

CHESHIRE EAST COUNCIL

REPORT TO: Cabinet

Date of Meeting: 2nd April 2012

Report of: Strategic Director Children, Families and Adults

Subject/Title: Notice of Motion - Health and Social Care Bill

Portfolio Holder: Cllr Janet Clowes

1.0 Report Summary

- 1.1 A Notice of Motion (see Appendix A) was submitted to Council on 23rd February 2012 and referred to Cabinet for determination. The Motion proposed that the Council 'urge Cheshire East MP's to vote against the Health and Social Care Bill when it returns to the House of Commons'.

2.0 Decision Requested

- 2.1 The Cabinet are asked to consider the Notice of Motion.

3.0 Reasons for Recommendations

- 3.1 To determine a response to the Notice of Motion in line with the Council's Constitution.

4.0 Wards Affected

- 4.1 N/A

5.0 Local Ward Members

- 5.1 N/A

6.0 Policy Implications including – Carbon Reduction - Health

- 6.1 The pending Health and Social Care Bill 2011 proposes a number of significant changes that will affect the local health and social care landscape. This includes the establishment of the Cheshire East Health and Wellbeing Board, the Clinical Commissioning Groups and the transfer of the Public Health responsibilities. If enacted, the Authority will have a greater role to play in setting policy, providing leadership and commissioning activity that will contribute to improved health outcomes for the population of Cheshire East.

7.0 Financial Implications (Authorised by the Borough Treasurer)

- 7.1 There are no direct financial implications for the Authority relating to the Notice of Motion.

8.0 Legal Implications (Authorised by the Borough Solicitor)

- 8.1 There are no obvious legal implications for the Authority relating to the course of action requested in the Notice of Motion, although there will be legal implications arising whether the Bill eventually becomes law or not.

9.0 Risk Management

- 9.1 N/A

10.0 Background

- 10.1 The Health and Social Care Bill 2011 is currently proceeding through Parliament with the Government of the view that to safeguard its future, the NHS needs to change to meet the challenges it faces. The Bill ‘...puts clinicians at the centre of commissioning, frees up providers to innovate, empowers patients and gives a new focus to public health.’
- 10.2 The challenges faced by the NHS are summarised by the Government under three broad headings:
- i. Rising demand and treatment costs as the population ages and long-term conditions become more common. More sophisticated and expensive treatment options are becoming available. The cost of medicines is rising by £600 million a year.
 - ii. Need for improvement – at its best the NHS is world leading but there are areas where it falls behind those of other major European countries.
 - iii. State of the public finances – although the NHS budget has been protected, the current settlement is amongst the tightest the NHS has faced and doing the same things in the same way is no longer affordable.
- 10.3 The key legislative changes proposed within the Bill are summarised as:
- i. Clinically led commissioning – the Bill puts clinicians in charge of shaping services, enabling NHS funding to be spent more effectively. Supported by the newly established **NHS Commissioning Board**, new **clinical commissioning groups** will now directly commission services for their populations.
 - ii. Provider regulation to support innovative services – enshrining a fair playing field in legislation for the first time, this will enable patients to be able to choose services which best meet their needs – including from charity or independent sector providers, as long as they meet NHS costs. Providers, including NHS Trusts, will be free to innovate to deliver quality services. **Monitor** will be established as a specialist regulator to protect patients interests.

- iii. Greater voice for patients – the Bill establishes new **Healthwatch** patient organisations, both locally and nationally, to drive patient involvement across the NHS.
- iv. New focus for Public Health – The Bill provides the underpinnings for **Public Health England**, a new body to drive improvements in the public's Health.
- v. Greater accountability locally and nationally – the Bill sets out clear roles and responsibilities, whilst keeping Minister's ultimate responsibility for the NHS. The Bill limits micro-management and gives local authorities a new role to join up local services (through the **Health and Wellbeing Board**).
- vi. Streamlined arms-length bodies – the Bill removes unnecessary tiers of management , releasing resources to the frontline.

11.0 Notice of Motion

- 11.1 Councillors Jeuda and Jackson put forward a Notice of Motion to Council proposing that 'The Council urges Cheshire East MPs to vote against the Health and Social Care Bill when it returns to the House of Commons'.
- 11.2 The Motion argues that there is no democratic mandate for the changes proposed within the Bill and that the costs of reorganisation (estimated at £3.5 billion) is 'scandalous' when the NHS is faced with making savings of £20billion over the next four years. It suggests that 49% of NHS beds will be moved to the private sector, but acknowledges the Private sector has a role to play in the NHS. Finally the Motion refers to the opposition to the Bill of a number of professional bodies including the British Medical Association, the Royal Colleges of Nursing, Midwifery and General Practitioners and the NHS Consultants Association and the concerns raised amongst the Public.
- 11.3 At the time of writing the Bill is at the Report stage in the House of Lords with a 5th session planned for 6th March. The Bill has had a significant number of amendments made to date and it is difficult to determine what form the final legislation will take.

12.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

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