Local Government Association

Community Wellbeing Board

Agenda

Wednesday 06 March 2013

11.30am

Westminster Suite
Local Government House
Smith Square
London
SW1P 3HZ

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

www.local.gov.uk

Guidance notes for visitors
Local Government House, Smith Square, London SW1P 3HZ

Welcome!
Please read these notes for your own safety and that of all visitors, staff and tenants.

Security
All visitors (who do not already have an LGA ID badge), are requested to report to the Reception desk where they will be asked to sign in and will be handed a visitor's badge to be worn at all times whilst in the building.

Fire instructions
In the event of the fire alarm sounding, vacate the building immediately following the green Fire Exit signs. Go straight to the assembly point in Tufton Street via Dean Trench Street (off Smith Square).

DO NOT USE THE LIFTS.
DO NOT STOP TO COLLECT PERSONAL BELONGINGS.
DO NOT RE-ENTER BUILDING UNTIL AUTHORISED TO DO SO.

Members' facilities on the 7th floor
The Terrace Lounge (Members' Room) has refreshments available and also access to the roof terrace, which Members are welcome to use. Work facilities for members, providing workstations, telephone and Internet access, fax and photocopying facilities and staff support are also available.

Open Council
"Open Council", on the 1st floor of LG House, provides informal meeting and business facilities with refreshments, for local authority members/ officers who are in London.

Toilets
Toilets for people with disabilities are situated on the Basement, Ground, 2nd, 4th, 6th and 7th floors. Female toilets are situated on the basement, ground,1st, 3rd, 5th,and 7th floors. Male toilets are available on the basement, ground, 2nd, 4th, 6th and 8th floors.

Accessibility
Every effort has been made to make the building as accessible as possible for people with disabilities. Induction loop systems have been installed in all the larger meeting rooms and at the main reception. There is a parking space for blue badge holders outside the Smith Square entrance and two more blue badge holders' spaces in Dean Stanley Street to the side of the building. There is also a wheelchair lift at the main entrance. For further information please contact the Facilities Management Helpdesk on 020 7664 3015.

Further help
Please speak either to staff at the main reception on the ground floor, if you require any further help or information. You can find the LGA website at www.local.gov.uk

Please don't forget to sign out at reception and return your badge when you depart.

Local Government Association

LGA Community Wellbeing Board
06 March 2013

11.30am on **06 March 2013** in the Westminster Suite (8th Floor), Local Government House, Smith Square, London, SW1P 3HZ.

A buffet lunch will be available from 13.30.

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 **10.00am** in the Westminster Suite (8th Floor).

Political Group meetings:
The group meetings will take place from 10.30 -11.30am. Please contact your political group as outlined below for further details.

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:	Group Office:	020 7664 3235	email: libdem@local.gov.uk
Independent:	Group Office:	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

Guest WiFi in Local Government House
This is available in Local Government House for visitors. It can be accessed by enabling "Wireless Network Connection" on your computer and connecting to LGH-guest, the password is Welcome2010LG.

Carers' Allowance
As part of the LGA Members' Allowances Scheme a Carer's Allowance of up to £6.19 per hour is available to cover the cost of dependants (i.e. children, elderly people or people with disabilities) incurred as a result of attending this meeting.

Local Government Association

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	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:	
Hazel Simmons	Luton BC
Brenda Arthur	Norwich City Council
Liberal Democrat (3)	
David Rogers OBE **[Chair]**	East Sussex CC
Zoe Patrick	Oxfordshire CC
Doreen Huddart	Newcastle City
Substitute	
Rabi Martins	Watford BC
Independent (1)	
Gillian Ford **[Deputy-Chair]**	Havering LB

Local Government Association

LGA Community Wellbeing Board
06 March 2013

Attendance 2012-2013

Councillors	05.09.12	02.11.12	16.01.13	06.03.13	08.05.13	10.07.13
Conservative						
Louise Goldsmith	No	Yes	Yes			
Keith R Mitchell CBE	Yes	Yes	Yes			
Mayor Linda Arkley	No	Yes	No			
Francine Haeberling	Yes	No	No			
Ken Taylor OBE	Yes	Yes	Yes			
Alan Farnell	No	No	Yes			
Elaine Atkinson	Yes	Yes	No			
Andrew Gravells	No	Yes	Yes			
Labour						
Linda Thomas	Yes	Yes	Yes			
Jonathan McShane	Yes	Yes	Yes			
Steve Bedser	No	Yes	No			
Catherine McDonald	Yes	Yes	Yes			
Iain Malcolm	Yes	Yes	Yes			
Lynn Travis	Yes	Yes	Yes			
Lib Dem						
David Rogers OBE	Yes	Yes	Yes			
Zoe Patrick	Yes	Yes	Yes			
Doreen Huddart	Yes	Yes	Yes			
Independent						
Gillian Ford	Yes	Yes	Yes			
Substitute						
Bill Bentley	Yes	Yes	Yes			
Colin Noble	Yes	Yes	Yes			
Hazel Simmonds	No	No	Yes			
David Lee	No	No	Yes			

Local Government Association

Agenda

LGA Community Wellbeing Board

06 March 2013

11.30am

Westminster Suite

	Item	Page	Time
1.	**Health Reconfigurations** To consider how local government can approach the reconfiguration of local services in the new health architecture *Sir Ian Carruthers, Chief Executive, NHS South of England will attend the meeting.*	**3**	11.30
2.	**The Francis Report** To consider local government's response to the Robert Francis Inquiry report into Mid-Staffordshire NHS Foundation Trust.	**11**	12.00
3.	**Government proposals for adult social care funding reform** To discuss the Government's announcement regarding funding for adult social care and its implications for local government. *Shaun Gallagher, Acting Director General, Social Care, Local Government and Care Partnerships, Department of Health will attend.*	**21**	12.30
4.	**LGA work on a New Model for Local Government – Children and Adult Social Care proposals** To discuss a draft paper on adult social care that will form part of the LGA's wider work on 'A new model for local government'.	**25**	13.00
5.	**Other Business** • Progress of the Care and Support Bill • LGA's Towards Excellence in Adult Social Care and Winterbourne View programmes • Children and Young People's Heath update • Spending Round 2015-16	**35**	13.25
6.	**Decisions and actions from previous meeting**	**47**	13.40

Date of next meeting: 08 May 2013, Local Government House

Local Government Association

Community Wellbeing Board

06 March 2013

Item 1

Health Reconfigurations

Purpose of Report

Sir Ian Carruthers will provide an update on his review of service configuration. The report which follows has been written by Ashley Moore, Senior Policy Manager, Innovation and Service Improvement division of the Department of Health colleagues and gives background information on the review and the areas of interest for local government.

Summary

The review addresses the process by which the NHS plans, develops and implements major front line service change and reconfigurations, in partnership with its partners. In light of the changes brought about by the Health and Social Care Act 2012, notably the establishment of Health and Wellbeing boards and the transfer of responsibility for public health to local government it is necessary to review how the NHS should develop proposals in consultation with local authorities.

A biography of Sir Ian Carruthers OBE is attached at **Appendix A**.

Recommendation

Members are asked to discuss the review and to share their views on how local government can and should approach service reconfigurations in the future, including how the LGA, Department of Health (DH) and partners at a local level can work to support the process.

Action

DH / LGA staff to action as necessary.

Contact officer:	Alyson Morley (LGA) / Ashley Moore (Department of Health)
Position:	Senior Adviser / Senior Policy Manager, Innovation & Service Improvement Division
Phone no:	0207 664 3230 / 0113 2545956
E-mail:	Alyson.morley@local.gov.uk / Ashley.Moore@dh.gsi.gov.uk

Local Government Association

Community Wellbeing Board

06 March 2013

Item 1

Health Reconfigurations

Sir Ian Carruthers' review of service reconfiguration - Introduction

1. Last autumn Sir David Nicholson, Chief Executive of the NHS Commissioning Board asked Sir Ian Carruthers, Chief Executive of the NHS South of England Strategic Health Authority, to undertake a review of the process by which the NHS plans, develops and implements major front line service change and reconfigurations.

2. Sir Ian led the previous review in 2006-07 that resulted in a clear reconfiguration framework for strategic health authorities and primary care trusts. The framework described how the NHS should develop proposals in consultation with local authorities. In light of the system architecture changes introduced by the Health and Social Care Act 2012, it is necessary to bring that framework up to date.

3. Sir Ian met with the Chairman of the LGA, Sir Merrick Cockell as part of his review and Sir Ian will also be attending the LGA Community Wellbeing Board to share further details on the review, and to receive Members' comments.

Background

4. The aim of Sir Ian's review is to develop a set of guidance that is relevant for the new system, to ensure there is a clear understanding of the roles and responsibilities of organisations (locally and nationally) and how they should work together to develop and implement proposals for major front line service change.

5. The current health reforms have introduced important changes to the health and care system landscape. This requires a clear route map for major service change that takes account of the reforms, which enables commissioners, providers, local authorities and other groups to progress changes that improve health outcomes and secure the long-term sustainability of the health and care system.

6. Sir Ian and his review team met with system leaders and stakeholders over the past three months. Those discussions have helped inform the review's content. The review has also considered wider evidence, such as the outputs of the health and wellbeing board early implementer learning sets on service reconfiguration.

7. The review is intended to build on existing best practice, strengthening this where necessary, bringing the principles and process up to date for the new architecture of the NHS and local government. The objective is to ensure there is a clear and consistent process that will generate high quality and robust proposals, and which in turn can gain the confidence of staff, patients and the public

8. The review is separate to the consultation on amending the local authority health scrutiny regulations. The review team are in close dialogue with the health scrutiny policy team at the Department of Health, to ensure that two programmes align, and that any changes to health scrutiny are reflected in the revised reconfiguration guidance.

What are the key issues for local government?

9. The review considers that there are two main functions for local government in relation to the reconfiguration of health services:

9.1 The role of health and wellbeing boards (HWBs) in considering whether the current configuration and quality of local health services can meet the priorities identified in the joint strategic needs assessment and joint health and wellbeing strategy and, by association, how members of HWBs can make their own contribution to the development of reconfiguration plans; and

9.2 The role of health overview and scrutiny in strengthening the accountability of commissioners and providers of NHS-funded health and public health services to local people and their elected representatives.

10. The review has highlighted the importance of excellent relationships between the NHS and local authorities in the planning and development of major service changes in health services. There is good evidence that where NHS commissioners, providers and local authorities work collaboratively on major change programmes, to a common set of objectives and agreed set of outcomes, it produces stronger and more holistic proposals.

11. Prior to the Health and Social Care Act 2012 (HSCA 2012), the NHS was advised to engage local authority overview and scrutiny committees early and throughout the development of proposals for change. With the recent reforms introduced following HSCA 2012, there is an opportunity to strengthen further joint working between the NHS and local authorities through health and wellbeing boards (HWBs).

12. In developing recommendations, Sir Ian's review is therefore considering how the new roles and responsibilities within the NHS and local government could change the nature of the conversation on major service change, in a way that seeks to build alignment between organisations.

What are the key questions under consideration in the review?

13. The primary objective of the review is to ensure there is a set of principles and processes that enable high quality proposals to be developed, that will improve the quality of care, health outcomes and secure the long term sustainability of health and social care services. That requires understanding the roles and responsibilities of organisations across the health and social care system, and how they will interface together.

14. In respect of the NHS and local government interface, the review has explored how relationships can be one of constructive dialogue, where issues are raised collaboratively and openly, and where any differences of opinion can be raised early and resolved, wherever possible, locally.

15. The review has therefore explored how proposals for major service change and reconfiguration are initiated, how they are shared and discussed with organisations to identify issues and build alignment, and how organisations engage with patients and the public.

How can local government best assist the NHS and local partners?

16. The health and wellbeing board early implementer learning sets on reconfiguration suggested there was a strong appetite for local HWBs to engage in major service change, as a natural evolution from discussions on joint health needs assessments and joint health and wellbeing strategies (JHWS).

17. The review concludes it would be helpful to encourage this in guidance, to the extent that clear best practice would be either that reconfiguration proposals would be generated by HWBs or that, where they are initiated elsewhere, that HWBs would be fully involved as early as possible, so they can inform and shape proposals. HWBs present an opportunity to bring together all the key local actors that will have a strategic interest in reconfiguration, and to consider proposals holistically across health services, social care and public health. The role of HWBs would be to help strengthen the evidence and alignment for proposals.

18. Based on discussions to date, the review considers it would not be helpful to tightly prescribe how HWBs conducted business in relation to service reconfigurations, as this would be detrimental to local autonomy, and would not allow sufficient local flexibility and proportionality. For example, this could include how boards chose to seek the input of providers. However, we believe it would be helpful to send a clear message in any revised Department of Health guidance that putting HWBs at the heart of development process is best practice.

19. This would not affect the role of the independent health overview and scrutiny function to review any aspect of a substantial service change as set out in the revised health scrutiny functions. The roles of HWBs, and health scrutiny, in respect of reconfigurations are separate and distinct.

Conclusion

20. The review team would welcome the views of the LGA Community Wellbeing Board on this above, and Sir Ian Carruthers would be happy to take questions and views at the meeting on 6 March.

Local Government Association

Community Wellbeing Board

06 March 2013

Item 1 – Appendix A

Speaker – Health Reconfigurations

Sir Ian Carruthers OBE, Chief Executive, NHS South of England

1. Sir Ian Carruthers was formerly Acting Chief Executive of the NHS in England. Prior to this he was joint Chief Executive of the Dorset and Somerset Strategic Health Authority and the Hampshire and Isle of Wight Strategic Health Authority.

2. Sir Ian has spent 40 years in the NHS, and is actively involved in many national initiatives on health and healthcare.

Local Government Association

Community Wellbeing Board

06 March 2013

Item 2

The Francis Report: the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry

Purpose of the report

To provide an outline of the findings from the recent Francis Inquiry and in particular the recommendations that impact on local government.

Summary

The report provides a summary of the conclusions and summary from the final report into the role of the commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire Foundation NHS Trust. It also contains the recommendations that have a particular impact on local areas and a summary of current LGA work on this area.

Recommendation

Members are invited to discuss the impact for local partners and local leadership of the Francis Inquiry.

Action

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

Contact officer:	Paul Ogden / Emma Jenkins
Position:	Senior Adviser / Senior Adviser
Phone no:	020 7664 3277 / 020 7664 3046
E-mail:	Paul.Ogden@local.gov.uk / Emma.Jenkins@local.gov.uk

Local Government Association

Community Wellbeing Board

06 March 2013

Item 2

The Francis Report: the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry

Background

1. The final report into into the role of the commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire Foundation NHS Trust was published on 6 February. The report made 290 recommendations for both the Trust and Government. His final report is based on evidence from over 900 patients and families who contacted the Inquiry with their views.

2. The Inquiry Chairman, Robert Francis QC, concluded that patients were routinely neglected by a Trust that was preoccupied with cost cutting, targets and processes and which lost sight of its fundamental responsibility to provide safe care. The failure in care that occurred in the Trust was an extreme example but was not felt to be unique; a response is needed across the system to the recommendations in the report.

3. The government's initial response highlighted three core problems: a focus on finance and figures; no-one being accountable for patient care; and defensiveness and complacency. The Prime Minister announced that the Care Quality Commission will create a new Chief Inspector of Hospitals to be responsible for a new inspections regime from the Autumn. The Secretary of State for Health has written to chairs of all NHS Trusts to remind them of the importance of ensuring an open culture within the NHS and suggested "staff listening" events be held. A new independent review will look at how the training and support of healthcare and care assistants can be strengthened so they give better care to patients. The Department will be responding in further detail later in March.

The Findings from the Inquiry

4. The report is structured around:

   4.1 Warning signs that existed and could have revealed the issues earlier;

   4.2 Governance and culture;

   4.3 Roles of different organisations and agencies; and

   4.4 Present and future.

5. The recommendations have been grouped according to themes, with a central theme being the need for a greater cohesion and culture across the system. The report allocates recommendations to organisations to take forward, with any remaining falling to DH to ensure they are taken forward. A summary of the recommendations are included in **Appendix A**.

6. The recommendations cover the following aims - to:

   6.1 Foster a common culture that puts patients first;

   6.2 Develop standards understood and accepted by patients and staff;

   6.3 Provide professionally endorsed and evidenced based compliance against these

standards which staff agree with;

6.4 Ensure openness, transparency and candour throughout the system about matters of concern;

6.5 Ensure that the regulators police the standards;

6.6 Make sure everyone who provides care – individuals and organisations – are accountable

6.7 Proper accountability for senior managers;

6.8 Enhance recruitment, training, education and support, especially of nurses to include shared values and common culture; and

6.9 Continuous improvement of measuring and understanding performance of individuals, teams and organisations.

7. The report's overarching conclusion is that, "a fundamental culture change is needed," to put patients first, "which can largely be implemented within the system that has now been created by the new reforms'. It is suggested that, "this will not be brought about by yet further 'top down' pronouncements but by the engagement of every single person serving patients."

Recommendations of relevance to Local Authorities

8. **Recommendation 145: Patient, public and local scrutiny**
There should be a consistent basic structure for Local Healthwatch throughout the country.

9. **Recommendation 146: Finance and oversight of Local Healthwatch**
Local authorities should be required to pass over the centrally provided funds allocated to its Local Healthwatch, while requiring the latter to account to it for its stewardship of the money. Transparent respect for the independence of Local Healthwatch should not be allowed to inhibit a responsible local authority – or Healthwatch England as appropriate – intervening.

10. **Recommendation 147: Coordination of local public scrutiny bodies**
Guidance should be given to promote the coordination and cooperation between Local Healthwatch, Health and Wellbeing Boards, and local government scrutiny committees.

11. **Recommendation 148: Training**
The complexities of the health service are such that proper training must be available to the leadership of Local Healthwatch as well as, when the occasion arises, expert advice.

12. **Recommendation 149: Expert assistance**
Scrutiny committees should be provided with appropriate support to enable them to carry out their scrutiny role, including easily accessible guidance and benchmarks.

13. **Recommendation 150: Inspection powers**
Scrutiny committees should have powers to inspect providers, rather than relying on local patient involvement structures to carry out this role, or should actively work with those structures to trigger and follow up inspections where appropriate, rather than

receiving reports without comment or suggestions for action.

Issues for the LGA

14. Local areas may wish to consider how to ensure wide consideration across the whole landscape of care provision of the recommendations from the Inquiry. Health and Wellbeing Boards will be the 'engine house' driving system reform.

15. The implications of the Francis Inquiry could be considered as part of the developing sector led improvement programme in health, subject to the views of the Board and the priorities of local areas.

16. Extracts from the Executive Summary of the final report that focus on 'the voice of the local community 'is attached as **Appendix B** to this report. Local Healthwatch will enable people to share their views and concerns about their local health and social care services and understand that their contribution will help build a picture of where services are doing well and where they can be improved. Local Authorities have a significant role to play in being proactively supportive of the aims and ambitions of Local Healthwatch and in being seen to be supportive of it at both a strategic level and at the 'front-line'.

17. The LGA wants to see Healthwatch England (HWE) as an 'overseeing' organisation and one that is intelligent and works with all existing organisations, communities and groups and one that produces clear, understandable, high quality information. A challenge for both LGA and HWE is awareness-raising among the public of the HWE brand. DH, HWE and local authorities need to put in place the key building blocks to enable Local Healthwatch to make an impact as soon as possible after its establishment, so that it is credible both nationally and locally.

18. The LGA is leading the implementation of Local Healthwatch including a programme of activities funded by DH to support local authorities to prepare for local Healthwatch. Much of the development support to date has focused on supporting local authorities as commissioners of Local Healthwatch as well as engaging key partners in considering what they need to do to make their Local Healthwatch a success. This 'design and commissioning' phase will move quickly into the development phase during which the Local Healthwatch organisations will require considerable support as they begin to operate and consolidate relationships across the system.

19. The LGA and Healthwatch England are developing a joint programme of work to support local councils and local Healthwatch in 2013-14.

20. The Chair of the Community Well Being Board participated in a panel session at a recent Kings Fund conference, alongside Dr Daniel Poulter MP, Parliamentary Under Secretary of State for Health who provided a view from government. Robert Francis QC also is speaking at a LGA conference on adult safeguarding on 12 March, which Cllr Rogers will be chairing.

Adult safeguarding

21. Adult Safeguarding Boards (SABs) are set up by local authorities, to co-ordinate the delivery of adult safeguarding across agencies. Under the draft Care and Support Bill

the responsibility to set up SABs will become statutory. Any local partner or person may recognise and report abuse or neglect, and can play a part in building communities where abuse does not happen. All of the bodies responsible for adult safeguarding need to work effectively with each other, and with local Health and Wellbeing Boards, Children's Safeguarding Boards, Community Safety Partnerships and Healthwatch. The LGA Adult Safeguarding Programme will continue to provide support around policy and practice and it is proposed that an outline of the Programme's work be brought to a future Board meeting.

The Partnership on Dignity in Care

22. Alongside other critical reports and inquiries, the initial inquiry into Mid-Staffordshire was a major factor in establishing of the Dignity in Care Partnership for older people in residential care and hospitals, which is a partnership of the LGA, Age UK and the NHS Confederation. Cllr Rogers acted as a co-Chair. This set up a Commission, via extensive consultation, to look at how we design and deliver services going forward.

23. The commission concluded that the whole system has a responsibility to deliver a fundamental shift in our culture of care. Regulation is an important facet of the response to Francis but key to sustainable change will be to create a culture that puts compassion first. The Partnership is currently working with the DH to look at a professional facing campaign across hospitals and care homes to ensure that dignity is part of care at every level of hierarchy, in every situation and should be regarded as important as clinical interventions.

Appendix A – Summary of Recommendations

The recommendations are divided into five main areas, some of which would require new laws:

New 'fundamental standards' of compliance, with clear means of enforcement

- Greater openness, transparency and candour
- Improved support for compassionate, caring and committed nursing
- Accurate, useful and relevant information
- Better healthcare leadership
- Hospitals should agree lists of 'fundamental standards' about patient safety, effectiveness and basic care
- To cause death or serious harm to a patient by non-compliance should be a criminal office
- Individuals should be supported to report non compliance, and should be protected when they do
- Standards should be created by the National Institute for Health and Clinical Excellence (Nice) policed by the Care Quality Commission (CQC)

Greater openness, transparency and candour

- A 'duty of candour' should be imposed, by law, and deliberate obstruction of this duty should be made a criminal offence
- Complaints should be treated seriously when they occur, and questions answered truthfully
- Any patient who has been harmed by a healthcare worker should be informed, as should their family, regardless of whether the information will lead to a complaint
- Every provider trust must be obliged to tell the truth, as a contractual duty

Improved support for compassionate, caring and committed nursing

- Student nurses should have direct care experience under the supervision of a registered nurse
- Healthcare supporter workers should undergo consistent training, and should be regulated by a registration scheme
- A code of conduct should be established for those working with elderly, and vulnerable patients
- Nurses should be given more representation at leadership levels within hospitals

Better healthcare leadership

- A common code of ethics and conduct, based on patient needs and public expectations, should be adopted by all senior managers in the NHS
- Boards must be accountable for the presentation of information, and standards
- It should be a criminal offence to make a wilful false statement on issues of compliance or fundamental standards.

Appendix B: Extracts from The Executive Summary: The voice of the local community

1. It is a significant part of the Stafford story that patients and relatives felt excluded from effective participation in the patients' care. The concept of patient and public involvement in health service provision starts and should be at its most effective at the front line.

2. Analysis of the patient surveys of the Trust conducted by the HCC and the Picker Institute shows that they contained disturbing indicators that all was not well from long before the intervention of the HCC.

3. Community Health Councils (CHCs) were almost invariably compared favourably in the evidence with the structures which succeeded them. It is now quite clear that what replaced them, two attempts at reorganisation in 10 years, failed to produce an improved voice for patients and the public, but achieved the opposite. The relatively representative and professional nature of CHCs was replaced by a system of small, virtually self-selected volunteer groups which were free to represent their own views without having to harvest and communicate the views of others. Neither of the systems which followed was likely to develop the means or the authority to provide an effective channel of communication through which the healthcare system could benefit from the enormous resource of patient and public experience waiting to be exploited.

4. Patient and Public Involvement Forums (PPIFs) relied on a variably effective, locally provided infrastructure. The system gave rise to an inherent conflict between the host, which was intended to provide a support service but in practice was required to lead with proposals and initiatives offered to lay members, and members of the forum, who were likely to have no prior relevant experience and to be qualified only by reason of previous contact with the hospital to be scrutinised.

5. In the case of the Trust's PPIF, the evidence shows quite clearly the failure of this form of patient and public involvement to achieve anything but mutual acrimony between members and between members and the host. A preoccupation with constitutional and procedural matters and a degree of diffidence towards the Trust prevented much progress.

6. If anything, local Involvement Networks (LINks) were an even greater failure. The, albeit unrealised, potential for consistency represented by the Commission for Patient and Public Involvement in Health (CPPIH) was removed, leaving each local authority to devise its own working arrangements. Not surprisingly, in Stafford the squabbling that had been such a feature of the previous system continued and no constructive work was achieved at all.

7. Thus, the public of Stafford were left with no effective voice – other than the campaign group CURE – throughout the worst crisis any district general hospital in the NHS can ever have known.

8. Under the new reforms, local healthwatch is intended to be the local consumer voice with a key role in influencing local commissioning decisions through representation on the local Health and Well-being Board. They will be expected to build on existing LINks functions. The responsibility for establishing Local Healthwatch will rest with the local authorities in the same way as it had for LINks. As is the position with LINks, the DH

does not intend to prescribe an operational model, leaving this to local discretion. It does not prejudice local involvement in the development and maintenance of the local healthcare system for there to be consistency throughout the country in the basic structure of the organisation designed to promote and provide the channel for local involvement. Without such a framework, there is a danger of repetition of the arguments which so debilitated Staffordshire LINks.

9. The local authority scrutiny committees did not detect or appreciate the significance of any signs suggesting serious deficiencies at the Trust. The evidence before the Inquiry exposed a number of weaknesses in the concept of scrutiny, which may mean that it will be an unreliable detector of concerns, however capable and conscientious committee members may be.

10. Local MPs received feedback and concerns about the Trust. However, these were largely just passed on to others without follow up or analysis of their cumulative implications. MPs are accountable to their electorate, but they are not necessarily experts in healthcare and are certainly not regulators. They might wish to consider how to increase their sensitivity with regard to the detection of local problems in healthcare.

11. There are a wide range of routes through which patients and the public can feed comments into health services and hold them to account. However, in the case of Stafford, these routes have been largely ineffective and received little support or guidance.

12. Local opinion is not most effectively collected, analysed and deployed by untrained members of the public without professional resources available to them, but the means used should always be informed by the needs of the public and patients. Most areas will have many health interest groups with a wealth of experience and expertise available to them, and it is necessary that any body seeking to collect and deploy local opinion should avail itself of, but not be led by, what groups offer.

Further information can be found at www.midstaffspublicinquiry.com/

Local Government Association

Community Wellbeing Board

06 March 2013

Item 3

Government proposals for adult social care funding reform

Purpose of Report

For information and comment.

Summary

This paper provides an overview of the Government's recent proposals for reforming adult social care funding.

Recommendations

Members are asked to note this paper as background information for the Board's discussion with Shaun Gallagher, Department of Health.

Action

LGA officers to progress activity in line with Members' comments.

Contact Officer: Matthew Hibberd

Role: Policy Adviser

Phone Number: 0207 664 3160

Email: matthew.hibberd@local.gov.uk

Government proposals for adult social care funding reform

Background

1. In its May 2010 document 'Our Programme For Government' the Coalition recognised the urgency of reforming adult social care. One of the Government's stated actions was to establish a commission on long-term care funding.

2. In July 2010 the Commission on Funding of Care and Support (the Dilnot Commission) was set up. It was tasked with making recommendations on how to achieve an affordable and sustainable funding system for care and support for all adults in England, both in the home and other settings. The Commission published its report in July 2011 and made ten recommendations.

3. The two core recommendations were to:

   3.1. Cap an individual's lifetime contribution to their care costs between £25,000 and £50,000, with £35,000 "an appropriate and fair figure"; and

   3.2. Extend the asset threshold in the residential care means test (beyond which no means-test help is given) from £23,250 to £100,000.

4. In July 2012 the Government published its response to the Dilnot Commission's report in its 'Progress Report on Social Care Funding Reform'. This was published alongside the care and support White Paper and the Draft Care and Support Bill. The progress report set out the Government's support for the principles of the capped-cost model but noted there were a number of questions and trade-offs that needed to be resolved.

5. In February 2013 the Government announced its intention to:

   5.1. Cap an individual's lifetime contribution to their care costs at £75,000; and

   5.2. Extend the asset threshold in the residential care means from £23,250 to £123,000.

The proposals for funding reform

6. The £75,000 cap is set in 2017/18 prices (which equates to £61,000 in 2010/11 prices) and covers the costs an individual will be expected to pay to meet their eligible care and support needs. The intention is that eligibility will be set nationally, with the minimum threshold to be determined in regulations. Once the cap has been reached the state will cover the individual's care costs.

7. For those individuals who turn 18 and have an eligible care and support need the cap will be set at £0. Adults of working age will also have a lower cap, though the details on this are still to be confirmed.

8. The upper capital threshold of £123,000 is set in 2017/18 prices (which equates to £100,000 in 2010/11 prices) and the lower threshold will increase to £17,500.

9. The capped amount only covers the costs of personal social care received at home or in a care home. It does not include 'hotel costs' for food and accommodation if an individual is living in a care home, which will be limited to £12,000 per year. Additionally, the contribution to the cap will be based on the council's prevailing rate for care. Therefore, if

an individual is in a care home that costs £1,000 per week but the council rate for that home is £600 per week, only the £600 will contribute to the cap. Hotel costs and the top ups individuals may pay would continue after the cap has been reached.

10. The Government's intention is for the capped-cost model to be operational from April 2017. However, it has also stated its commitment to implement other reforms from April 2015, including: universal deferred payment, a national minimum eligibility threshold, and new rights for carers.

LGA key messages

11. In our On The Day Briefing for the funding reform announcement we set out the following key messages:

    11.1. The Government has taken a significant step in committing to the capped-cost model.

    11.2. However, the proposals are just one part of the solution to reforming care and support and need to be taken forward alongside a commitment to:

        11.2.1. Put the system on a sustainable financial basis;

        11.2.2. Improve the individual's experience of care and support by simplifying the system, providing greater choice and control, and driving up quality through a diverse provider market; and

        11.2.3. Use all local resources to optimum effect by ensuring care and support is appropriately aligned with health and housing.

    11.3. In order for the capped-cost model to be effective the public needs to understand how it will work in practice. These are complex proposals and we are ready to play our part in helping to explain the new system.

    11.4. With the value of a person's house included in the financial means test for residential care we anticipate the impact of the proposals in financial terms will be greater for some councils than others. This is the result of regional variation in home ownership rates and house prices. We will be carrying out our own research to understand what the proposals will cost councils in different parts of the country.

    11.5. The level of the cap will make little difference to some of the other costs associated with the proposals, which councils may be exposed to. This includes, for example:

        11.5.1. Administration costs linked to tracking individuals' contributions to the cap;

        11.5.2. Increased assessment costs as more people enter the state system; and

        11.5.3. The costs of universal services that may be identified as beneficial to the individual when s/he approaches the council for an assessment to trigger the process of contributing to the cap.

Decisions

12. Members are asked to note this background report to inform the Board's discussion with Shaun Gallagher, Acting Director General for Social Care, Local Government and Care Partnerships, Department of Health. Any comments from Members will be fed into the Community Wellbeing team's on-going work in this area.

Local Government Association

Community Wellbeing Board

06 March 2013

Item 4

LGA work on a New Model for Local Government – Children and Adult Social Care proposals

Purpose of the report

To introduce the LGA's work on 'A new model for local government' and to receive Members' feedback on the document.

Summary

This paper introduces a draft paper on adult social care that will feature as part of the LGA's wider work on 'A new model for local government'.

Recommendation

Members are asked to review and comment on the draft adult social care paper that follows this covering note.

Action

LGA officers to amend the adult social care paper in line with Members' comments.

Contact Officer: Sally Burlington / Matthew Hibberd

Role: Head of Programme / Policy Adviser

Phone Number: 0207 664 3099 / 0207 664 3160

Email: sally.burlington@local.gov.uk / matthew.hibberd@local.gov.uk

Local Government Association

Community Wellbeing Board

06 March 2013

Item 4

LGA work on a New Model for Local Government – Children and Adult Social Care proposals

Background

1. At its meeting on 9 January the LGA Leadership Board considered a proposal to develop a 'new model for local government'. There are three main objectives with this work:

   1.1. To develop a clear case for the future national role of local government in order to inform party manifestos in the run-up to the next General Election.

   1.2. To set out local government's offer in order to inform the expected 2015 Spending Review immediately after the election.

   1.3. To provide the LGA annual conference with a practical explanation of the above and inform its longer-term planning processes.

2. The Leadership Board agreed with the proposed work and the suggestion to focus on developing policy think pieces on the following subjects:

   2.1. Independent local government;

   2.2. Growth;

   2.3. Good adult social care;

   2.4. Future children's services;

   2.5. Welfare reform; and

   2.6. Sustainable future funding

Next steps

3. The think piece papers will continue to be developed and Board Members' comments are sought on the attached 'good adult social care' paper. The papers will be discussed at a high level at a series of regional roadshows taking place throughout March. They will then be explored in greater detail in a series of 'deep dive' sessions taking place in April.

Good adult social care

4. This think piece outlines the challenges facing adult social care and then sets out proposed objectives for what we want to see in the future. These objectives link to those we set out in our popular and well-received 'spotter's guide to the care and support white paper'.

Decisions

5. Members are asked to comment on the following draft paper on 'good adult social care'. Officers will incorporate these comments into the next iteration of the paper.

Local Government Association

Community Wellbeing Board

06 March 2013

Item 4 – Appendix A

Finance and Policy Directorate

Manifesto: good adult social care

Resolving the future of adult social care is a key priority for both local government and the LGA. It is important not just for the thousands of people who rely on council commissioned services, but also for the financial sustainability of the local government sector as a whole.

Key requirements

Local government will have five main objectives for social care in the future. These are to:

- Put the care and support system on a sustainable financial basis as a pre-requisite foundation for wider reform.
- Improve the individual's experience of care and support.
- Establish a system that is stable and predictable and encourages individuals to take a longer-term view of (and responsibility for) their own wellbeing.
- Ensure the best use of the totality of local resources.
- Keep local government at the heart of a local care and support system.

Key challenges

- Demography:
    - The system is facing (and is projected to face) significant increased demand as our population ages. We need to consider what the entire health and social care system can do to help ensure that later life is a positive period of life. This will require leadership from Health and Wellbeing Boards and a holistic view of both mental and physical wellbeing that focuses on health promotion and early intervention, rather than crisis response.
    - And this is not simply an issue about a burgeoning population of over-65s – it includes younger adults with a learning disability.

- Funding:
    - We estimate that in 2010-11 a total of £120 billion of public sector funding was spent on supporting people with a health, housing, disability, or social care need. Of this, only approximately £14 billion came from local authority social care budgets. Whilst this is a snapshot it reflects a fairly consistent split in how different parts of the wider support system are funded.
    - On top of this inequitable ratio social care funding has not kept pace with demand. This has inevitably led to a degree of short-termism in

using the limited levers (principally eligibility setting) to manage demand.
  - Adult social care has not been immune to the impact of the 28% reduction in council budgets. Adult social care budgets have been reduced by £1.89 billion over the last two years – the majority of which has come from savings and efficiencies which cannot be repeated.
    - Councils have sought to protect frontline services from the impact of this reduction. According to the 2012 ADASS Budget Survey £688m of the planned reductions are secured through service redesign and efficiency, £77m through increased charging, and only £113m through service reductions.
    - The level of savings achieved to date cannot be sustained going forward.
  - Between 2010 and 2030 the population aged over 75 is set to increase by 64%, compared with an increase in the population as a whole of 15.6%. Over the same time period, expenditure on adult social care is expected to increase by 84%, from £14.5 billion to £26.7 billion.

- Navigation:
  - The range of assessments, means and needs tests, charges, eligibility, and interactions with other systems makes the care system incredibly confusing for the individual. Piecemeal legislation since 1948 has also made it confusing for practitioners.

- Political will:
  - The Government has set out its intention to limit an individual's future contribution to the costs of care and support at £75,000 and extend the asset threshold in the residential care financial means test to £123,000. However, there are still a number of questions that need answering, not least how funding to implement the capped cost model will be distributed to take account of the likely variation in the cost of the system to councils in different parts of the country. As councils have the democratic mandate to determine the allocation of resources locally local government will need to fully understand how the costs of the capped cost model – and, indeed, the costs associated with the wider reform agenda – will play out.

What local government wants to see in the future

- Sustainable funding that is directed to best effect. This means:
  - Councils taking the longer-term view and being supported to invest in prevention and early intervention.
  - Funding to offset the pressures from demographic change and the rising costs of care for those in the system.
  - Funding for the proposals set out in the draft care and support bill and the Dilnot Commission that carry a cost implication for councils.

- We must improve the individual's experience of care and support. This means:

  - Securing a clear system that is easy to navigate and understand, including how the system interacts with health, housing and benefits.
  - Having a range of providers who are responsive to individual and community needs, with a commitment to ongoing market development.
  - Choice and control for the individual in respect of co-producing a care plan and identifying how needs will be met.
  - Quality services founded on dignity and respect and underpinned by a clear framework on safeguarding.

- Putting in place a system that is stable, predictable and encourages a longer-term view of wellbeing. This means:
  - Clarity about the responsibilities of the individual and the state – particularly in respect of contributions to care costs
  - Reducing/removing the risk that individuals have to sell their homes to pay for care, and instead have a range of viable options for funding care in the future.
  - A comprehensive universal offer for citizens focused on prevention and general wellbeing to help keep people out of the care system.
  - Sign-posting to, or the direction provision of, information and advice.
  - A system that gives people the confidence that their needs will be met wherever they live.

- Ensuring the best use of the totality of local resources. This means:
  - A system that best aligns care and support with health, housing and benefits to enhance the individual's experience of public services.
  - Recognition of the contribution made by informal carers and support for them in their caring role.

- Keeping local government at the heart of a future system. This means:
  - Striking the right balance between national inputs (i.e. portable assessments) and local inputs (i.e. local decision-making on services to meet need).
  - Health and Wellbeing Boards taking a "whole system" view in the interests of the individual and influencing wider services effectively [linked to our sector-led improvement offer].
  - Effective relationships between councils and care partners, such as the NHS, regulators, the third sector, and providers.

What do we need to do?

- Articulate a vision for the future.

  - The type of system that is roughly sketched out above could be turned into a more comprehensive think piece on the future of care and

supported. This could include an analysis of how money would flow around the system, linking in to the work the LGA has already commissioned in this area. As part of this we could consider lessons learned from the community budget pilot areas and explore how they might apply to adult social care. This approach might help address the gap in funding and could further cement the importance of taking an integrated approach to social care and health, and focussing more on prevention and early intervention. Establishing the appropriate links with housing could also be a feature of this work.

- The vision could also consider the balance of provision and funding between domiciliary care and residential care. Recent NHS Information Centre statistics show that the number of people receiving services in 2011-12 was 1.5 million. This breaks down as 1.2 million receiving community-based services, 212,000 receiving residential care, and 86,000 receiving nursing care. In expenditure terms the NHS Information Centre reports that expenditure on residential provision stands at £7.5 billion, compared to £7.8 billion for day and domiciliary provision. As the shared policy aspiration between government and the care sector is to support people to live independently at home it would be useful to explore what this means at a practical level.
- As part of this we may want to explore the impact of bringing housing assets into the domiciliary care means test so there is consistency across care settings. This was an issue Andrew Dilnot raised in his report, suggesting it was a further way to make the system clearer and fairer.

- Evidence, research and analysis will be crucial as we head into Spending Review discussions and make the case for the changes we want to see. This may include, for example:

  - Figures on the 'funding gap' in social care.
  - Costings for the implications of the draft care and support bill (such as securing a greater emphasis on prevention and early intervention).
  - Costings for the implications of the Dilnot Commission recommendations (such as the proposal for a universal deferred payment system).
  - Evidence on the impact of 'that little bit of help' – low level prevention – both for improved longer-term outcomes for individuals and cost savings for the public purse.

Immediate activity

- Roundtable to discuss Dilnot Commission recommendations with DH and council Chief Executives. (Complete).

- Commissioning research to understand the impact of the Dilnot cap (potentially at £75,000) on councils, including exploring the regional effect of home

ownership levels and house prices. Ideally this will be a joint commission with ADASS and SOLACE. Timings are to be confirmed but would hope to have this within 6-8 weeks.

- Ongoing work as part of the Show Us You Care Campaign (guide to adult social care for the public, ten top tips for the public, funding analysis (referred to above)).

- Commissioning modelling of an integrated system and the benefits in terms of outcomes and savings – this is underway and we expect the work to be completed in 4-6 months.

- Short-term work [subject to agreement of funding by LGA] commissioned by ADASS to estimate spending on preventative measures to estimate volumes and trends in preventative and early intervention work.

Local Government Association

Community Wellbeing Board

06 March 2013

Item 5

Update on other Board Business

Purpose of report

Members to note the following:

- Draft Care and Support Bill
- LGA's Towards Excellence in Adult Social Care and Winterbourne View programmes
- Children and Young People's Heath update (**Appendix A**)
- Spending Round 2015-16
- Teenage Pregnancy Statistics
- Recent LGA publications
- Selected forthcoming events

Recommendations

Members are asked to **note** and **discuss** the updates contained in the report.

Action

As directed by Members.

Contact officer:	Sally Burlington
Position:	Head of Programmes
Phone no:	020 7664 3099
E-mail:	Sally.Burlington@local.gov.uk

Local Government Association

Community Wellbeing Board

06 March 2013

Item 5

Update on other Board Business

Draft Care and Support Bill

1. The Joint Committee on the Draft Care and Support Bill is chaired by Paul Burstow MP and is conducting pre-legislative scrutiny of the draft bill and the policies it seeks to implement. The Joint Committee has concluded its oral evidence sessions and we expect its final report to be published shortly.

2. Cllr David Rogers OBE gave oral evidence to the Joint Committee on 10 January and set out the LGA's support for the general direction of travel articulated in the care and support white paper and draft bill. He cautioned, however, that the vision and policy aspirations would not be realised without additional funding – both to resource provisions in the draft bill, and to ensure the system itself is sustainably funded.

Winterbourne View Joint Improvement Programme

3. As noted in the previous Board report, Chris Bull has been appointed to lead the LGA's and the NHS Commissioning Board's Joint Improvement Programme, as announced by the Department of Health following its recent final report on events at Winterbourne View Hospital.

4. Based on the principles of sector led improvement, most of the solutions to key issues and challenges will continue to be found locally and within existing practice and structures, with additional regional and national support to be provided only when appropriate. The Improvement Programme will work with national partners and local areas to:

   4.1 Deliver rapid, fundamental and sustainable service redesign from childhood onwards,

   4.2 Work with partners to change attitudes and behaviour, including clinical practice

   4.3 Ensure that the voice of people that use services, their families and carers are central to national and local action.

5. The programme will involve an ambitious programme for change that will require significant leadership across both health and social care. There are some crucial timelines and principles for local partnerships, as agreed in the recent Concordat, and HWBs may need to assure themselves of progress being made in their areas against these. This should result in the transformation of care pathways so by June 2014, individuals no longer remain in assessment and treatment centres - and that these no not re-emerge under another guise.

6. Given these timelines, the programme is currently focusing on

   6.1 Defining what good looks like, particularly on reviews of care plans (which are to be completed by June 2013) and the development of joint strategic plans (which are to start from April 2013);

6.2 Aligning with existing work with providers on innovation and change, as well as building more collaborative relationships between commissioners and providers; and

6.3 Developing a series of engagement events for local commissioners across health and social care.

7. This work will be led by a programme board. In addition to the LGA and the NHS CB, this will involve ADASS, ADCS, CQC, DH, DfE and SOLACE, as signatories to the recent Concordat. It also includes operational and academic expertise, as well as organisations that represent people that use services, their families and carers. The two year programme will receive funding from the Department of Health and is expected to be well established by April 2013. It will continue to report to the Board on progress.as the programme develops.

Towards Excellence in Adult Social Care – Use of Resources

8. As part of the Towards Excellence in Adult Social Care programme on sector led improvement in adult social care, work has been commissioned to support adult social care and in particular local leadership within Councils to make the best use of available resources in the current challenging financial context. Board members have commented on these resources as they have developed.

9. This has resulted in practical written guidance and tools that seek to support councils with their strategic and financial planning. These are launched on 6 March and are available on the LGA website.

10. The final report 'A Problem Shared' sets out how councils, their partners and their communities can work together to make the very best use of the reducing resources at Council's disposal. The reports illustrate how much has been achieved in securing effective and efficient use of resources in adult social care since 2009. They also seek to highlight research, other evidence and examples of current activity by councils to help maintain this momentum.

11. The reports are accompanied by a self-assessment toolkit, designed to identify the components of an effective and efficient care and support system and to help councils check their progress. This toolkit will be further developed during 2013, perhaps via a 'test bed' approach in councils, to explore how it could be used as a way of supporting councils' work to challenge themselves, to compare their performance, to develop better measures of success, and to drive improvement.

12. This work of course links with the LGA's work on efficiency in adult social care and its continuing campaign on funding and reform.

13. A further update on the work of the Towards Excellence in Adult Social Care programme will be provided at a future meeting, which will include developing work on engagement with Members.

Children and Young People's Heath update

14. The report at **Appendix A** gives a summary of Government policy announcements and work undertaken since January 2013. Members are asked to note the update and

share their views on the LGA's future work on the system-wide response to the CYP health outcomes Forum's report.

Spending Round 2015-16

15. Officers from the LGA and ADASS are working with colleagues in the Department of Health in advance of the Spending Review to identify key pressure points within the system and the scope for further efficiencies. Separately the LGA and ADASS are working together on a piece of work to look at the fact that adult social care is now supporting fewer people but at higher cost. The work will explore who is no longer supported and why, and the learning this may suggest around the benefits of one-off interventions and support that helps people to remain independent at home.

Teenage Pregnancy Statistics

16. On the 26 February the Office for National Statistics (ONS) published the latest conception statistics. This statistical bulletin presents estimated annual conceptions occurring to women usually resident in England and Wales in 2011. The under 18 conception rate was 30.7 per 1,000 women aged 15-17, a fall of 10.2% from 2010. Since 1998 when the Teenage Pregnancy Strategy was launched there has been a 34% decrease in rates.

17. The Public Health Minister Anna Soubry noted in her speech at the LGA Annual Public Health Conference that the decline in teenage pregnancy rates was the lowest for 40 years and attributed this primarily to the work of councils.

18. Further information is available at http://www.ons.gov.uk/ons/dcp171778_301080.pdf

Integrated care and support resource sheet

19. This short resource sheet is aimed at local health and care system leaders and professionals with an interest, or potential interest, in integrated care and support. Its purpose is to signpost people to information and resources on how best to achieve this successfully within their local health and care economies.

20. It has been supported and developed by a number of key national partners who are working together to align their work on integrated care and support, including the Local Government Association, NHS Commissioning Board, Monitor, Department of Health and the Association of Directors of Adult Social Services. As national partners, we aim to ensure local areas are equipped with a consistent set of tools and the support they need to deliver real improvements in outcomes for local people.

Sexual health commissioning FAQs and Knowledge Hub group

21. The LGA is producing a guide for elected members on sexual health commissioning, and has recently published a frequently asked questions (FAQ) document online. The Health and Wellbeing Knowledge Hub group provides a forum for people to share their challenges and solutions. In addition to these FAQs the Department of Health (DH) will shortly publish guidance on local government's mandatory responsibilities for sexual health.

Local Government Association

Community Wellbeing Board

06 March 2013

Item 5

Selected forthcoming events

Date	Event
27 March 2013	A brighter future: the council's role in improving mental health and wellbeing
15 April 2013	A new model for Local Government: Children and Adult Social care 'deep dive' event
23 April 2013	The council's role in tackling teenage pregnancy

Local Government Association

Community Wellbeing Board

06 March 2013

Item 5 – Appendix A

Children and Young People's Health update

Purpose of Report

To provide an update on the Children and Young People's Health work programme.

Summary

The report gives a summary of Government policy announcements and LGA work undertaken since January 2013.

Recommendation

Members are asked to note the update and share their views on the LGA's future work on the system-wide response to the CYP health outcomes Forum's report.

Action

LGA staff to action as necessary.

Contact officer:	Samantha Ramanah
Position:	Adviser
Phone no:	0207 664 3079
E-mail:	Samantha.Ramanah@local.gov.uk

Local Government Association

Community Wellbeing Board

06 March 2013

Item 5 – Appendix A

Children and Young People's Health update

Background

1. Children's health services have traditionally received a 'disproportionately low priority'[1] within the NHS. The Health and Social Care Act 2012 (the Act) offers an opportunity for children and young people's health services to be prioritised in the new health system.

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

3. Over the past 18 months we have worked with the Government, the health sector and local government to ensure councils and health bodies understand their statutory duties and responsibilities following the passing of the Act, we have worked to ensure transitional issues are addressed, and to ensure that other key non transitional issues are addressed.

4. In January 2012 the Secretary of State for Health asked a forum of independent experts from local government, the NHS and charities to develop a strategy that would set out the contribution each part of the new health system needed to make to improve care and health outcomes for children and young people. The Children and Young People's Health Outcomes Forum published its report in July 2012. A summary of the Forum's report and the LGA's response can be found online.

5. Since November 2012 we have also delivered a series of conferences to help councils deliver their public health responsibilities, and a number of resource sheets aimed at elected members and officers focusing on specific public health issues.

Update on the Children and Young People's Health Outcomes Forum Report

6. On 19 February 2013 the Government published a system-wide response to the Children and Young People's Health Outcome Forum's report. The system-wide response sets out the progress made by the new health system and longer-term development work which is planned. The LGA response and a summary can be found here.

7. A system-wide pledge was also published alongside the response to bring partners together to create a shared ambition for children and young people's health. The LGA has signed up to the pledge to demonstrate local government's commitment to improving health outcomes for children and young people (CYP).

8. The system-wide response details some good progress by bodies within the new health system. For example: new partnership arrangements are emerging, overall the system has a greater focus towards improving integration of services, and there is a greater focus on improving the health outcomes of looked after children.

9. However, many of these bodies such as Public Health England (PHE) and the NHS Commissioning Board (NHS CB) are still establishing their structures and determining how they will function. Therefore further work is needed by these bodies and others to ensure CYP health services transition properly and that key issues are addressed. The

[1] Getting it right for children and young people, Kennedy Review, September 2010: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_119446.pdf

system-wide response is not a strategy and does not hold the system to account so there is a danger that the drive for this work may be lost in the midst of other pressures.

10. We are currently considering the document in depth and considering its implications, our initial reaction includes:

    10.1. A single, coherent and integrated set of outcomes for CYP and absolute clarity about who is responsible for each outcome and where ultimate responsibility lies is still required.

    10.2. Local authorities are facing increasing funding pressures and will not be able to meet any new financial burdens within existing budgets. The recent announcement of further funding cuts to local authority early intervention funds in 2013-15 threatens local authorities' ability to deliver targeted early support to CYP and their families, and councils' ability to improve health outcomes. The LGA is calling on the Government to explain why the new cuts have been introduced, why the initial money is being withheld and what it will be used for, at the soonest possible date.

    10.3. We have a number of concerns about how safeguarding will operate in the new health system and the lack of clarity about safeguarding leads and where accountability for safeguarding will ultimately sit. We also seek clarification about the mechanisms for information sharing between health and social care services, which should enable effective information sharing. The system-wide response did not sufficiently demonstrate the concept that safeguarding children is everybody's responsibility - this must be clearly understood by all bodies in the new health system and demonstrated through their work.

    10.4. We also want to ensure that the Children and Families Bill is clear about how health bodies will be held to account and challenged if they do not deliver the provisions within Education Health and Care Plans.

    10.5. A number of new outcomes framework indicators have been introduced to the Public Health and NHS Outcomes frameworks. These should not be used to performance manage health outcomes for CYP at a national level because local authorities need the freedom to determine the public health priorities and strategies needed to improve health and wellbeing in their local area.

    10.6. Close and effective working between key government departments including the Department for Education (DfE) and the DH, in addition to a wider range of organisations, is required to bring together and effectively integrate health, social care and education.

11. We remain concerned about the split in commissioning responsibilities for 0-5 year olds which will move to the NHS CB until 2015 when they will transition to local authorities. We want to see ensure robust transition plans are in place and that these are communicated to local authorities. We will work with partners to ensure interim measures and adequate transition plans are put in place.

12. Finally a new CYP Health Outcomes Forum has been established to provide expertise in child health and constructive challenge. The LGA has been invited to join the Forum. The Forum will hold an annual summit involving the Chief Medical Officer (CMO) to monitor progress on child health outcomes and make recommendations for their improvement.

Update on other work

13. We are promoting local government's views with the DH, NHS CB and DfE on safeguarding issues, specifically around the production of a Safeguarding Assurance and Accountability document for the health sector.

14. We have successfully lobbied DH to replace several DH Programme Boards with a single, more co-produced board involving the LGA, NHS CB, PHE, SOLACE, DH and ADCS. It will cover improved integration of public health and care for 0–19 year olds. It also plans to involve representatives of the DfE in discussions in future. Discussions about transition planning for the transfer of commissioning services for 0-5s to LAs in 2015 will take place under this board.

15. A free public health conference on mental health is taking place on 27 March. Following feedback from lead members at the last Joint CWB and CYP Board we have secured a young person to come and speak at this event. We are also holding a free conference on Teenage Pregnancy which is taking place on 23 April, Anna Soubry, Health Minister is confirmed to speak and a young parent will also be contributing her perspective.

16. We are working with the DH to develop and disseminate a briefing for elected members on the National Child Measurement Programme (NCMP) which will be a mandated function of local authorities from April 2013. It will help councillors understand what the NCMP is and what it does and how they can successfully engage with parents, children and families who may require follow-up advice and support following the receipt of a results letter containing the status of their child's weight which will be issued directly by the local authority, should the local authority choose to issue a results letter as how results are communicated should be a matter for local determination.

17. We are continuing to share knowledge and information about children's health issues on the Knowledge Hub for Health and Wellbeing Boards and updating the LGA's dedicated children's health webpage.

Local Government Association

Community Wellbeing Board

06 March 2013

Item 6

Note of decisions taken and actions required

Title:	Community Wellbeing Board
Date:	Wednesday 16 January 2013
Venue:	Westminster Suite, Local Government House

Attendance from the Community Wellbeing Board

Position	Councillor	Council / Organisation
Chair	David Rogers OBE	East Sussex CC
Vice-Chair	Louise Goldsmith	West Sussex CC
Deputy chair	Gillian Ford	Havering LB
Deputy chair	Linda Thomas	Bolton MBC
Members	Keith Mitchell CBE	Oxfordshire CC
	Andrew Gravells	Gloucestershire
	Ken Taylor OBE	Coventry City Council
	Alan Farnell	Warwickshire CC
	Jonathan McShane	Hackney LB
	Catherine McDonald	Southwark LB
	Iain Malcolm	South Tyneside MBC
	Lynn Travis	Tameside MBC
	Zoe Patrick	Oxfordshire CC
	Doreen Huddart	Newcastle City
Apologies	Francine Haeberling	Bath & North East Somerset Council
	Elaine Atkinson	Poole BC
	Lynda Arkley	South Tyneside
	Steve Bedser	Birmingham City Council
In Attendance	Cllr Hazel Simmons (sub)	Luton BC
	Cllr David Lee (sub)	Wokingham BC
	Cllr Bill Bentley (sub)	East Sussex CC
LGA Officers	Cllr Colin Noble (sub)	Suffolk CC
	Dr Paul Edmondson Jones	DPH, York City Council
	Dr Paul Cosford	National Director, Health Protection, PHE
	Anna Bradley	Chair, Healthwatch England
	Katherine Rake	Chief Executive, Healthwatch England
	Sally Burlington	Head of Programme
	Alyson Morley	Senior Adviser
	Paul Ogden	Senior Adviser
	Abigail Burridge	Senior Adviser
	Samantha Ramanah	Adviser
	Liam Paul	Members' Services Officer

Item	Decisions and actions	Action

1 Pharmacy and public health

Councillor Rogers introduced Dr Paul Edmondson-Jones, Director of Health and Wellbeing at York City Council, who gave a brief account of his professional background and the approach to community pharmacies he worked on whilst Director of Public Health at Portsmouth City Council.

Paul explained that building on existing good practice, Portsmouth sought to develop a systematic approach which treated pharmacies as 'Healthy Living' centres. With a focus on equitable access and value for money, pharmacies were encouraged to shift from a role focused purely on dispensing drugs to provision of a range of services including lifestyle advice, checks and treatment of minor ailments.

Community-based pharmacies were seen as an ideal provider for these types of services as they were in most cases embedded in their local communities, trusted, and easy to access. 95 per cent of the population access a pharmacy every year.

Portsmouth began their programme with a rapid audit of all pharmacies in the authority area, focused on the access and range of services already provided, graded on a case-by-case basis. Analysis of the existing levels of provision indicated that the programme should focus on three key factors which enable community pharmacy to successful deliver public health functions. These are: *good leadership*; *a trained workforce*; and the *correct environment*.

At a national level this work is given direction by the DH-led 'Pharmacy and Public Health' Forum, which has three working groups: (i) the Healthy Living Pharmacy model; (ii) the role of community pharmacy in the new public health architecture; and (iii) the evidence base for this way of working. Over 400 pharmacies have now been accredited under the Healthy Living Pharmacy model, which is backed at ministerial level by Lord Howe, the Public Health Minister. Paul added that early evidence suggests that the good results seen in Portsmouth are reproducible and being sustained across the country.

There followed a question and answer session with the Board, during which the following key points were addressed:

- *Variation in the level of service provided by Community Pharmacies across the country* - Paul explained that there was huge variation in the preparedness and willingness of pharmacists to provide public health services in this way. Findings showed that achieving good results is reliant on good local leadership. Small independent pharmacies, larger chains and in-store pharmacies are represented by their respective associations on the Pharmacy and Public Health Forum and all of them embrace public health work as a desirable activity for community pharmacies.
- *Key challenges to the rollout of the model* – Paul Edmondson-Jones identified a need to recognise pharmacy as part of the new public health architecture, and to generate support and recognition from the other sections of the primary health community, including GPs.
- *What evidence is there that commissioning services through the Healthy Living Pharmacy model improves outcomes?* – It was

explained that three universities have evaluated the model, and found significant improvements in a number of areas – for example the likelihood of a smoker quitting is 12 times higher when if they enter a fully accredited Pharmacy compared to a 'normal' pharmacy.

- *How to ensure that provider are engaged and willing to deliver* – It was clear that an organisational development approach from the commissioner and provider was necessary: commissioners must be prepared to support training, with providers committing to deliver the new functions in return. A key incentive for community pharmacists to carry out such activities is evidence of increased footfall.
- *Communication* – Members urged those working in this area to ensure that innovative work is communicated to appropriate stakeholders so good practice can be shared and built-upon.
- *Future Synergies* – Members identified Every Contact Counts as a potential area where pharmacy staff could be usefully trained and utilised, and Paul Edmondson-Jones explained that the Pharmacy and Public Health Forum was beginning to look into the use of pharmacies in view of the wider services local government provides outside of health.

Alyson Morley, Senior Adviser, LGA, concluded the item by reminding Members that from April 2013 every Health and Wellbeing Board (HWB) will have a statutory duty to prepare a Pharmaceutical Needs Assessment (PNA), and link this to the areas Joint Strategic Needs Assessment (JSNA). Using the PNA and working with CCGs, local Health and Wellbeing Boards can assess and harness the potential that involving pharmacies in the delivery of councils' public health responsibilities can have in their local area.

Alyson also explained that the LGA remains engaged on councils' behalf to ensure that the regulation in this policy area will give maximum room for local determination in developing their own PNAs. The LGA is also working with DH and pharmacy stakeholders to ensure that service mapping of pharmacies is aligned with councils own mapping exercises. The LGA is also represented by officers on the Pharmacy and Public Health Forum.

Decision

The Board **noted** the report and presentation.

Action

LGA officers to circulate the PHE's evaluation of the Healthy Living Pharmacy pathfinder project by universities, when this is finalised.	**Alyson Morley**

2 Health protection and local government

Cllr David Rogers welcomed Dr Paul Cosford, National Director of Health Protection at Public Health England (PHE) to the Board.

It was explained that PHE had now established 15 regional centres, focused on supporting local health protection, and that the areas covered by these centres are coterminous with local government's regions.

Members were reminded that local government had no new statutory health protection functions, but does have a responsibility to inform Public

Health England on local conditions. The new public health infrastructure offered challenges as well as opportunities for councils to improve local health protection as partners within the new, wider health protection system.

Paul concluded by citing a recent e.coli outbreak centred on a municipal park in a large city as an example of an acute incident which demanded that the local authority and Public Health England engaged with one another at a local level in order to resolve the crisis.

The following key points were made in discussion:

Accessible and relevant information
Members highlighted the importance of good evidence on disease prevalence, contributing factors and PHE policy, and that this should be channelled to executive and backbench members effectively.

PHE Local Centres
Members of the Board urged Paul to be pro-active to ensure that PHE's regional teams were embedded in health networks at the local level and that they understand the pressure points and priorities in their regions.

Planning decisions contrary to wider public health aims
It was explained that PHE's input in planning matters was as a formal adviser to the planning authority's Director of Public Health, providing evidence to allow the DPH to make an informed decision. There remained an open question as to whether or not there could be a scenario where PHE would feel compelled to intervene.

Decision

The Board **noted** the report and progress made.

Actions

The LGA and Public Health England to co-operate on providing evidence and information to councillors	**Paul Ogden**

3 Healthwatch

Cllr David Rogers introduced the new Chair of Healthwatch England, Anna Bradley and its new Chief Executive, Katherine Rake. He also declared a personal interest in the item in respect of his recent appointment to the Healthwatch England Board.

Anna Bradley then set out her views on the role and offer of Healthwatch England as well as the nascent organisation's early priorities. She emphasised in particular how crucial an effective relationship between Healthwatch England (HWE), Local Healthwatch (LHW) and local authorities will be if Healthwatch is to deliver on its role as a consumer and user champion for health and social care services.

Anna explained that HWE has been in operation since October 2012, and will seek not just to be 'loud hailer' for the public's concerns, but also tell an argument about what elements of the system must change to enable improvement for users. This will require good collaborative relationships with CQC, Monitor, policy-makers and other health networks, to establish HWE as a system leader and respected voice.

A further key role for HWE will be to support the establishment of LHWs, via a shared brand, the 'Healthwatch Hub' and awareness and engagement toolkits. Five regional events are planned over the upcoming months for emerging LHWs, followed by a national conference in April.

The organisation recently held its first board meeting and identified the following four priorities:

- Improving complaint systems in Health and Adult social care
- Public involvement in specialised commissioning
- The 1st Healthwatch 'State of the Nation' report
- Mental Health services (integration)

Following Anna's comments, Community Wellbeing members asked a number of questions on the following topics:

How will Healthwatch be more effective than its predecessors?
Anna felt that the strength of the new system was that it was a combination of national and local bodies, which will be tied into the health system at their respective levels, by LHWs' place on Health and Wellbeing Boards and HWE's powers to demand a response from the Secretary of State on issues of concern.

How will HWE step in if a LHW is performing poorly?
Healthwatch England will be a network for LHWs, which must have a meaningful offer for its members in order to win their trust and their buy-in to national initiatives. It is a legal fact that Healthwatch England cannot command and control LHWs, and commissioning responsibility lies with the local authority.

LHW's relationship with scrutiny committees
Members noted that the LGA and HWE are working together on a stakeholder agreement setting out how both organisations will support the system in the future, which will include co-produced guidance targeted at Health scrutiny committees and LHWs.

LINKs Legacy
Members were keen to ensure that expertise from well-functioning LINKs was not lost in the transition, whilst ensuring the new LHWs had an authentic voice. Anna explained that HWE would be drawing on research to establish good practise, but would not be prescriptive in its advice, as the system should allow variation.

Ensuring public awareness
It was explained that HWE is not currently engaged with the public as the network of LHWs is not yet fully in place. Its efforts are instead focused on relationship-building with HWBs and CCGs, and the production of branding guidance for LHWs.

Paul Ogden, LGA Adviser then reminded Board members that local government had a legal responsibility to ensure an LHW was effectively operating from April 2013. The LGA has a programme for councils to support the delivery of their Healthwatch duties including:

- Healthwatch good practice guides
- Work with the Centre for Public Scrutiny (CfPS) to avoid conflict between health scrutiny committees and new LHWs
- The LGA's HealthWatch Implementation Programme, led by

Lorraine Denoris

- Regular readiness reporting.

The latest readiness report showed some problems with the supply of providers, but officers were confident that these problems were not widespread and could be resolved to get LHWs in place by April.

Decision

The Board **noted** the presentation and report

Actions

LGA to work with Healthwatch England to ensure that all parts of the health protection system are equipped with the relevant evidence and guidance to make effective decisions. **Community Wellbeing Team**

4. Future of the LGA Health Transition Task Group (HTTG)

Councillor Rogers invited Geoff Alltimes, LGA Associate and Chairman of the Health Transition Task Group (HTTG) to introduce his paper.

Geoff set out the history and remit of the HTTG as an advisory group consisting of chief executives and other senior officers from local authorities, health bodies and the professional associations which was established to support local government in advance of the transfer of new powers and duties under the Health and Social Care Act 2012 from April 2013.

He explained that the HTTG had ensured the participation of the embryonic new organisations such as the NHS Commissioning Board (NHS CB), and as a result there is now willingness across all partners to engage with local government early in the process of policy development and change.

Geoff also highlighted the priorities for the coming year as the LGA's developing strategy on integration, continuing developments in adult social care and sector-led improvement. The HTTG will be able to offer advice and information on issues which arise as the new health system, Health and Wellbeing Boards, and new public health responsibilities bed down.

The Chair began discussion by highlighting the scale and pace of change at a local and national level as the new health system approaches the 'live' date in April 2013. Members were supportive of the HTTG continuing for a further year to assist and advise as the new public health system establishes itself. Questions focused on the following issues:

- *Cultural Change* – Supporting staff and leadership through the transition and equipping transferees with the understanding to operate effectively in a political environment was identified as a key priority for Board members.
- *Councils' readiness to deliver their Public Health duties* – Members were directed to the LGA's report on readiness submitted to the Secretary of State in December: Public health transition at local level - LGA national summary of progress
- *Reporting arrangements* – Establishing clear reporting

arrangements was welcomed by Board members as a way to ensure the HTTG received political direction on its choices of activities and had license to be forthright in its conclusions.

- *Analysis and evaluation of research* – Members commented that a valuable role for the group to assess and analyse research and evidence as part of spreading good practice.

Decision

The Board:

1. **noted** the achievements of the HTTG's work over the last 12 months;
2. **agreed** that the HTTG continue as described into 2013-14 to help the changes to the public health system become successfully established, and to provide information on progress to the Board; and
3. **agreed** that the HTTG report back to the Board via written updates every quarter and items on the Board every six months.

5. Update on Public Health funding

Alyson Morley provided a brief verbal update on the 2013-15 Public Health settlement for local government, as announced on Thursday 10 January, referring members to the LGA's On the day briefing. It was explained that the announcement had been delayed (from December) by the Department for Health in order to provide a two-year settlement. The key points of the Government's announcement were as follows:

- The Government confirmed that total public health spending in 2013-14 will be set at £2.66bn and in 2014-15 will be £2.79bn. This is a significant increase on the initial baseline estimates which were £2.2 billion for 2013/14.
- A commitment that no area will be worse off than they are at present.
- Councils will receive two years of above inflation increases in their public health budgets.
- Government has agreed that if any mistakes or unforeseen problems are identified (and are strongly evidenced) they can be addressed in year with extra funding.
- The Department of will work with LGA and the Association of Directors of Public Health (ADPH) to refine the distribution formula.
- The Department of Health will also work with LGA and ADPH to develop proposals for the health premium incentive payment, which will be introduced no earlier than 2015/16.

Despite the difficulties in budget planning caused by such a late announcement, the settlement represented a key win for local government, enabled by effective working between the DH, the Advisory Committee on Resource Allocation (ACRA) and LGA finance advisers, which successfully established the need for more funding to enable the new public health system to be a success.

LGA work on the Public Health settlement will continue to ensure that the funding formula adopted in 2015-16 will be based on health needs of each area's population, rather than historic spend.

The Chair thanked the Board and the LGA's political groups for their strong support for the LGA policy position which enabled lobbying to be a success.

Decision

The Board **noted** the update provided.

Actions

Members of the Board requested that officers circulate a map or chart illustrating the funding figures per head of population, for each local authority area. **Paul Ogden / Finance Team**

Final figures are available at:
https://www.wp.dh.gov.uk/publications/files/2013/01/Public-Health-Grants-to-Local-Authorities.pdf

6. Other business report

Proposals for an Improvement Support Offer on Health Outcomes
The Chair introduced Abigail Burridge, who will lead on the LGA's sector-led improvement offer for health. Abigail spoke to her report explaining that the LGA's offer for the sector was in development, and that the Board would be central to its governance.

As the programme is develops its key aims are to avoid fragmentation of various offers, and to build on the lessons learned and expertise developed from existing work. Funding is yet to be secured but will be around £2 million per year from the Department for Health.

Members were supportive of the approach outlined in the paper, and emphasised the importance of bringing together the LGA's existing improvement strands into a coherent whole.

Decisions

The Board **noted** the update papers provided.

Actions

Members of the Board to comment via email on the proposals. **CWB Board**

7. Notes of the last meeting and actions arising

The Board agreed the note of the previous meeting.

8. Date of next meeting

Wednesday 06 March 2013, 11.30am

Local Government Association

LGA location map

Local Government Association
Local Government House
Smith Square
London SW1P 3HZ

Tel: 020 7664 3131
Fax: 020 7664 3030
Email: info@local.gov.uk
Website: www.local.gov.uk

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** (Circle and District Lines), **Westminster** (Circle, District 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 stops in Horseferry Road close to Dean Bradley Street.

Bus routes – Horseferry Road

507 Waterloo - Victoria

C10 Canada Water - Pimlico - Victoria

88 Camden Town - Whitehall - Westminster - Pimlico - Clapham Common

Bus routes – Millbank

87 Wandsworth - Aldwych

3 Crystal Palace - Brixton - Oxford Circus

For further information, visit the Transport for London website at www.tfl.gov.uk

Cycling facilities

The nearest Barclays cycle hire racks are in Smith Square. Cycle racks are also 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 (off Great College Street)

Horseferry Road Car Park Horseferry Road/Arneway Street. Visit the website at www.westminster.gov.uk/parking