

Note of decisions taken and actions required

Title:	Community Wellbeing Board
Date and time:	25 July 2012, 1.30pm
Venue:	Westminster Suite, Local Government House

Attendance

Position	Councillor	Council / Organisation
Chairman	David Rogers OBE	East Sussex CC
Vice chairman	Keith Mitchell CBE	Oxfordshire CC
Deputy chair	Ruth Lyon	Elmbridge BC
Deputy chair	Linda Thomas	Bolton MBC
Members	Francine Haerberling	Bath & NE Somerset Council
	Alan Farnell	Warwickshire CC
	Mayor Linda Arkley	North Tyneside Council
	Ken Taylor OBE	Coventry City Council
	Moira McLaughlin	Wirral MBC
	Jonathan McShane	Hackney LB
	Mike Roberts	Rushmoor BC
	Louise Goldsmith	West Sussex CC
	Zoe Patrick	Oxfordshire CC
Apologies	Roger Lawrence	Wolverhampton MBC
In Attendance	Cllr Simon Blackburn	Blackpool Council
	Cllr David Sprason	Leicestershire CC
	Cllr Nigel Ashton	North Somerset UA
	Cllr Graham Gibbens	Kent CC
	Cllr Colin Noble	Suffolk CC
	Paul Burstow MP	Minister of State - Care Services
	Rt. Hon. The Lord Warner	Co-commissioner, Dilnot Report
	Sandie Keene	ADASS
	Sandie Dunne	LGA, Head of Programme
	Paul Ogden	LGA, Senior Adviser
	Alyson Morley	LGA, Senior Adviser
	Matt Hibberd	LGA, Senior Adviser
	Emma Jenkins	LGA, Senior Adviser
	Liam Paul	LGA, Members' Services Officer

Item	Decisions and actions	Action by
1.	<p>Show us you Care - Campaign Update</p> <p>The Chair opened the meeting by welcoming the Chairs of the regional Lead Member Networks to the meeting. He then introduced Sandie Dunne, Head of Programme, LGA, who gave an update on the Show us you Care campaign.</p> <p>Sandie explained that following the publication of the Care and Support White Paper, draft bill and funding update, it was an appropriate time to take stock of progress and to look at phase two of the campaign, informed by the detail of the government's recent publications, having consistently lobbied for many of the changes legislated for in the draft bill, and given the disappointing lack of certainty regarding adult social care funding.</p> <p>The Chair then invited questions on the campaign from the board members and guests. Discussion focused on the following themes:</p> <ul style="list-style-type: none"> • <i>Emphasis of the campaign</i> – Following the cross-party letter urging the leaders of the three main parties to address the issues of funding and reform for adult social care, LGA Leadership was urged by the members of the board to focus attention on Treasury ministers and DCLG. Working with groups such as Age UK at constituency level to highlight the issues involved was also broadly supported. • <i>Working with partners and alliance building</i> – There was support for working with organisations such as Age UK and Carers UK to build a broad base of support for reform where the organisations shared aims. By way of response the Chair stated that informal talks and links with the relevant third-sector organisations were underway,. • <i>Refining the message of the Campaign</i> – Some members felt that the most powerful messages were around the potential savings to the tax-payer and government that a reformed system could bring, and the cost of inaction.. • <i>Unity of Local Government</i> – Members were agreed that the campaign should continue, and the support of all four groups of the LGA was confirmed for the campaign's main aim of securing a reformed and sustainable social care system as argued in Ripe for Reform and other LGA statements. <p>Decision</p> <p>Members noted the update.</p> <p>Actions</p>	

Officers to incorporate Members comments into the developing campaign plan.

**Matt Hibberd /
Emma Jenkins**

2. Roundtable discussion - Securing the Future of Adult Social Care

The Chair introduced this item, and began by formally welcoming the Minister of State for Care, Paul Burstow MP, Lord Warner, one of the three co-commissioners of the Dilnot report into the funding of Adult Social Care, and Sandie Keene, the Vice-President of ADASS, the Association of Directors of Adult Services. Guest speakers were invited to contribute in turn.

Lord Warner, then contributed his thoughts, beginning with the current context of reform, highlighting the fact that persistent low growth was likely to be a reality for the next few years at least, and that difficult times were ahead. In this environment, he added, it was difficult to conceive of anything more than level funding for local government and the public sector over the coming decade.

Lord Warner expressed his support for much of the content of the White Paper and draft bill and praised the government for listening to the Law Commission and other stakeholders. This was a positive direction of travel, which had broad political balance across parties. However, with no funding paper to support the proposals, they were likely to be fantasy.

He noted as positive that the White Paper supported, in principle, the idea of cap, and certain other key features recommended by the Dilnot Commission, such as a national assessment, and portability of care packages. In expressing his scepticism that a voluntary deferred payment scheme could work, Lord Warner argued that whatever level the final cap would be set at, it would be vital to legislate its funding mechanism and form. Without this certainty in law, the finance industry would not be able to develop the range of financial products necessary to fulfil the white paper's aims.

In the interim period, prior to any funding changes, adult social care would remain reliant on handouts from the NHS and acute care. This could continue to be done via the diversion of funds to community projects via the [passed] amendment to the Health and Social Care act he tabled in the House of Lords.

Moving to focus on integration, he argued that despite advantages to the quality of care, there was little evidence to support the assumption that integration of budgets / commissioning of care actually saves costs in areas larger than the smaller authorities currently operating in this way.

Finally there were two other challenges facing those trying to create a sustainable and fair care system: firstly the challenge of trying to bolt together a free at point of use NHS system, and a means-tested contributory adult social care system, and secondly a record of poor public sector productivity over the last decades. The challenges facing those working to reform the system would require much creativity at the local level – especially given the amount of funding ‘locked’ into politically sensitive acute hospitals.

Sandie Keene, ADASS, began by discussing the detail of the White Paper and supporting documents. ADASS welcomed the White Paper’s citizen-based framework for care, and also the legal simplification contained within the plans. The duty of wellbeing would help aid prevention and a community-based approach to care. Further, the near simultaneous NHS reforms offered an opportunity for a re-design of the whole system of care; whilst the “I” statements would ideally embed a culture of minimum standards and entitlement into the care system.

She added that work would now be needed to ‘flesh out’ the government’s aspirations and it was disappointing that the lack of clarity regarding funding arrangements meant that this could not take place.

Whilst adult social care departments would continue to work innovatively to save money and improve services, the strong previous contribution of social care departments to local authority spending targets has left the departments cut to the bone. The demographic pressures of an ageing society and further predicted cuts to local government funding in general will produce further cost pressures on an area of council services which simply must continue to work effectively.

Sandie continued by explaining that whilst the areas of the White Paper welcomed by ADASS raise expectations of what a care user can expect from the system, there should be a ‘reality check’ if no funding solution is found. It was explained that ADASS fears that continued funding cuts will force councils to target areas of spend such as preventative measures which will have negative longer-term effects. Similarly low-pay issues amongst the workforce are less likely to be tackled if contract negotiations focus exclusively on price. The cost of implementing and delivering the new entitlements and responsibilities in the White Paper must also be quantified.

To conclude Sandie summarised ADASS’s role in the forthcoming year – firstly to champion the Adult Social Care sector and maintain a focus on obtaining a funding solution; secondly to lead and promote sector-led improvement – with excellence as the norm; and thirdly to recognise risk in the evolving care system and help councils act preventatively.

Thereafter, the Minister of State for Care, **Paul Burstow MP**, introduced himself and set out his thoughts on the recently published [Care and Support White Paper](#). He began by pointing members to the [impact assessments](#) which accompanied the White Paper, [draft Bill](#) and [funding update](#). The impact assessments estimate the costs of implementing some of the measures contained within the bill, but do not address baseline funding.

The Minister then spoke to the Care and Support White Paper itself, stating that the changes indicated in the paper represent the biggest change to Adult Social Care in over 60 years. He made the following points on the documents and their aspirations:

A major re-balancing of the system - The system aspired to by the White Paper would be outcome-focused and centred on individuals and their families. The Minister explained that for the first time, the government would offer proposals for a comprehensive care system, with signposting and other services not just for those in critical need of domiciliary / residential care. It was essential to view the White Paper alongside the draft bill, as the bill would be the means of putting these aspirations into practice.

Prevention, Integration and an Community Asset-based approach – The Minister reminded councillors of their obligation to prioritise spending wisely, and identified prevention as an area where local authorities will hold a vital role. Wherever it was appropriate, integration of services and commissioning processes should be part of the developments on the ground. It was hoped that new care system would help look beyond what capabilities individuals did not have, to look at the assets they possess and the assets available in the community to build resilience. The recent JSNA consultation built on this approach.

Legal Simplification - Regarding the reduction and simplification of adult social care law and regulation, the Minister believed that the removal of over 20 statutory duties would save councils funds, and that the modern statute would allow care to be provided in a way which is personalised and in keeping with modern values of what a service user is entitled to within the system.

Forthcoming Consultations - In particular the Minister welcomed councillors' views on proposed powers for social workers to enter homes to protect adults at risk of abuse and neglect, and encouraged contributions to the current [consultation](#) on the safeguarding proposals. He also told members of the DH's intent to launch a consultation on responding to market failure in August.

Funding - The Minister made clear that he believed that the nature of funding reform and the appropriate baseline level of Adult Social care funding were two distinct arguments. Whilst admitting that amount identified for ASC in the 2010 CSR figures was not enough, NHS

funding had been successfully used to ensure provision of care. The Minister also felt that expectations upon the White Paper to diverge from spending plans outlined in the CSR were misplaced.

Co-operation with the Local Government Sector - The Minister expressed support for sector-led efforts to improve adult social care and also urged close working to co-deliver the 'Your Care Tariffs' agenda.

Dilnot Recommendations – Finally the Minister commented on three elements the Dilnot Commission's report. He was sceptical that the certainty provided by a new funding solution for Adult Social care will generate a saving to the public finances as a result of changed behaviour, and also doubted that personalisation of care, whilst improving care quality, could save funds overall.

In discussion the members of the board and guests made the following points:

- *Deferred Payments* – The minister was asked to provide an estimate of the start-up costs and timeframe until deferred payments [on the large scale envisaged in the reform proposals] became self-sustaining. He stated that DH would work with the LGA to finalise costings for this process, and that he expected far more than the current 8 or 9 thousand users to be able to pay for care in this way.
- *Productivity in the Care Sector* – The Minister was questioned about the need to increase productivity in the public sector, particularly the NHS, and to what extent proposals were contained within his department's reform plans to address this issue. By way of reply the Minister reiterated that integration of care would provide positive results for the user experience and in other ways, but that there was no evidence of savings from this approach.

Conceding that local authorities were not inundated with funding, the minister stated that it was Local Government's responsibility to bring the care system into the mainstream of public political debate and ensure that the public were as emotive regarding care as they are with the NHS.

- *Reasons for Adult Social Care overspends* – The minister was asked to provide his views on why some Adult Social Care departments overspent and where in the system he saw possible future savings (i.e. back office functions, over-use of own care staff, or other areas). The Minister replied by endorsing the efforts of councils to review spending at a local level – noting the possibility of service redesign, such as that

in Wiltshire where the Home care service was redesigned resulting in 25% cut in costs, with no reduction of care.

The Minister also quoted the ADASS [Budget Survey 2012](#), which showed that over the first two years of the current 4-year spending settlement for local government social care departments saved 69% of planned savings from efficiency savings in year one, and 77% in year two.

- *Baseline Levels of Funding* – There was considerable debate and focus upon the baseline level of funding for social care. Members reminded the Minister of the demand-led nature of the system and the demographic projections of an ageing population, which would lead to an unsustainable financial drain on local authority finances – to the detriment of other universal, but not mandatory services.

Members also wished to highlight to the Treasury to potential financial benefits of reforming adult social care funding to provide a financially stable system which would encourage individuals to change their behaviour and enable investment in the social care market, as per the arguments contained within the Dilnot report.

The aspiration for enhanced and personalised levels of care and support in the White Paper was welcomed, but the minister was warned that the measures contained within the paper would further drive up the baseline level of funding needed by councils to provide care for their elderly.

The Minister replied by commenting that the Dilnot report did not directly speak to the adequacy of baseline levels of funding for Adult Social care, except with an as yet unproven argument that greater stability created by a system wherein an individual's contributions were capped would

- *Demand and Demography* – In discussion, Lord Warner warned that increasing demand as forecast, without reform of the system could lead to assets being taken from individuals in a quite random, punitive way, and could result in a north/south split, given that individuals' primary assets were often their house.

He maintained that many arguments against reform and against a cap did not acknowledge that no action would cost more to the taxpaying public than a structured reform of the system. If a fair system was to be established this would require a cap and means test of some sort to address risk within the system. Once this was established, there would be an urgent need to get recognition amongst the public that individuals need to pay for their own care.

- *Disability and Housing* – It was widely agreed that funding care for those with a disability was an area where complex needs, combined with severe funding pressures, posed a serious challenge to councils' Adult Social Care departments. This was an area where the links between care and housing were especially obvious. The minister pointed out that within the white paper, £200million capital funding was identified to establish a new care and support housing fund, which would provide investment in services for the elderly and very young.
- *Portability of Care* – The importance of portability of assessment and care was highlighted, as was the potential of investment in reablement services. The minister agreed that these elements were crucial to the success of the reforms and highlighted the need for proper implementation and measures legislated for in clause 31 of the draft Care and Support Bill, which seek to guarantee continuity of care when an adult moves area.

Following discussion, Lord Warner and Sandie Keene were given the opportunity to add concluding points, and emphasised the following:

- *ADASS' role* - Sandie Keene explained that she saw her organisation's role to continue to campaign and ensure that members of the public have a say in the debate over social care reform, as well continuing as an advocate for its professional members. The latest yearly ADASS budget reports referred to by the Minister had been superseded by events and ADASS members were estimating big funding gaps over the forthcoming years. The cost of the gap between need and Adult Social care funding would increasingly be met by prioritisation of this service – at a cost to other council services. Local authorities needed, and should strive towards parity of esteem with the NHS, working in cooperation with it.
- *Sustainability of the Health System in general* – Given the funding outlook Lord Warner warned that any increase in funding for social care would likely only come from reductions in hospital beds (acute care), a highly politically sensitive policy area. He also highlighted the impact of medical advances which had kept disabled young people alive for longer than expected, and now resulted in growing numbers of young adults receiving care in the community - an unforeseen and increasing cost pressure on social care budgets.
- *Joint Commissioning ≠ Adult Social Care integration* - Lord Warner re-iterated that joint commissioning could produce efficiencies, but that it was difficult to generate 'cashable' savings in this way. Integration of care with NHS provided services was a distinct and separate challenge.

Decision

Members **noted** the report.

Action

Officers to invite a Treasury minister to attend a future meeting of the board.

**Matt Hibberd /
Emma Jenkins**

3. Other Business

The Chair introduced this item which contained a number of written and verbal updates on areas of interest to the board. This item was taken second on the day of the meeting, due to a rescheduling of the discussion with the Minister for Care.

Community Wellbeing Board work programme progress report

The Chair of the Board formally thanked the officers of the Community Wellbeing team and his fellow councillors for their work supporting the LGA's work over the 2011-12 cycle of meetings.

Questions were received regarding the LGA's lobbying on Healthwatch funding, and in particular the outcome of meetings between the Chair of the Board and Lord Howe. At the meeting Lord Howe had expressed a willingness to investigate the discrepancy between the original total funding figures for local Healthwatch as part of the initial consultation exercise back in 2011 and the revised figures published back in June.

Members shared a concern regarding the ability of Healthwatch to perform its strategic role, if it received an ever decreasing resource, and consequently could not commission a work programme. The Chair reminded members of the forthcoming launch of the Healthwatch logo and brand, together with the announcement of the Chair of Healthwatch England, which would help provide an identity to the organisation.

Members asked whether there was further clarity on the structure and form of Healthwatch on the ground: in particular how the organisations would function in two-tier areas, and their relationship with the local government overview and scrutiny function.

Officers responded that the LGA was running a series of well received Masterclasses and were applying pressure on DH regarding issues such as working with scrutiny, working in two-tier areas and cross-boundary working. Such issues would be included in individual publications for the sector currently under development.

Concluding the discussion, Sandie Dunne, Head of Programme, stated that the LGA had been making the case stridently and clearly to government, for adequate funding and support for local Healthwatch and HWBs. Together with the LGA's Health and

Wellbeing board support offer, which gives a national suite of resources as well as regional and individual support for councils, the LGA had also been working with NAVCA and National Voices to ensure that the skills profile of Healthwatch members and staff was fit for purpose.

*Members **noted** the update provided.*

Children and Young People's Health Outcomes Strategy

*Members **noted** the update provided.*

HealthWatch Update

*Members **noted** the update provided.*

New Development Tool for Health and Wellbeing Boards launched

*Members **noted** the update provided.*

Commission on Dignity in Care for Older People - final report and recommendations

The Chair, as co-commissioner of the Commission on Dignity in Care for Older People, was asked whether plans existed to make the measures identified in the report a reality. He explained that the focus of the report was recommendations for care-givers and frontline management. The Commission intends to publish an Action plan based on the report's recommendations in August.

Cllr David Sprason, representing Lead members for Health in the East Midlands, and also a key contributor to the commission added that the Dignity agenda must not be allowed to be sidelined. There was a role for all councillors, at executive and ward level, in addition to the Care Quality Commission (CQC), to ensure those in care were being treated with dignity and that local systems and personnel contributed to this goal. Other members of the board highlighted the opportunity to build concern for dignity into commissioning processes at Health and Wellbeing Boards and also the need for adequate training for staff – both requiring rigorous use and review of councils' Quality Management Framework for social care teams.

*Members **noted** the update provided.*

Think Local Act Personal's (TLAP) "Making it Real" markers of progress

*Members **noted** the update provided and **agreed** to sign up to the TLAP markers of progress, as a statement of support for the scheme.*

LGA Fire Commission – Sprinklers’ Local Campaigns Toolkit project

Members **noted** the update provided.

National Children and Adult Services Conference and Exhibition 2012

Members **noted** the update provided.

Forthcoming events

Members **noted** the update provided.

Outside Bodies Report

Sandie Dunne updated the board on the list of attached bodies and noted that the LGA’s engagement with Skills for Care would likely increase over the 2012-2013 board cycle, as the body were undergoing a re-organisation and liaising closely with the LGA’s Community Wellbeing and Workforce teams during this period.

The members of the Board:

1. **noted** the update reports provided, and;
2. **approved** the list of outside bodies to which the Community Wellbeing board will appoint (attached as **Annex 1** to these notes).

4. Decisions and actions from previous meeting

The note of decisions taken and actions required at the meeting of the Community Wellbeing board on 30 May was presented.

Decision

Members **noted** the minutes of the last meeting.