Local Government Association

# Community Wellbeing Board

Agenda

## Wednesday 5 September 2012
## 11.20am

Smith Square Rooms 1&2
Local Government House
Smith Square
London
SW1P 3HZ

**To:** Members of the Community Wellbeing Board
**cc:** Named officers for briefing purposes

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**LGA Community Wellbeing Board**
5 September 2012

**11.20** on **5 September 2012** in Smith Square Rooms 1&2 (Ground Floor), Local Government House, Smith Square, London, SW1P 3HZ.

**Attendance Sheet:**
Please ensure that you sign the attendance register, which will be available in the meeting room. It is the only record of your presence at the meeting.

**Pre-meeting for Board Lead members:**
This will take place from **09.50** in Smith Square Rooms 1&2.

**Political Group meetings:**
The group meetings will take place from 10.20 -11.20:

***Conservative Group*** (Conservative Group Office, 6th Floor)
***Labour Group*** (Labour Group Office, 6th Floor)
***Liberal Democrat Group*** (To be confirmed)
***Independent Group*** (Independent Group Office, 6th Floor)

**Apologies:**
Please notify your political group office (see contact telephone numbers below) if you are unable to attend this meeting.

| | |
|---|---|
| **Labour:** | Aicha Less: 020 7664 3263 email: aicha.less@local.gov.uk |
| **Conservative:** | Luke Taylor: 020 7664 3264 email: luke.taylor@local.gov.uk |
| **Liberal Democrat:** | Evelyn Mark: 020 7664 3235 email: libdem@local.gov.uk |
| **Independent:** | Vanessa Chagas: 020 7664 3224 email: Vanessa.Chagas@local.gov.uk |

**Location:**
A map showing the location of Local Government House is printed on the back cover.

**LGA Contact:**
Liam Paul: Tel: 020 7664 3214, e-mail: liam.paul@local.gov.uk

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# Community Wellbeing Board - Membership 2012/2013

| Councillor | Authority |
|---|---|
| | |
| **Conservative 8)** | |
| Louise Goldsmith **[Vice-Chair]** | West Sussex CC |
| Keith Mitchell CBE | Oxfordshire CC |
| Mayor Linda Arkley | North Tyneside Council |
| Francine Haeberling | Bath & North East Somerset Council |
| Ken Taylor OBE | Coventry City Council |
| Alan Farnell | Warwickshire CC |
| Elaine Atkinson* [substitute in 2011/2012] | Poole BC |
| Andrew Gravells* | Gloucestershire CC |
| | |
| **Substitutes:** | |
| Bill Bentley** | East Sussex CC |
| David Lee** | Wokingham BC |
| Colin Noble** | Suffolk CC |
| Konrad Tapp** | Blackburn with Darwen BC |
| | |
| **Labour (6)** | |
| Linda Thomas **[Deputy-Chair]** | Bolton MBC |
| Jonathan McShane | Hackney LB |
| Steve Bedser* | Birmingham City |
| Catherine McDonald* | Southwark LB |
| Iain Malcolm* | South Tyneside MBC |
| Lynn Travis* | Tameside MBC |
| | |
| **Substitutes:** | |
| *tbc* | |
| | |
| **Liberal Democrat (3)** | |
| David Rogers OBE **[Chair]** | East Sussex CC |
| Zoe Patrick | Oxfordshire CC |
| Doreen Huddart* [substitute 2011/2012] | Newcastle City |
| | |
| **Substitute** | |
| Rabi Martins** | Watford BC |
| | |
| **Independent (1)** | |
| Gillian Ford* **[Deputy-Chair]** | Havering LB |
| | |
| **Substitutes:** | |
| *tbc* | |

* new member 2012/2013
** new substitute 2012/2013

# Programme

| Time | Item | Page |
|---|---|---|
| **09.50** | **Lead Members' pre-meeting (Smith Square 1&2)** | |
| **10.20** | **Political Group meetings** | |
| **11.20 – 13.30** | **Morning Session** (Conference Hall) | |
| **11.20** | **Item 1: Welcome and introduction to the Community Wellbeing Board**<br><br>To note the Membership, Terms of reference and Remit of the board. | **3** |
| **11.30** | **Item 2: Panel discussion - Adult Social Care**<br><br>**Sarah Pickup,** President of Association of Directors of Adult Social Services<br>**Helena Herklots,** Chief Executive of Carers UK, representing the Care and Support Alliance<br>**Chris Horlick,** Managing Director Care, Partnership | **7** |
| **13.00 – 14.00** | **Lunch** | |
| **14.00 – 15.15** | **Afternoon session** | |
| **14.00** | **Item 3: Panel discussion - Public Health Transition**<br><br>**Duncan Selbie,** Chief Executive (Designate), Public Health England<br>**Dr. Diana Grice**, Vice-President, Association of Directors of Public Health<br>**Prof. Lindsey Davies,** President, Faculty for Public Health | **19** |
| **14.45** | **Item 4: Panel discussion - Commissioning for Integrated Health and Care**<br><br>**Jo Webber**, Deputy Policy Director, NHS Confederation<br>**Ivan Ellul,** Director of Partnerships and Engagement, NHS Commissioning Board | **31** |
| **15.30** | **Item 5: Key issues for councils and the LGA: setting Board priorities** | **41** |
| **15.55** | **Item 6: Note of previous meeting** | **51** |
| **16.00** | **Close** | |

Date of next meeting: Friday 2 November

**Community Wellbeing Board**

5 September 2012

**Item 1**

# Welcome and introduction to the Community Wellbeing Board

## Purpose of report

To ask the Community Wellbeing Board to note its Membership, Terms of Reference and Remit for 2012/13.

## Summary

The Board's Membership is **enclosed at the front of Agenda papers**, the Terms of Reference and Remit are attached as **Appendix A.**

## Recommendation

That the Community Wellbeing Board notes its Membership, Terms of Reference and Remit for 2012/13.

## Action

No further action necessary.

**Contact officer:** Liam Paul
**Position:** Project Support Officer, Member Services
**Phone no:** 020 7664 3124
**E-mail:** Liam.paul@local.gov.uk

# LGA Community Wellbeing Board - Terms of Reference and Remit

The purpose of the Community Wellbeing Board is to engage and develop a thorough understanding of the issues within their brief and how legislation does or could affect councils and their communities, in particular with regard to the growing integration of health and social care services, but also including life long learning and the LGA's work on Ageing Society issues. For people of all ages it is also similarly responsible in the areas of public health, social inclusion and equalities, and for maintaining a close relationship with the work of the Asylum, Refugee and Migration Task Group.

The Community Wellbeing Board's responsibilities include:

1. Ensuring the priorities of councils are fed into the business planning process.

2. Developing a work programme to deliver the business plan priorities relevant to their brief, covering lobbying campaigns, research, improvement support and events and linking with other boards where appropriate.

3. Sharing good practice and ideas to stimulate innovation and improvement.

4. Representing and lobbying on behalf of the LGA including making public statements on its areas of responsibility.

5. Building and maintaining relationships with key stakeholders.

6. Involving representatives from councils in its work, through task groups, Commissions, SIGs, regional networks and mechanisms.

7. Responding to specific issues referred to the Board by one or more member councils or groupings of councils.

The Community Wellbeing Board may:

- Appoint members to relevant outside bodies in accordance with the Political Conventions.

- Appoint member champions from the Board to lead on key issues.

**Community Wellbeing Board**

5 September 2012

**Item 2**

# Panel Discussion – Adult Social Care

## Purpose of Report

To provide an update on the priorities for the year ahead, for discussion, and direction from members.

## Summary

The report outlines the suggested vision and direction for the future work of the LGA's Community Wellbeing Board.

**Appendices A, B and C** provide biographies of Sarah Pickup, President of the Association of Directors of Adult Social Services; Helena Herklots, Chief Executive of Carers UK, representing the Care and Support Alliance; and Chris Horlick, Parnerships, who have been invited to take part in a panel discussion on the future of Adult Social Care.

**Recommendation**

Members are invited to discuss the focus of the Board's work on Adult Social Care for the rest of this financial year and to begin to identify likely priorities for 2013/14.

**Action**

To be taken forward by officers as directed by members of the Board.

**Contact officer:** Matthew Hibberd/Emma Jenkins

**Position:** Senior Adviser(s)

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**E-mail:** Matthew.Hibberd@local.gov.uk / Emma.Jenkins@local.gov.uk

# Panel Discussion – Adult Social Care

## Vision

1. Resolving the future of adult social care is one of the LGA's top priorities. Between our ongoing policy and lobbying work and our 'Show us you care' campaign, we are working hard to secure both funding for, and reform of the care and support system. We have consistently argued that funding and reform go hand in hand, and that both are needed to create a modern, stable and properly resourced system that can meet the challenge of our changing demography.

2. Our position on the future of care and support is set out in our May 2012 document 'Ripe for reform: the sector agrees, now the public expects – a guide to the care and support white paper'. This provides a series of tests against which we are judging the care white paper and in so doing articulates a vision for a better future system which:

   2.1. Improves the individual's experience of care and support

   2.2. Provides stability, predictability and transparency and encourages the long term view

   2.3. Provides sufficient funding that is appropriately directed

   2.4. Uses the totality of local resources

   2.5. Articulates a clear role for local government and recognises the importance of a local approach to care and support

   2.6. Has local politicians and senior managers at the forefront of changes to accountability and improvement

## Suggested LGA priorities for the coming year

3. The priorities for the LGA that we believe will help to deliver this vision are:

### Funding and reform

4. The care and support white paper was published alongside a draft care and support bill and a progress report on funding (the government's response to the Dilnot Commission). Taken together these publications provide a good platform from which to progress the reform agenda, building on the sector-wide consensus around the recommendations of the Law and Dilnot Commissions.

5. However, despite in principle commitment to the central Dilnot recommendation of a cap on the costs of care an individual may incur, the progress report on funding takes us no further forward on how a modern system should be properly resourced. Furthermore, the documents do little to acknowledge the reality of the funding pressures councils face in this area.

6. There is therefore still much to play for and the LGA will need to continue being highly visible on the inter-related agendas of care and support funding and care and support

reform. This means developing clear policy positions that are both acknowledged across a broad stakeholder base and can be shown to be shaping policy direction nationally.

### Sector led improvement

7. With central-led inspection abolished, sector-led improvement needs to continue to be embedded, with a focus on innovation and excellence. It is anticipated that performance in adult social care will come under an even greater spotlight as the campaign for sustainable future funding intensifies; Ministers have already raised issues around efficiency and productivity in the sector with regards to this funding.

8. Whilst there has been extensive development over the last ten years and whilst all councils and their partners have some aspects of excellent practice, adult safeguarding remains a dominant theme in the overall performance of adult social care and sector based improvement. Key issues around market development and commissioning for quality will continue to be seen as an indicator of the sector's ability to manage its own affairs competently.

9. With such a broad and demanding agenda maintaining and strengthening our links with councils is a priority – both to support them in the challenges they face but also to ensure that their knowledge and expertise shapes the work we do nationally on their behalf. Our work needs to be based on what councils are telling us, which in turn will give the sector confidence that we are driven by their interests and continued success.

## Proposed Outline of work

### Funding and reform

10. On the **reform** agenda we will do some detailed work on what is needed to make the Dilnot model workable. This will include looking at the pre-conditions of reform, the technicalities, and the issue of how the model could be funded. The work will also consider the respective requirements and expectations of central government, local government, and the public. Although the Dilnot proposals will be central to this work we will pick up a number of other related issues – such as links to health and integration.

11. This will be a substantial work area with policy and lobbying covering a number of potential issues, including:

    11.1. Clarifying the boundaries between local government, local NHS and the National Commissioning Board

    11.2. How to make national assessment and portability work

    11.3. Market oversight and provider failure

    11.4. The case for prevention, early intervention and building community capacity

    11.5. How to make universal deferred payment a success

    11.6. Clarifying the interplay between care and health, benefits and housing

    11.7. Influencing the information and advice agenda

11.8. Understanding the scope for further efficiencies in adult social care

12. Work on reform will also be closely linked to our response to the draft care and support bill and subsequent influencing of the pre-legislative process.

13. By focusing on how to make a future system workable and achievable through the above reform workstream, we aim to concentrate our **funding** workstream on securing sufficient resource to meet the pressures posed by demographic change. We will work closely with colleagues in LGA Finance to develop a clear analysis of current and future costs and position this as part of the LGA's wider work in the run up to the next Spending Review.

14. Alongside the above policy and lobbying work we will continue with our 'Show us you care' campaign. To date the campaign has had two objectives: to secure legislation, and to get government to commit to the main recommendations of the Dilnot Commission. Notwithstanding the significant detail that needs to be worked through on the latter, at a high level these objectives have broadly been met. We therefore have an opportunity to consider where the campaign should go next. At the July Board with the Minister, Members suggested that we work closely with a broader spectrum of organisations to better raise the profile of this agenda with the general public. This echoes a number of recent comments made my stakeholders and would help ensure the LGA retains a high degree of visibility and profile on this crucial issue.

**Sector led improvement**

15. The *Towards Excellence in Councils' Adult Social Care* programme board on sector led improvement, support and self assessment is hosted by the LGA. The key emphasis of the programme is on collective ownership of improvement and its core elements include regional work; robust performance data; self evaluation; and peer support and challenge. Leadership development through the Regional Lead Member Networks will also continue. A key aspect of the LGA work will be on improving and evidencing the effectiveness of safeguarding adults' practice, as part of sector led improvement, based on a model of peer support and challenge. Further information on these programmes will be provided and discussed at the next Board.

16. The idea of improving the individual's experience of care and support care and support must remain at the heart of any future system. The LGA has established a partnership on dignity in care with Age UK and NHS Confederation and the Partnership will now promote the recommendation made by an independent commission on dignity in care in hospitals and care homes. The Partnership will be inviting people from across the health and social care system to 'roadtest' and sign up to a long term action plan, with an event in the Autumn starting this process.

17. In addition, ongoing partnership work with the *Think Local Act Personal and Dementia Action Alliance* partnership will continue to shape how services are delivered and how they involve local people. A particular focus will be on how to measure the impact of a move to more personalised services.

**Other work areas**

18. The LGA also is a key partner in the National Children's and Adult Service conference, the second largest event in the LGA's conference programme. Regularly attended by more than 1,000 delegates, this conference is widely recognised as the most important annual event of its kind for councillors, directors, senior officers, policymakers and service managers with responsibilities for children's services, adult care and health in the statutory, voluntary and private sectors.

19. Work around later life and the increasingly important links between care and housing are just some of the other work areas that the LGA will need to watch and inform.

20. This will happen alongside a challenging schedule of evidence submissions (Select Committees, Commissions, All Party Groups), national media responses and stakeholder management.

# Panel Discussion – Adult Social Care

## Biography - Sarah Pickup, President of Association of Directors of Adult Social Services

1. Sarah Pickup is President of the Association of Directors of Adult Social Services. Sarah, who is Director of Health and Community Services for Hertfordshire County Council, has previously served as ADASS Vice President, Honorary Secretary and national lead for carers.

2. Sarah graduated from Sussex University with a degree in Economics and concentrated on finance and resource issues in the early stages of her career before taking up her current directorship. A member of Cipfa she also spent some time as chair of the ADASS Resources Committee and recently chaired the Association's Resource Workstream.

## About the Association of Directors of Adult Social Services

3. The Association of Directors of Adult Social Services (ADASS) represents all the directors of adult social services in England. It evolved from the former ADSS (Association of Directors of Social Services) when responsibilities for adults and children's services within top tier local authorities were split between two new departments - the one for adults and the other for children.

4. ADASS brings together the accumulated wisdom and understanding of the way services for adults are managed and financed as well as inputs from a widening responsibility for housing, leisure, library, culture and, in some case, arts and sports facilities.

5. ADASS members are responsible for providing or commissioning, through the activities of their departments, the wellbeing, protection and care of hundreds of thousands of elderly and disabled people, as well as for the promotion of that wellbeing and protection wherever it is needed. ADASS members are also responsible for a whole range of wider services in addition to their responsibilities to adult social care. The organisation operates through a staff group which, in direct and indirect forms of employment, number more than the total staff engaged in the NHS.

6. ADASS maintain the close formal and informal links with colleagues in the health services, children's services departments and in the independent provision of day and residential services to older people. It seeks to continue actively to inform and brief government ministers and civil servants about the impact of their policies; work with them on policy initiatives wherever appropriate, while engaging with opinion formers across the whole spectrum of current media outlets.

# Panel Discussion – Adult Social Care

## Helena Herklots, Chief Executive of Carers UK, representing the Care and Support Alliance

1. Heléna Herklots is Chief Executive of Carers UK, the charity that helps the millions of people who care for family and friends. Heléna is responsible for leading the organisation, and working with the Board of Trustees to ensure that Carers UK meets its charitable objectives and improves the lives of carers. A key part of Helena's role is to ensure that the needs of carers are brought to the attention of policy-makers, the statutory, private and voluntary sectors, the media and the general public.

2. Heléna joined Carers UK in February 2012 from Age UK where she was Services Director. She serves on a number of advisory groups including the Department of Health Care and Support Transformation Group; the Malnutrition Task Force; and the DH Dementia Health and Care Champion Group. Helena also represents Carers UK at the Carers Strategy Cross-Government Board.

## About Carers UK and the Care and Support Alliance

3. Carers UK is a charity set up to help the millions of people who care for family or friends. We provide information and advice about caring alongside practical and emotional support for carers. Carers UK also campaigns to make life better for carers and influences policy makers, employers and service providers, to help them improve carers' lives.

4. Carers UK aim to help carers get the best for the person they care for; make the most of their income; stay in paid work; keep healthy; get in touch with other carers for support; find a listening ear; campaign for change.

5. The Care & Support Alliance was set up in July 2009. It is a consortium of over 50 organisations that represent and support older and disabled people, including disabled children, those with long-term conditions and their families, and campaigns to keep adult care funding and reform on the political agenda.

# Panel Discussion – Adult Social Care

## About Chris Horlick, Managing Director, Care, Partnership

1. Chris Horlick is Managing Director of Partnership's Care Division, which is the UK's leading provider of Long Term Care Insurance products. Chris has extensive experience in the development of insurance and financial solutions within the public health sphere. As Managing Director of Denplan, the UK's leading dental payment plan specialist with over 6,500 member dentists across the UK and approximately 1.8 million patients, Chris transformed the awareness and take up of these products throughout the UK.

2. From 2000 he led AXA PPP's Healthcare Sales and Marketing Department of over 500 staff. Managing the development and distribution of consumer and corporate healthcare products and services in the UK and overseas, AXA's healthcare offering is recognized as one of the UK's market leaders in this area. A former officer in the Royal Marines, Chris started his career in financial services in the Barclays Bank's Corporate Finance Division.

3. Chris is a Commissioner on Westminster City Council's Social Care Commission. This Commission, which is led by Baroness Greengross, is tasked with advising the council on the best way to deliver excellent social care services in the context of an aging population, reducing resources and rising public expectations.

## About Partnership

4. Partnership is the longest established UK insurer specialising in the design and manufacture of financial products for people whose health and lifestyle means that their life expectancy is likely to be reduced.

5. The company caters for clients with a wide variety of health conditions, from the relatively minor such as high blood pressure, to the more serious such as heart failure, stroke, diabetes, kidney failure and cancer. Partnership aim to deliver the maximum benefit possible by looking at every aspect of their clients' health.

6. Partnership is a specialist and the only company operating in this arena with its own proprietary underwriting manuals and mortality data. Combined with in-house underwriting and actuarial expertise, the company uses this knowledge and data to assess a customer's likely life expectancy – rather than the average.

7. Partnership operates within four main areas: Retirement, Long term care, Protection and Equity Release.

**Community Wellbeing Board**

5 September 2012

**Item 3**

# Panel Discussion - Public Health Transition

## Purpose of Report

To provide an update on the priorities in this work area for the year ahead.

## Summary

The report outlines the suggested vision and direction for the future work of the LGA's Community Wellbeing Board on the Public Health Transition.

**Appendices A, B and C** respectively provide biographies of Duncan Selbie, Chief Executive (Designate), Public Health England; Dr. Diana Grice, Vice-President, Association of Directors of Public Health; and Professor Lindsay Davies, President, Faculty for Public Health, who have been invited to take part in a panel discussion on the future on Public Health following the 2012 Health and Social Care Act and the transfer of responsibility for Public Health to local government.

**Recommendation**

Members are invited to discuss the focus of the Board's work on Public Health Transition for the rest of this financial year and to begin to identify likely priorities for 2013/14.

**Action**

To be taken forward by officers as directed by members of the Board.

| | |
|---|---|
| **Contact officer:** | Alyson Morley / Paul Ogden |
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# Panel Discussion - Public Health Transition

## Vision

1. We would welcome the Board's steer on the following overall vision for public health:

    1.1. The transfer of local public health services from primary care trusts to local government, coupled with the creation of Health and Wellbeing Boards, is one of the most significant changes to the health and wellbeing landscape in a generation. Our vision is for local government to work together with other partners to lead a fundamental shift away from treating and ever-growing burden of ill-health towards a preventative approach that tackles the wider determinants of health. Local councils through their Health and Wellbeing Boards will work internally with planning and environment, housing, education, leisure and culture, children and adult services as well as externally with providers in the private and voluntary sector to develop services for individuals in the context of the health needs of their communities.

## Suggested LGA priorities for the coming year

2. The priorities for the LGA that we believe will help to deliver this vision are outlined below:

    2.1. For LGA to lead the development of a new system of public health, in partnership with our key stakeholders, that adopts a place-based approach to public health and addresses the wider determinants of health to improve health outcomes for communities.

    2.2. Develop a unified vision of public health, which goes beyond the transfer of staff and resources, and changes our approach from one that treats sickness to a system in which all partners actively promote health and wellbeing, and in so doing reduces the costs of health and social care.

    2.3. Public health funding – to represent the interests of local government in partnership with public health stakeholders to ensure that local government make a robust and compelling case for a sufficient total quantum of public health resource and a fair funding formula which enables them to meet their new public health responsibilities.

    2.4. Public health workforce – in the short-term, to ensure a smooth transition of the public health workforce to local government and in the long-term to fully embed public health within the local government workforce and commissioning strategies.

    2.5. Health Protection – to ensure that reform delivers effective protection for the population from health threats, based on a clear line of sight from the top of government to the frontline; clear accountabilities; collaboration and co-ordination

at every level of the system; and robust, locally sensitive arrangements for planning and response.

2.6. Work with partners in public health, Public Health England and the National Institute for Clinical and Health Excellence to provide a solid, accessible and robust evidence base that can be used at local level to inform priorities and public health commissioning.

2.7. LGA and the Department of Health are working together towards fully-competent local arrangements for public health by 1 April 2013. The assurance arrangements will be as simple and clear as possible with strong ownership and leadership by the local PH system.

## Proposed Outline of Work

3. The LGA has worked with all our key stakeholders to develop a dialogue, shared vision and shared support materials to ensure that the new system of public health achieves improved health outcomes for communities. Our key support products, events and activities are summarised below:

4. **From transition to transformation** - The LGA has worked with DH Public Health England Transition Team (PHETT), the Association and Directors of Public Health and experts in local government to develop a web-based resource to assist local authorities and their public health partners in maximising the transformative potential of the transfer of public health to local government. Launched in February 2012, the resource comprises a number of discussion sheets on key aspects of the transfer, nine case studies and links to resources and further information.

5. We have secured matched funding from PHETT to revise the current resource to reflect the changes in legislation and latest statutory guidance, and produce additional fact sheets and case studies. The refreshed resource will be launched in October 2012.

6. **Public health and GP stakeholder group** – we have established regular meetings between CWB Board members and national representatives of GP and public health stakeholders in order to establish an ongoing dialogue on how we can work together at national level to support the implementation of the health reforms at local level. The meetings have enabled us to communicate our key messages on the health reforms to our partners and develop a shared understanding of how we can work together. We hope that the commitment to partnership working at national level sends a clear message to local areas that they too need to develop shared objectives, priorities and models of collaborative leadership.

7. **Public health funding** – we have consistently and strongly advocatedthat local councils need sufficient resources, which are equitably distributed, in order to fulfil our new public health responsibilities. We have produced timely briefings to our member authorities to ensure that they are fully informed of progress on public health funding and have an opportunity to comment on and contribute to the LGA's response to Government proposals. We continue to negotiate with DH at officer and member level to secure a fair and adequate funding settlement for public health.

8. **Public health vision** – we have organised a series of national and regional conferences to shape the national vision for public health and to identify what support we can provide at national level, in partnership with DH, Public Health England Transition Team (PHETT), the Association of Directors of Public Health ADPH, NHS Confederation and others to assist local areas to achieve their vision of a public health system which improves health and wellbeing and reduces health inequalities.

9. **Workforce issues** – the LGA has been working with DH and public health stakeholders to ensure the smooth transition of the public health workforce to local government in April 2013. Looking to the future, we are working with public health partners to develop a new workforce strategy for public health that reflects the new home of public health in local government and the potential opportunities this brings: in combining professional and political leadership to drive the public health agenda, and in ensuring that the specialist public health workforce has the skills and expertise to work within and beyond councils to integrate public health services and an awareness of the potential of mainstream services to improve public health.

10. **Sector-led improvement** – to work with stakeholders across the new health and social care system, including Public Health England, the NHS Commissioning Board, Care Quality Commission, and the Department of Health to develop a common approach to system-wide improvement, which is aligned and builds on the LGA's approach to sector-led improvement.

11. **Public Health Conferences** - Over the past 12 months a series of conferences covering the key public health and policy issues has been delivered this has included; the first public health annual conference, sexual health, physical activity, health protection, alcohol strategy, tackling health inequalities in two tier areas, tobacco control and children's health.

12. The conferences shared examples of good practice, key messages, stimulated discussion and enabled information sharing. The events were well subscribed, however since the passing of the bill the focus and content of these key public health issues has changed. Therefore, we are proposing developing and delivering a new series of conferences to reflect the current issues and progress as local authorities and their partners prepare for the transfer of public health responsibilities in April 2013 and local authorities set themselves up for statutory running.

13. The conferences will launch a two page toolkit with key questions to ask, key resources, policy overview, short case study examples which will help local authorities and their partners work together to deliver the public health agenda. Forthcoming events to include: Obesity, Tobacco, Teenage Pregnancy, Mental Health, Drug and Alcohol dependency.

# Panel Discussion – Public Health Transition

## Duncan Selbie, Chief Executive (Designate), Public Health England

1. Duncan Selbie has worked in the NHS and the Department of Health since 1980. From 2007 to 2012 he was Chief Executive at Brighton and Sussex University Hospitals. Prior to this he worked for 4 years as a Director General at the Department of Health.
2. Previous Chief Executive roles in the NHS include the South East London Strategic Health Authority and the South West London and St. Georges Mental Health NHS Trust. He served on the NHS Future Forum and contributed specifically to the Education and Training Working Group.
3. Duncan is married, has 3 sons and lives in Croydon.

## About Public Health England

1. Public Health England will be an executive agency to promote and protect health. Its key functions are to address the following areas:
   - 1.1. Infectious diseases
   - 1.2. Immunisation
   - 1.3. Standardisation and bio medicines
   - 1.4. Environmental hazards
   - 1.5. Emergency preparedness
   - 1.6. Health intelligence
   - 1.7. Nutrition.
2. The organisation will also commission the NHS Commissioning Board to provide the following services:
   - 2.1. Screening
   - 2.2. Children's public health 0 – 5 until 2015
   - 2.3. Public health of prisoners.

# Panel Discussion – Public Health Transition

## Dr. Diana Grice, Vice-President, Association of Directors of Public Health

1. Diana has been interim ADPH Vice President since January 2012 and was recently appointed as Vice President for 2012-2015.

2. Diana qualified as a doctor at Kings College Hospital and continued her medical training in London and Oxford teaching hospitals before specialising in public health medicine. She trained on the Oxford Regional public health scheme and was appointed as a consultant between Milton Keynes District and the Oxford Region, before undertaking roles as the Director of Public Health in High Wycombe, Berkshire and Surrey and Sussex Strategic Health Authority.

3. She was appointed as the Public Health & Well-being and Medical Director for East Sussex Downs and Weald and Hastings and Rother primary care trusts and East Sussex County Council in November 2006. Her areas of special interest are tackling health inequalities, improving health services quality and health protection. She is also interested in developing mental health services in primary care and deprived communities.

## About the Association of Directors of Public Health (ADPH)

4. The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK with the aim of maximising the effectiveness and impact of DsPH as Public Health leaders.

5. ADPH seeks to improve and protect the health of the population through collating and presenting the views of DsPH; influencing legislation and policy; facilitating a support network for DsPH; identifying their development needs; and supporting the development of comprehensive, equitable public health policies.

6. ADPH has a rich heritage, having its origins more than 150 years ago. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

7. Every Director of Public Health in the United Kingdom has the right to be a member of the Association.

# Panel Discussion – Public Health Transition

## Prof. Lindsey Davies CBE, President, Faculty for Public Health

1. Professor Davies is the President of the UK Faculty of Public Health and is one of the most senior public health physicians in the United Kingdom.

2. After qualifying in medicine at Nottingham University, Professor Davies worked for seven years in community paediatrics before training in Public Health. She subsequently became Director of Public Health for Southern Derbyshire and for Nottingham before moving to the UK Department of Health's NHS Executive as Head of Public Health. She became Regional Director of Public Health/Regional Medical Director for the Trent region in 1996 where she had wide ranging responsibilities for health services and public health at regional and national level, including chairing the National Scientific Committee on blood and transplant safety.

3. In 2006 she moved back to the Department of Health in London as the National Director of Pandemic Influenza Preparedness, leading the UK's preparations for a flu pandemic and health related aspects of the Olympic Games. In early 2010, she spent six months as the interim RDPH for London and the Health Advisor to the Mayor.

4. Professor Davies takes a close interest in all aspects of medical and public health education and training in addition to her Faculty role. She is an Advisor to several UK Universities, holds a Special Professorship in Public Health Medicine and Epidemiology at Nottingham University. She is a visitor for the General Medical Council's medical education quality assurance programme.

## About the Faculty for Public Health (FPH)

1. The Faculty of Public Health (FPH) is the standard setting body for specialists in public health in the United Kingdom. It was established as a registered charity in 1972 following a central recommendation of the Royal Commission on Medical Education (1965-68).

2. The FPH is a joint faculty of the three Royal Colleges of Physicians of the United Kingdom (London, Edinburgh and Glasgow). Although an integral part of the three Royal Colleges, FPH is an independently constituted body with its own membership, governance structure and financial arrangements.

3. The FPH is the professional home for more than 3,000 professionals working in public health. Its members come from a diverse range of professional backgrounds (including clinical, academic, policy) and are employed in a variety of settings, usually working at a strategic or specialist level.

**Community Wellbeing Board**

5 September 2012

**Item 4**

# Panel discussion - Commissioning for Integrated Health and Care

## Purpose of Report

To provide an update on the priorities for the year ahead.

## Summary

The report outlines the suggested vision and direction for the future work of the LGA's Community Wellbeing Board in the areas of Commissioning and work towards an integrated health and care system.

**Appendices A and B** provide biographies of Jo Webber, (Deputy Policy Director, NHS Confederation) and Ivan Ellul, (Director of Partnerships and Engagement, NHS Commissioning Board), who have been invited to take part in a panel discussion on commissioning for integrated Health and Care.

**Recommendation**

Members are invited to discuss the focus of the Board's work on commissioning for integrated Health and Care for the rest of this financial year and to begin to identify likely priorities for 2013/14.

**Action**

To be taken forward by officers as directed by members of the Board.

| | |
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# Panel discussion - Commissioning for Integrated Health and Care

## Vision

1. We would welcome the Board's steer on the following overall vision for commissioning for integrated health and care:

    1.1. A more integrated health and care experience for individuals, delivered through different integrated ways of working locally, held together by local government through Health and Wellbeing Boards.

    1.2. Working together to take a whole-system approach to the use of resources, building on the pooled budget pilots to deliver value for money, better services and improved outcomes for individuals and communities.

    1.3. A greater emphasis on the wider determinants over the whole health and care system to ensure best use of resources to shift from acute to preventative and community services. The future challenge is to scale up small-scale integration models so that it becomes mainstream.

## Suggested LGA priorities for the coming year

2. The priorities for the LGA that we believe will help to deliver this vision are:

    2.1. To form close partnerships with all health and care commissioners nationally (e.g. Public Health England [PHE], NHS Commissioning Board [NHS CB]) to support local areas in delivering integrated commissioning and integrated services and pathways of care;

    2.2. To support Health and Wellbeing Boards, Councils, Clinical Commissioning Groups (CCGs) and Commissioning Board Local Offices to work in full partnership locally;

    2.3. To ensure that Commissioning Support Services, hosted by the Commissioning Board, will support and encourage joint and integrated commissioning including with local government, and not undermine existing successful arrangements;

    2.4. To recognise and promote different forms of integration which best meet the needs of local areas;

    2.5. To agree joint arrangements with local government as equal partners to oversee policy development and support arrangements at a national level;

    2.6. To promote transparency of information and advice to service users and information and data sharing between providers;

2.7. To promote alignment of budgets, incentives and develop funding mechanisms that ensure shared budgets with shared management of risk.

## Proposed Outline of Work

3. The main work scheduled includes:

3.1. A Compact agreement with the NHS Commissioning Board, which outlines how we intend to work together on shared priorities and ambitions around three key principles – local planning, local leadership and sector led improvement.

3.2. We have also worked with the Department of Health and Commissioning Board to develop joint accountability, and roles and responsibilities papers to ensure a shared understanding of the accountabilities of the new system through transition.

3.3. We are currently working with both the Department of Health and Commissioning Board to put in place a joint governance model to ensure our integration work is aligned and builds upon existing local expertise.

3.4. The Community Wellbeing Board has continued to oversee our policy development work, responses to consultations and emerging agreements with national bodies. Current consultations are around scrutiny, JSNAs and the Mandate between DH and the NHS CB.

3.5. The joint LGA/DH Health Transition Task Group continue to bring together a group of local authority chief executives and health leaders from across the country on a monthly basis to discuss various aspects of the health transition and identify gaps and risks to be addressed through the various health networks. This group has, for example, negotiated local authority involvement in the CCG authorisation process, and will be taking a leading role in the public health assurance process.

4. Over the coming months, we will be working with key partners to deliver a range of products including:

4.1. A package of tools and support for local commissioners with the Commissioning Board;

4.2. A series of case studies to showcase the opportunities for joint commissioning, including through Commissioning Support services;

4.3. A report modelling the possibilities for integration and system leadership with the Kings Fund;

4.4. An integrated commissioning conference in October.

5. We will also be working across teams in the LGA to join up work around the interface between adult social care and health, working in particular with the finance and

localism teams around community budgets and the LGA's broader commissioning work. Also working with public health colleagues on the development of integration and commissioning 'must know' documents and events.

# Panel discussion - Commissioning for Integrated Health and Care

## Jo Webber, Ambulance Service Network Director & Deputy Policy Director, NHS Confederation

1. Jo has worked in a number of roles at the NHS Confederation over the past 7 years. Prior to this, she has extensive experience in the NHS, primarily in community health services, ending up as a Clinical Services Director in a PCT. Jo is a community nurse by background but has also worked within the pharmaceutical industry and as a self employed researcher.

2. Jo's policy areas at the Confederation, apart from her role as Director of the Ambulance Service Network, include community health services, children's policy, older people and adult social care, public health and integration and partnership working. Jo is also a trustee of the Burdett Trust which helps to support nursing research and development.

## About the NHS Confederation

1. The NHS Confederation is the membership body for the full range of organisations that commission and provide NHS services and is the only body to bring together and speak on behalf of the whole NHS.

2. The Confederation has offices in England, Wales (the Welsh NHS Confederation) and Northern Ireland (Northern Ireland Confederation for Health and Social Care) and provide a subscription service for NHS organisations in Scotland.

3. The Confederation's starting point is a national health service that is available to all and is based on clinical need, not an individual's ability to pay. It also believes that the NHS can continually improve the care it delivers for patients and the public.

4. The Confederation works with its members and health and social care partners to help the NHS guarantee high standards of care for patients and best value for taxpayers by making sense of the whole health system, influencing health policy, supporting best practice and delivering industry-wide support functions such as the NHS Employers organisation and the NHS European Office.

5. Members include acute trusts, ambulance trusts, clinical commissioning groups, community health service providers, foundation trusts, mental health providers, primary care trusts and a growing number of independent and voluntary sector healthcare organisations that deliver services within the NHS.

6. The organisation works in partnership with a wide range of organisations that represent health professionals, patients, their families and carers. It also works with NHS supply chain organisations, local government and partners from across the wider health and social care industry.

# Panel discussion - Commissioning for Integrated Health and Care

## Ivan Ellul, Director of Partnerships and Engagement, NHS Commissioning Board

1. Ivan was recently appointed as Director of Partnerships at the NHS Commissioning Board. For the preceding four years Ivan was Chief Executive of East Riding of Yorkshire Primary Care Trust.

2. Before that, Ivan was a civil servant in the Department of Health where he worked in a number of senior posts including Acting Director General of Performance, Director of Planning, Head of Public Expenditure (leading two successive spending reviews) and Head of General Medical Services.

## About the NHS Commissioning Board

3. The NHS Commissioning Board was established by the Health and Social Care Act 2012 with effect from October 2012.

4. The Commissioning Board is a non-departmental public body accountable to Secretary of State to hold Clinical Commissioning Groups (CCGs) to account to promote a comprehensive health service (apart from public health). They will be nationally accountable body for the outcomes achieved by the NHS.

5. The Commissioning Board will be a national organisation, with regional and 'local' staff. The corporate centre (approximately 800 posts) will be based in Leeds, with a small presence in London, and there will be approximately 2,500 posts in local offices along with four sector teams providing clinical and professional leadership.

6. The Commissioning Board will be responsible for the commissioning of all existing NHS services which will not be passed onto Clinical Commissioning Groups or local government. This includes some primary medical, dental, opthalmic and pharmaceutical services, health services for prisoners and armed forces and specialist service and public health services on behalf of Public Health England (PHE). It also includes children and young people's public health services from the age of 0 – 5 years, until at least 2015. The total budget is £80 billion, £60bn of which will be passed directly to the CCGs.

# Key issues for councils and the LGA: setting Board priorities

## Purpose of Report

To provide an update on the priorities for the year ahead.

## Summary

Andrew Cozens, Strategic Adviser, LGA will give an overview of the key issues for councils and the LGA in the forthcoming year.

**Appendix A** outlines the suggested vision and direction for the future work of the LGA's Community Wellbeing Board in the following areas:

- Healthwatch and Citizen Engagement in Health
- Children's Health Services
- Asylum, Refugee and Migration
- Equality Support
- Health and Wellbeing Boards (HWBs) Leadership Offer

A summary of the LGA's business plan is attached for information at **Appendix B.**

**Recommendation**

1. Members are invited to discuss the focus and priority of the Board's work on the following policy areas: Healthwatch and Citizen Engagement in Health; Children's Health Services; Asylum, Refugee and Migration; Equality Support and the Health and Wellbeing Boards (HWBs) Leadership Offer.

2. Members are asked to note the board's specific priorities and campaign aims as expressed in the LGA Business Plan 2012-13

**Action**

To be taken forward by officers as directed by members of the Board.

# Other Community Wellbeing Board Priorities

### Healthwatch and Citizen Engagement in Health

1. Through the Joint Health and Wellbeing Strategy, Health and Wellbeing Boards will influence commissioning so that it is effective in addressing local needs and meaningful for patients, service users and clinicians alike. Local Healthwatch will play an essential part with elected members in holding commissioners to account for their decisions at the local level.

2. We want to see Local Healthwatch as a credible 'overseeing' organisation, one that will give citizens and communities a stronger voice to influence and challenge how health and social care services provided within their locality. One that is intelligent and works with all existing organisations, communities and groups. One that can strike the right balance between being a passionate voice of local people and influential decision making partner on the Health and Wellbeing Board.

3. Councils have a significant role to play in being – and being seen to be – proactively supportive of the aims and ambitions of their local Healthwatch, at both a political and managerial level and at the frontline. The effectiveness of Local Healthwatch depends on effective local leadership to align the voice and views of patients and the public with the role of HWBs, scrutiny and health and social care commissioning. In many places, councils are already working effectively and proactively with communities and the voluntary and community sector to lead the establishment and or commissioning of Local Healthwatch.

4. The litmus test for Healthwatch, over time, will be whether people know it is there, understand what it does, know how to use it and know that it makes sure that their voices are heard and represented.

Next Steps

5. LGA is leading the implementation of Local Healthwatch and has a programme of activities planned to support local authorities prepare for local Healthwatch throughout 2012/13. The programme is intended to encourage an incremental approach to developing local Healthwatch and has been designed in response to feedback received from local government colleagues and other stakeholders over recent months.

6. The offer consists of regional and national events, masterclasses, peer support, briefings, best practice guides, an online forum for commissioners to post questions and bespoke support based on needs identified by our regional support officers.

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## Children's Health Services

7. The children's health work programme is a Board priority for the Children and Young People Board, the work is overseen and co-ordinated by the Joint Children and Young People and Community Wellbeing Board.

8. Over the past year the LGA has worked with Government, the NHS and local government during the transition phase to ensure councils and the NHS understands its statutory duties and responsibilities. To date we have delivered the first phase of the children's health support offer to councils including a conference on reducing health inequalities for children and young people, a toolkit for Health and Wellbeing Boards, a report on Children's Trusts and how they are working with emerging health structures.

9. We are pressing Government for greater clarity on how safeguarding arrangements will function in the new health system and for the publication of the safeguarding accountability framework so that Clinical Commissioning Groups, the NHS Commissioning Board and the wider system can fully understand their roles and responsibilities. We have submitted our views on the development of the Children and Young People's Health Outcomes Strategy and are pleased that the proposals for the Strategy included a greater focus on integration, health inequalities, a life course approach and greater focus on the voice of children, young people and their families. However this is early work and further engagement is needed with Government to ensure the final Strategy is robust.

Next steps

10. We are engaging with Government to ensure the Strategy optimises the impact that local government can make. We will continue to press for greater clarity around safeguarding arrangements and will work with Government to ensure a robust transitional plan is in place for the safe transfer of commissioning responsibilities for 0-5 year olds from NHS Commissioning Boards to local authorities in 2015.

11. The second phase of the support offer is underway and includes the delivery of a series of conferences focusing on local authorities' public health responsibilities for children, young people and adults. A set of toolkits for Health and Wellbeing Boards identifying key success factors and case studies will accompany each conference. We will continue to work with local government and partners to raise the profile of children and young people's health issues.

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## Asylum, Refugee and Migration

12. The Community Wellbeing Board oversees the work of the LGA Asylum, Refugee and Migration Task Group. This is made up of regional member representation covering all of the English regions, Wales and Scotland and focuses upon the issues around the asylum, refugee and migration agenda from a local government perspective.

13. The Task Group aims to influence and facilitate national and European policy developments and negotiation on behalf of local government and to ensure that Government is properly and regularly informed of the implications of its policies on local authorities and to make representations accordingly.

Next steps

14. The Task Group will explore how, in a rapidly changing policy environment, it can provide a clear conduit between national government and local government in the regions on asylum, refugee and migration issues. It will continue to provide a forum for reports from the Regional Migration Partnerships, and work with member authorities on key issues such as changes to contractual arrangements and inclusion and cohesion. It will also continue to lobby for sufficient resources to cover local authorities' responsibilities, particularly with regards to local authorities that have to provide support as a result of their statutory duties with little or no central government funding to do so.

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## Equality Support

15. Issues of fairness and equality continue to play a key part in the national discourse about public services. The key piece of legislation for local government is the Public Sector Equality Duty (PSED) enshrined in the Equalities Act 2012

16. The Coalition Government has modified some aspects of the Equality Act 2010 and in many cases making it less prescriptive, to fit with our shared overall aspirations for cutting red tape. The recent spate of judicial reviews highlights how 'knowing your community' has to be at the heart of delivering on the 'localism' agenda as well as managing a significant reduction in resources. Councils will therefore have to understand the impact of cutting budgets, mitigate potential negative outcomes especially the cumulative impact on specific equality groups. Getting this right will ensure fairness, equality of opportunity and, just as the Government wishes, not penalise the poor and disadvantaged.

Next Steps

17. One of the key products owned and delivered by LGA are the Equality Framework Toolkits, the Equality Frameworks are information sharing and improvement tools to support the delivery of better public services with better outcomes for citizens, especially those who are most likely to experience disadvantage and discrimination.

18. Demand for the Frameworks remains high and they are well used and respected. Their effective delivery has considerable reputational benefits for the LGA and costs are relatively low due to the income generated from peer challenges.

19. At the LGA Community Wellbeing Board meeting on 12 November 2011, Members agreed that Equalities should continue to be a policy priority for the LGA. Support should be best provided through effective ownership and delivery of the Equality Frameworks, and that the support offer should draw on sector-led and external expertise where possible.

20. We will continue to work with local government, Equalities and Human Rights Commission (EHRC) and the Government Equalities Office to develop a more collaborative approach to equalities work. This would lead to better outcomes for communities and the start to a more sustainable relationship to tackling equalities and diversity.

21. The LGA is hosting a one day event to discuss the Public Sector Equality Duty on 24th September. We are in the process of promoting of newly refreshed Equalities Framework toolkits for Local Government, Housing and Fire through our various networks. The Equalities forum on the LGA's Knowledge Hub has over 1300 members.

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**Health and Wellbeing Boards Leadership Offer**

22. LGA support for Health and Wellbeing Boards (HWBs) has been developed and provided through the "LGA HWB Leadership Offer". Funded by the Department of Health this work was commissioned from the LGA and delivered by a team of four within the Community Wellbeing Team.

23. Programme design commenced in January 2012 with a conclusion date of 30 September 2012. The key elements of the offer are as follows:-

    23.1. **National** – preparation of a widely distributed Development Tool in order to assist boards to evaluate their progress and prepare improvement plans.

23.2. **Regional** – a programme of major simulation events for all boards in regions delivered by the University of Birmingham to explore the difficult conversations partners will need to engage upon to be effective – and the establishment of a set of Chairs' Networks bringing together board leaders to exchange experience and advice

23.3. **Local bespoke** – the direct delivery of support to individual boards to assist specific leadership development through the deployment of peers and consultants for up to four days engagement with board members.

24. The Leadership Offer's component elements attracting particular interest are

24.1. The development tool – available to all 152 Boards.

24.2. Simulations –there is strong interest in the simulation offer and it appears probable that at least 100 Boards will participate.

24.3. Chairs Network. The early meetings have shown that Chairs are finding the exchange of information with their opposite numbers to be one of the most helpful learning experiences to date.

24.4. Bespoke work. The Leadership Offer has provided or committed delivery of support to 25 HWBs which is the maximum achievable within the budget. However the team has agreed a constructive engagement with the NHS Leadership Academy funds allowing further support through that programme for a further 40 Boards.

Next Steps

25. The LGA HWB Leadership Offer is the only work delivered by the organisation that expressly underpins the work of boards. The Department of Health has offered to extend the funding after 30 September 2012 to allow the bespoke components to continue until April 2013 when the "shadow" phase ends. This funding will not include further national and regional elements, and will be restricted to working directly with individual health and wellbeing boards. Accordingly the team is likely to be reduced in scale in line with the reduced resources available.

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# Community Wellbeing and the LGA Business Plan 2012-13

## Background

1. The LGA's business planning cycle is based on the financial year, with the current Business Plan covering the rest of the financial year to the end of March 2013. The new business planning cycle, for the year April 2013 – March 2014, is likely to commence towards the end of this year.

2. The high level priorities in the current business plan are:

   2.1. **Public Sector Reform** – councils are at the centre, and are seen to be at the centre, of public sector reform and are delivering more effective services for local people;

   2.2. **Growth, Jobs and Prosperity** – councils are recognised as central to economic growth;

   2.3. **Funding for Local Government** - Reform of the public sector finance system so councils raise more funds locally, have confidence their financing is sustainable and fair, and have greater ability to co-ordinate local public services;

   2.4. **Sector-led improvement** – councils are the most improved part of the public sector. Local politicians and senior managers lead the transformation of local places.

## Priorities in the LGA business plan relevant to the Board's work programme

3. The more detailed and specific objectives in the business plan which are relevant to the Community Wellbeing board are as follows:

   3.1. **Adult Social Care:** the anticipated White Paper on the future funding of adult social care offers scope for a fairer, clearer system, with councils retaining lead responsibility.

   3.2. **Transfer of Responsibility for Public Health:** local government demonstrates its commitment to its new public health responsibilities, (including Children's Health).

   3.3. **Public Health Funding:** the Public Health Grant is sufficient to meet local authority public health responsibilities and allocated on an equitable and transparent basis.

   3.4. **Sector-led Improvement:** sector-led improvement is established in adult social care, through self-evaluation, peer support and challenge, targeted support to councils, and support with sharing and analysing performance

## Relevant LGA campaigns for 2012/13

4. The LGA's number one campaigning priority this year is the 'Show us You care' campaign to secure the future of Adult Social Care.

# 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 Haeberling | 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. Show us you Care - Campaign Update**

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.

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.

The Chair then invited questions on the campaign from the board members and guests. Discussion focused on the following themes:

- *Emphasis of the campaign* – 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.
- *Working with partners and alliance building* – 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,.
- *Refining the message of the Campaign* – 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..
- *Unity of Local Government* – 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.

**Decision**

*Members **noted** the update.*

**Actions**

**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.

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**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.

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**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.

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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 60years. 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.

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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**

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| **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.*

# Note of decisions taken and actions required – Appendix A

## Community Wellbeing Board - Outside Bodies 2012-13

1. **Skills For Care** - Skills for Care is the employment-led body leading on education, training and workforce development strategy for social care, including social work –

   **1 representative.**

2. **Urban Commission Steering Committee**, LGA - The Urban Commission provides a forum LGA for member authorities whose areas are wholly or partly urban. The Urban Commission will act in a way that complements the principals of the LGA as a whole –

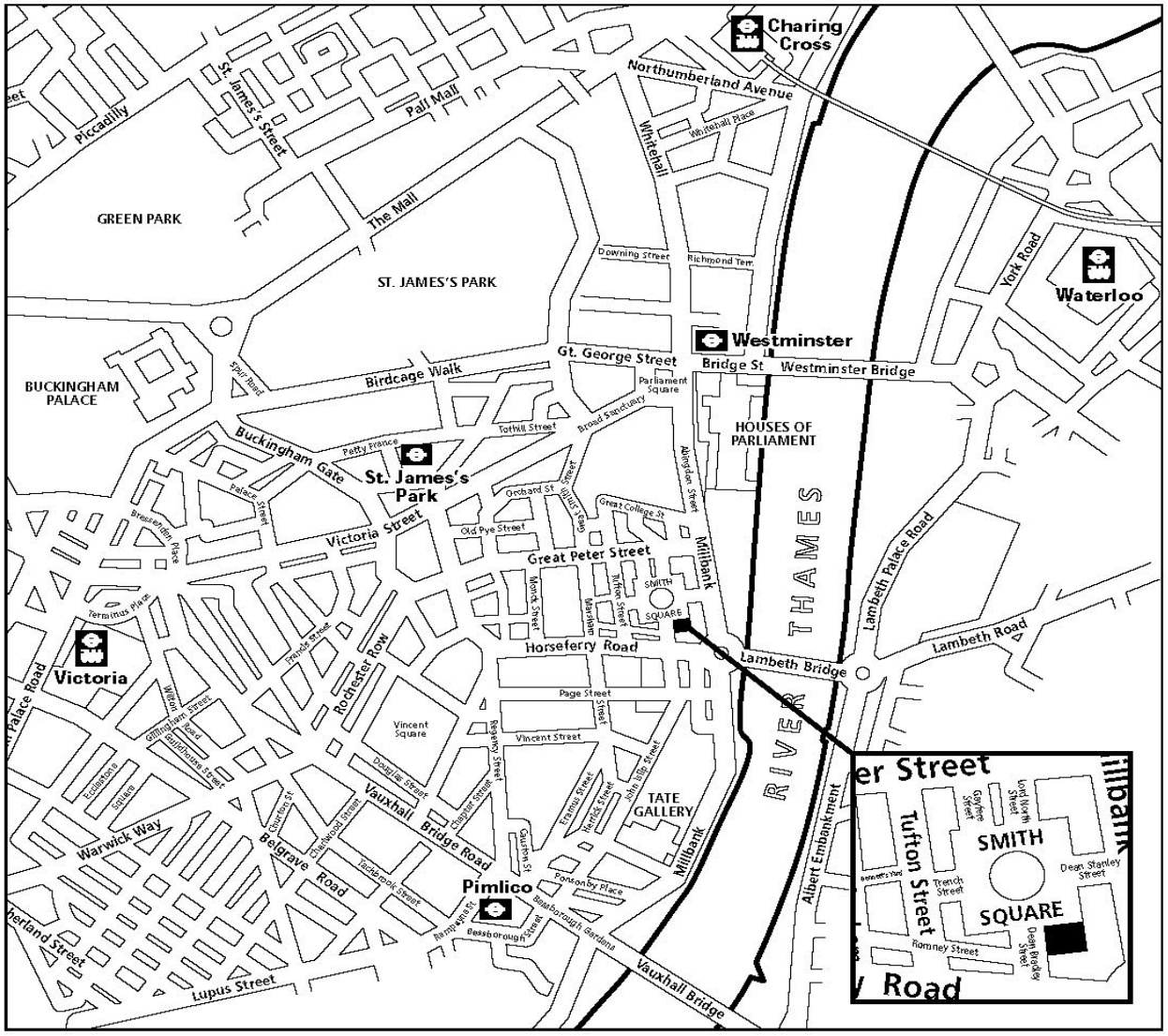
   **1 representative.**

3. **National Institute of Adult Continuing Education**/Basic Skills Agency Board – NIACE exists to encourage more and different adults to engage in learning of all kinds

   **1 representative.**

*As confirmed on 25 July 2012*

# LGA Location Map

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**Public transport**
**Local Government House** is well served by public transport. The nearest mainline stations are; **Victoria**
and **Waterloo**; the local underground stations are **St James's Park** (District and Circle Lines); **Westminster** (District, Circle and Jubilee Lines); and **Pimlico** (Victoria Line), all about 10 minutes walk away. Buses **3** and **87** travel along **Millbank,** and the **507** between Victoria and Waterloo goes close by at the end of **Dean Bradley Street**.

**Bus routes - Millbank**
***87*** *Wandsworth - Aldwych* ***N87***
***3*** *Crystal Palace – Brixton - Oxford Circus*

**Bus routes - Horseferry Road**
***507*** *Waterloo - Victoria*
***C10*** *Elephant and Castle - Pimlico - Victoria*
***88*** *Camden Town – Whitehall – Westminster-Pimlico - Clapham Common*

**Cycling Facilities**
Cycle racks are available at Local Government House. Please telephone the LGA on 020 7664 3131.

**Central London Congestion Charging Zone**
Local Government House is located within the congestion charging zone. For further details, please call 0845 900 1234 or visit the website at www.cclondon.com

**Car Parks**
***Abingdon Street Car Park***
Great College Street
***Horseferry Road Car Park***
Horseferry Road/Arneway Street