

Note of the Community Wellbeing Board Away Day - 8 September 2008

- Chair:** Cllr David Rogers OBE (East Sussex CC/Lewes DC)
- Vice-Chair:** Cllr Gareth Barnard (Bracknell Forest)
- Deputy Chair:** Cllr David Beechey (Bridgnorth DC) and Cllr Susan Woodward (Staffordshire CC)
- Members:** Cllr Pat Case (Lancashire CC), Cllr James Couchman (Oxfordshire CC), Cllr Dawn Cousins (Isle of Wight UA), Cllr Brian Hood (Monmouthshire CC), Cllr Richard Grant (Warwickshire CC), Cllr Nargis Khan (Hackney), Cllr Roger Lawrence (Wolverhampton MBC) and Cllr Rabi Martins (Watford BC).
- Substitutes:** Cllr Kathy Newbound (Windsor and Maidenhead RB)
- Apologies:** Cllr Zoe Patrick (Oxfordshire CC) and Cllr Shireen Ritchie (Kensington and Chelsea RB).
- Also present:** Cllr Mary Aspinall (Plymouth City) and Cllr Patricia Banks (Hampshire CC)
- In attendance:** Andrew Cozens and Robert Templeton (IDeA)
David Behan (DH)
Simon Whitehead (affiliation?)
Dr Frank Atherton (Association of Directors of Public Health)
Jenny Owen (ADASS)
Carole Cochrane (Princess Royal Trust for Carers)
Alexandra Norrish (DH)
Gordon Lishman (Age Concern)
David Walden (CSCI)

Apologies were received from Jo Webber (Deputy Policy Director, NHS Confederation)

1. Chair's Introduction

The day would run as an evidence session for the Board to develop their priorities for the year ahead.

2. **David Behan** (Director General of Social Care, Local Government and Care Partnerships, Department of Health)

Presentation set out the overarching principles behind the DH business plan:

- Families and Communities in 21st Century
- Personalisation
- Localities

He outlined the 10 headline programmes of work for 2008/09:

1. Transforming Social Care
2. Green Paper on Care and Support
3. New Deal for Carers
4. Valuing People and Learning Disabilities
5. Older People and System Reform
6. Dignity and Safety
7. Improving Local Performance
8. Improving Social Care Capacity and Capability
9. Mental Health
10. Health and Offender Partnerships

David also highlighted the following:

- Still winning hearts and minds rather than the fine granular detail of a green paper on care and support
- Business planning process is now underway for 2009/10 to 2010/11. LGA invited to a key stakeholder event in November to gather input to DH priorities.
- Green paper stakeholders events in October, the Green paper will be published in 2009. Councils have engaged with stakeholders well, but not the wider public (pack of materials available from DH on website).
- Varying responses of councils to Putting People First, in terms of implementation. David believed that 50 already on track, 50 acting more slowly and 50 still to start.
- Raft of documents on dementia likely to be published in November
- Mental health and advocacy – there is new money in the system
- Draft evaluation of Partnerships for Older People Pilots [POPPs] is very encouraging, showing that money spent on improving older people's quality of life is paid back (or nearly paid back) by reduced need for acute health services.
- Cabinet office will be leading a refresh of the Ageing Society Strategy (Opportunity Age) over the coming year
- Adult safeguarding – Do we need legislation?
- Care Quality Commission arrives in April
- There will be a review of the three bodies, SCIE, Skills for Care and GSCC, to ensure value for money in developing the social care workforce and ensuring that the workforce is ready for personalisation.
- Mental health becoming a priority, Lord Darzi's review highlighted mental health as a major issue

Debate

a) Issues over information sharing and electronic records?

DH is looking at sharing information between health and social care with the NHS number being the Unique Identifier. Technical problems around integrating IT systems have been resolved, but there is still more work to be done.

- b) Why are discussion and debate around the Green Paper not happening more widely?

Local authorities should be running engagement events on the green paper. David Behan recommended taking it to each council's regional and local newspapers, which will touch far more people.

- c) Medical training is not good on social care issues

There is a key role for GPs here. David Behan explained that work is being done to further look at integration and training.

- d) Getting information to people – how do you ensure it is accessible to those who need it?

We need to have a simpler system; although people are increasingly using IT e.g. 67% consult Google before going to the GP. There is a real issue of how we build capacity so that people are able to use individual budgets – this relates to both service users and the workforce.

3. Context and demographics (chaired by Cllr David Beechey)

Simon Whitehead (Interim National Director: Learning Disabilities)

- The number of people with learning disabilities in England is between 200,000 – 220,000. 55% are living with family relatives, 30% in residential care, 15% have tenancies.
- Another 1 million people are unknown to services.
- Of the people known to services, less than 1 in 10 have access to employment.
- People with learning disabilities are not getting access to housing.
- There is a wide range of commissioning practice: While the North of England tend to have a greater proportion of people living in the community the South of the country has more of a tendency to residential care.
- 29,000 people are living with relatives over the age of 70.
- Too many people are not being given the opportunity to become active citizens and producers.

Dr Frank Atherton (Director of Public Health for North Lancashire)

- Health inequalities still an issue.
- Good news story – public health is improving, however the inequalities gap still remains a problem and is moving in the wrong direction.
- Big wins in cancer and cardiovascular disease – treatment with statins etc.
- There are population groups who have poor access to health care – people with learning disability and offenders are good examples.
- Issue of high alcohol consumption and chronic overuse of alcohol leading to implications for care services in later life.
- WHO report on social determinants of health – *Closing the Gap in a Generation*. He recommends reading the executive summary.
- Both public health and social care are underrepresented in the draft NHS constitution.

Andrew Cozens (Strategic Adviser for Children, Adults and Health Services, IDeA)

- Outlined the IDeA's Healthy Communities programme
- The new National Indicator Set provides a real opportunity for local authorities to develop their role in improving the health of the whole community.

Debate:

a) How do we reach ethnic minority communities in terms of public health?

Several programmes had been piloted to better target the needs of BME groups, but there is not yet a systematic approach.

b) Learning Disabilities: members stated the importance of expectations for educational attainment and also asked what is being done to address the problems faced by many in the transition from children's to adults' services.

This is a real area for improvement. The PSAs relating to settled accommodation and employment may start to address these issues. It is important that authorities provide information and advocacy services for adults with learning disabilities; in many cases this should replace the traditional role of a care manager.

c) After 10 years of sustained high investment, we haven't seen the step-change in health inequalities – is this due to errors or is it just a matter of time?

In terms of public health in particular, any changes take a long time to show an effect. Perhaps some targets were set with too short a timeframe, but there is some

evidence of progress now. Therefore, it is important that funding and commitment is maintained.

To tackle health inequality, health funding may need to become more targeted. As this develops alongside more universal support/advice services in social care, there will be real benefits in looking at budgets in their totality.

4. Transformation of Social Care (Chaired by Cllr Susan Woodward)

Jenny Owen (ADASS Vice-President)

- There is sign-up for transformation of social care. This is what people in social care went into the business to do and these values are being brought back into play.
- We need to stop talking about a service in crisis, as performance is going up and we have achieved a lot.
- Some people will want help with mixed packages: part personal budget, part direct service.
- We need to reassure corporate leadership and finance teams that we have proper risk registers for introducing personal budgets – need corporate engagement.
- LAs will need to look at their in-house services so they can free up funding for personal budgets.
- There is a real need for member engagement in the process of transformation from block services to individual services. There are real issues about how progress will be judged in the new personalised system and so strong reporting mechanisms will need to be established.
- Bringing together funding streams is important, but not really happening yet. What will be the implications of the new health personal budgets?

Carole Cochrane (Acting Chief Executive, Princess Royal Trust for Carers)

- The real issue is ensuring that carers receive information at the right time and in the right format. There can be a real stigma around asking for help and real ignorance of what support is available. For example, everyone has a GP but very few have a social worker – so GPs should be introducing carers to the information and support available.
- Princess Royal Trust for Carers is writing a guide to commissioning called ‘putting people first and without putting carers second’.
- 50% of carers have to give up work to care.

- More training should be offered for carers.
- The third sector can bring added value in social care – but there is a real need for long-term (3 years) funding to allow organisations to plan.

Questions:

a) How do we ensure more carers are aware of the support available?

We need to be much clearer about what is meant by ‘carer’ – many people don’t think it applies to them and there is little understanding of how quickly situations can develop.

b) What will choice and control look like if you’re in a residential home (for example)?

The culture change will be biggest for older people’s services, as services for younger adults with learning disabilities are responding to the In Control agenda and direct payments are more widespread among younger physically disabled adults. We need to work with providers to enable a culture change within residential and domiciliary care.

5. Social Care Green Paper

Alexandra Norrish (Head of Social Care Strategy, Department of Health)

- current system no longer fit for purpose.
- Given current demographics and trends, an NHS-style universal system for social care is not viable: so what should we have instead?
- Lack of awareness: e.g.80% of the public do not know that social care is not part of the NHS

David Walden (Director of Strategy, Commission for Social Care Inspection)

- Self funders – little information and support to find out what is available. They are in a situation like a 1980s Russian supermarket – money in the pocket but nothing of any quality to buy.
- There have been several attempts to address social care funding in the past – but the political momentum has never been sustained.
- We need to look beyond funding, to decide what we want out of the system and consider quality, accessibility and diversity.
- In recent years, we have seen the biggest ever intergenerational transfer of wealth from young to old, so we may have to ask people to pay for their own care. However, support, information and brokerage must be provided.

Gordon Lishman (Director General, Age Concern)

- No other country has got this right, although I think and hope that we can make a step in the right direction.
- The political parties at a national level are too limited by their particular positions – it is important that the experience and consensus of local government challenges this.
- On ensuring quality of care – people tend to default to the role of the regulator. Regulation cannot be the primary route to quality.
- If you continue to increase spending on the NHS without regard for the effect on social care, then social care will be compromised.
- We have to keep the pressure for change as it could slip through our fingers.
- It is important that we engage insurers in this debate, to start looking seriously at the solutions.

Questions:

a) The 1948 National Assistance Act is too restrictive – can it be changed?

The Green Paper aims to take a fundamental look at the very basis of the system – and so the NAA could be changed if necessary.

b) The ‘postcode lottery’: how do we resolve the tension between national consistency and local variation?

There is a National vs Local debate and in most cases the debate has become very polarised.

At recent consultations, 90% of people have expressed a preference for a national system rather than a local one, based on a desire for fairness. It has been suggested that a basic national minimum funding guarantee and a national set of eligibility criteria could provide this fairness

However, there will always be a need for local variation, for example to meet the greatly different needs of rural and urban areas and in response to local/community patterns of provision.

6. Chair's Conclusions and next steps

The Chair thanked the speakers and members for their contributions.

In summary, David Behan's presentation set out the framework and government agenda. It is particularly important that the messages about partnership are taken forward.

The session on Context and Demographics had set out key issues relating to learning disability, health inequality and public health. The board is keen to discuss the issues raised around public health in the year ahead.

The session on the transformation of social care provided an insight into the role of carers and what can be done to help overcome some of the challenges they face. It was also particularly helpful in setting out some of the practicalities of the transformation agenda including the organisational implications in terms of risk and governance.

The final session was thought provoking and provided a very good introduction to the debate around the green paper, which will be a major priority for the board during 2008/09. It was agreed to have it as a standing item on the agenda for each board meeting.

Members then commented on the need to engage the wider local government family in the debate around the future of social care, as it must be a core part of the place-shaping role of councils.

Members were keen to take up the suggestion that councillors play a leading role engage with local media and community groups achieve wider public engagement with the debate. They asked for an action plan to be drawn up of the work that the LGA will be undertaking on the green paper.

The Chair then asked members to send in any follow-up comments or further thoughts by next Monday 15 September, which would be added into the final write-up.

7. Further comments

The following comments were made by members following the day:

- The current debate should be seen as an opportunity to reshape not just services but social attitudes around social care, to build the confidence and morale of the workforce as well as the public who use the services.
- Issues of community cohesion, community capacity, culture and social responsibility should be brought more to the fore rather than focusing discussion entirely on social service provision.
- There is a real opportunity to raise the profile of support for older and disabled people across the whole of local and national Government, for example in relation to housing, transport, leisure, employment etc.