,176 for 2014/15.

The public health grant is provided to give local authorities the funding needed to discharge their new public health responsibilities. It is therefore vital that these funds are used to:

- Significantly improve the health and wellbeing of local populations
- Carry out health protection functions which are delegated from the Secretary of State
- Reduce health inequalities across the life course, including within hard to reach groups
- Ensure the provision of population healthcare advice

Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

Local authorities, as members of HWBBs have a duty to work with CCGs and other partners to undertake Joint Strategic Needs Assessments (JSNAs). JSNAs provide a comprehensive assessment of the current and future health and social care needs and assets of the local community. Based on the evidence and data within JSNAs, Joint Health and Wellbeing Strategies (JHWSs) are required to be published, which demonstrate the local strategy for meeting the identified needs in the local area. Under the Health and Social Care Act 2012, JSNAs and JHWSs must inform local

authority commissioning plans, and therefore will have an impact on how the public health grant is spent.

The purpose of the JHWS is to:

- Set the strategic priorities for collective action for the Health and Wellbeing Board to improve the health and wellbeing of local people
- Demonstrate how the needs and issues identified within the JSNA and other local knowledge will be tackled
- Support Health and Wellbeing Boards to tackle the wider determinants of health and wellbeing - such as housing and education
- Enable commissioners to plan and commission integrated services that meet the needs of their whole local community
- Service providers, commissioners and local voluntary and community organisations will all have an important role to play in identifying and acting upon local priorities

Rotherham published its JHWS in 2012, which sets out the strategic priorities of the local HWBB. The priorities have been developed to bring about culture change and changes to the way we deliver services across Rotherham, to improve people's health and wellbeing:

1. Prevention and early intervention
2. Expectations and aspirations
3. Dependence to independence
4. Healthy lifestyles
5. Long-term conditions
6. Poverty

Implementation of the strategy is now well under way, with a lead officer from the council, public health and NHS, appointed to provide strategic leadership to each of the 6 priorities which are now 'workstreams'.

A local Health and Wellbeing Steering Group, accountable to the HWBB, is now in place to coordinate and provide strategic overview to the implementation stage. All 6 workstream leads, plus supporting officers from RMBC policy and performance, public health and the CCG, sit on the steering group which is chaired by the RMBC strategic Director lead for health and wellbeing.

The HWBB have also agreed a set of 'priority measures' taken from the 'Big Issues' within the JHWS. The board will consider one of 6 agreed measures at a single meeting; using the collective intelligence of all HWBB partners to drive change and actions required to tackle the issues. The 6 measures are:

1. Alcohol
2. Dementia
3. Obesity
4. Smoking
5. NEETS
6. Fuel Poverty

A performance management framework (PMF) is now being developed, which will ensure appropriate reporting to the HWBB on a suite of key locally determined

indicators for each of the priority measures above. The PMF will also ensure the board receives regular monitoring of the shared indicators from the NHS, social care and public health national 'Outcomes Frameworks'. Reporting to the board will also demonstrate how the strategy workstreams will contribute to achieving improvements in the 6 priority measures.

7.3 Health Scrutiny

In July 2012 the Department of Health (DH) published a consultation on proposed changes and regulations for local authority health scrutiny.

The changes proposed in the consultation will update the arrangements and regulations already in place for health scrutiny, with the purpose of ensuring the interests of patients and the public are at the heart of the planning, delivery and reconfiguration of health services.

A response to the consultation was published December 2012 and provides an overview and analysis of the responses received. The new arrangements for health scrutiny will build on the existing system including:

- Extending scrutiny to all providers of NHS care, whether they're from a hospital, a charity or an independent provider
- Requiring organisations proposing substantial service changes and the local authorities scrutinising those proposals to publish clear timescale for decision-making, so patients know when they can expect changes
- Requiring local authorities to take account of the financial and clinical sustainability of services when considering NHS reconfiguration proposals
- Seeking the help of the NHS Commissioning Board in liaising with local authorities and commissioners to secure local agreement on some service reconfigurations and ensuring that proposal for change meet the Secretary of State's "four tests"

The DH is now developing regulations in the form of a new statutory instrument for health scrutiny. It is intended that these will be laid before Parliament early in 2013 and come into force in April 2013.

8. Finance

There are no direct financial implications associated with this report.

9. Risks and Uncertainties

The health and wellbeing architecture both locally and nationally has and continues to change considerably. Statutory responsibilities of the local CCG, HWBB, local Healthwatch and public health function will all begin as of 1 April 2013 and although Rotherham has made good progress and developed strong local partnerships, it is yet uncertain how all the new arrangements will work together.

The Health Select Commission will need to ensure the new regulations are understood and being implemented appropriately, as it will play a key role in the

continued development and success of the new health and wellbeing architecture. Health scrutiny will also need to develop relationships and work closely with the HWBB and local Healthwatch to ensure the best possible outcomes for Rotherham people.

10. Policy and Performance Agenda Implications

The information in this report relates to national and local health and wellbeing policy developments and governance.

Local priorities in relation to health and wellbeing are demonstrated in the JHWS 2012 – 2015.

11. Background Papers and Information

[Health and Social Care Act](#)

RCCG Single Integrated Plan [Your Life, Your Health](#)

Rotherham's [Joint Strategic Needs Assessment](#) 2011

Rotherham's [Health and Wellbeing Strategy](#) 2012 – 2015

[Healthwatch England](#)

12. Contact

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13. Glossary

HSC	Health and Social Care Act 2012
NHSCB	NHS Commissioning Board
CCG	Clinical Commissioning Group
HWBB	Health and Wellbeing Board
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
NEET	Not in education, employment or training
DH	Department of Health