Local Government Association

Community Wellbeing Board

08 May 2013

Item 6

Note of decisions taken and actions required

Title:	Community Wellbeing Board
Date:	Wednesday 06 March 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
	Ken Taylor OBE	Coventry City Council
	Alan Farnell	Warwickshire CC
	Jonathan McShane	Hackney LB
	Catherine McDonald	Southwark LB
	Lynn Travis	Tameside MBC
	Zoe Patrick	Oxfordshire CC
	Doreen Huddart	Newcastle City Council
	Steve Bedser	Birmingham City Council
	Francine Haeberling	Bath & North East Somerset Council
	Elaine Atkinson	Poole BC
	David Lee	Wokingham BC
	Colin Noble	Suffolk CC
	Brenda Arthur	Norwich City Council
Apologies	Lynda Arkley	North Tyneside Council
	Andrew Gravells	Gloucestershire CC
	Iain Malcolm	South Tyneside MBC
In Attendance	Sir Ian Carruthers,	Chief Executive, NHS South of England
	Shaun Gallagher,	Director General, Social Care, Local Government and Care Partnerships, Department of Health
	Tim Gillings	Centre for Public Scrutiny (CfPS)
LGA Officers	Sally Burlington	Head of Programme
	Alyson Morley	Senior Adviser
	Paul Ogden	Senior Adviser
	Emma Jenkins	Senior Adviser
	Samantha Ramanah	Adviser
	Liam Paul	Members' Services Officer

Item	Decisions and actions	Action

1 Health Reconfigurations

The Chair introduced Sir Ian Carruthers who spoke on his review of processes for service reconfiguration.

Sir Ian acknowledged that service reconfiguration is a difficult issue both for councils and their partners: the aim of his review is neither to stop nor to encourage reconfigurations, but to establish best practise when service reconfigurations are initiated. Health and Wellbeing Boards (HWBs) would hold a central role.

Of the changes the Review would likely recommend, better preparation would be a consistent theme. At the beginning of the reconfiguration process this would necessitate early involvement of HWBs and local authorities, regardless of which partner initiated the reconfiguration discussions, in order that HWBs can inform and shape proposals. The process must also be evidence-based, drawing on existing documents such as local Joint Strategic Needs Assessments (JSNAs). Strong assurance procedures to guarantee patient safety must also be in place.

Whilst a final decision rests with Ministers, the Review will recommend that in the future reconfigurations should be judged against four main factors:

- Support and approval from the area's Clinical Commissioning Group (CCG);
- Choice for patients;
- Clinical evidence; and
- Financial sustainability.

Sir Ian added that the Review found that there should also be a genuine programme of engagement and consultation with both patients and wider stakeholders to accompany the development of any proposals. Emphasis was on agreement between all elements of the health system at a local level including CCGs and providers. Key to success is a productive working relationship with local Health Overview and Scrutiny (HOSC) committees.

Sir Ian also confirmed that the Independent Review Panel will continue to operate. When referrals are made by HOSCs they should have a solid evidence base and be as the last resort. The Review had found the quality and quantity of evidence supplied to justify a referral was variable.

In discussion Members of the Board made the following points:

- Agreement that decisions to initiate or to refer a reconfiguration should be based on evidence, and take into account the Joint Health and Wellbeing Strategy (JHWS) and the Joint Strategic Needs Assessment (JSNA) in place in each area.
- Not all referrals are inappropriate – scrutiny of proposals is not a negative thing.
- Local Government operate in a transparent and democratic manner and this should be recognised by health partners. The sector can bring skills in consultation and add accountability to any reconfiguration process.

- There should be a greater focus on achieving best-value for a local area's resources as part of the reconfiguration criteria.
- Recognition that the resources of some scrutiny units in local authorities are limited.
- The level of HWBs' appetite for large scale reconfiguration of services is not established.
- Local political dynamics may work against acting regionally when this is desirable.
- Reconfiguration is extremely difficult when clinicians are not supportive of the plans.
- Good communication of plans to the local community is vital for a successful scheme.

By way of response Sir Ian added that success of any system would rely on good relationships and effective ways of working at the local level. In future CCGs, as well as HOSCs would have to demonstrate why they disagree with a particular proposal.

The Chair then introduced Tim Gillings, Health Scrutiny Programme Manager for the Centre for Public Scrutiny (CfPS) who replied to the discussion on behalf of his organisation.

Tim stated that the Independent Reconfiguration panel from time-to-time issues reports on the referral process – and theses have been largely complimentary regarding the quality of scrutiny referrals. Tim also explained that the 2012 Health and Adult Social Care Act maintains the independence of Health Overview and Scrutiny committees (HOSCs), and that the legislation's secondary regulations introduce a process which both HOSCs and local decision-makers must follow to try to generate a local resolution to disputes. Therefore any referral of a proposal to reconfigure services will be a last resort.

Sir Ian closed the item by reminding those present that the NHS Commissioning Board will be responsible for implementing his recommendations and that the LGA has a concordat with the NHS CB, through which further dialogue on reconfigurations could be initiated.

Members of the Board were invited to submit further comments via Ashley.moore@dh.gsi.gov.uk and Alyson.morley@local.gov.uk.

Decision

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

Actions

Board Members to feed their views to the DH Review team and to the LGA

2 The Francis Report

Paul Ogden, Senior Adviser, LGA summarised his report, and the Chair then reminded those present to direct their comments to the role that local leadership had to play in responding to the report's recommendations. Members were reminded that the Government had committed to respond

in full to the Francis Commission by the end of March.

It was explained that the LGA represented councils at the Healthwatch Implementation Board, the DH and Local Government programme board and the Health Transition Task Group, so was well placed to feed back the sectors' views and experiences to Government as it considers how to respond.

Members' comments focused on the following issues identified by the Francis report as pertinent to councils:

A need for greater openness, transparency and candour – There was a widespread feeling that the failures at Mid-Staffordshire represented a total failure to listen to the concerns of patients, and even an active attempt to exclude those questioning the quality of care.

Establishing a culture of dignity and compassionate care – Members reiterated the Francis reports' call for a culture which established and maintained a duty of care for patients amongst health staff.

Ensuring effective scrutiny – Some Members felt strongly that Government should be consistent and recognise the existing demands of a modern councillors' role, as the report suggested that scrutiny committees should have powers to inspect providers – a step which would unnecessarily duplicate powers already held by Local Healthwatch.

Tim Gillings, Centre for Public Scrutiny (CfPS) added the following points:

- CfPS believe that the Francis report acknowledges that was very difficult for anyone external to the Mid-Staffordshire hospital to identify what was going on in the institution.
- The Francis Review endorsed a role for local scrutiny and acknowledges further guidance is needed to define this role.
- The proper role of scrutiny and what it can achieve given its resources must be recognised
- All actors in the system have a responsibility to communicate concerns so that patients' voices are heard.
- CfPS have been working with partners so that HOSCs and local inspection managers have an understanding of both parties' work.

Local Healthwatch organisations (LHWs) – Local authorities must be permitted to retain a proportion of the funding allocated to them for commissioning Local Healthwatch to ensure there is capacity for proper commissioning and stewardship of LHWs.

Monitoring role of Health and Wellbeing Boards – Health and Wellbeing Boards can ensure that monitoring data from across the system is brought together in one place and assess it holistically.

Data and access – It was confirmed that the LGA was working with the Caldicott Information Governance Review to find solutions which ensure that patient data can be shared when it is needed.

Adequate resourcing for the Care Quality Commission – One of the reasons provided by the CQC for failing to identify failings at Mid-Staffordshire was a lack of resources. For the organisation to fulfil its

inspection role as envisaged in recommendation 150, and also to effectively share its inspection data with partners, it will need to be adequately resourced.

Hearing the voice of current as well as former patients – It was pointed out that evaluations of care should be based on the opinions of patients currently receiving care, as well as the views of former patients, to give a full reflection of quality. Officers confirmed that the LGA is working with NAVCA and Healthwatch England regarding patients' voice. Members added that the role of modern information technology such as tablet computers should be explored to allow easy feedback from those in hospital.

Lessons Learned – There was a shared feeling amongst Board Members that the local government sector should apply the key recommendations regarding staff culture, accountability, feedback and management across its own services.

Decision

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

Actions

Officers to build Board Members' comments into their work in response to the Francis review.

3 Government proposals for adult social care funding reform

The Chair of the Board introduced Shaun Gallagher, Director General, Social Care, Local Government and Care Partnerships, Department of Health who gave a presentation on the Government's recently announced cap on social care costs. The presentation is attached to this note as **Appendix A**.

The Chair of the Board then began discussion of the reform by reminding the Board that the LGA has consistently argued for a cap on care costs, but does not support any particular level of cap.

Board Members' comments included:

- A debate on the correct level of the Cap.
- A request that the Department of Health take into account regional variations in wealth (including house prices) and income when designing the scheme.
- Comparison with the approach taken to the treatment of Cancer, which is free at the point of treatment unlike conditions such as Dementia which necessitate care.
- An urgent need for clear Government direction regarding setting of eligibility criteria ahead of 2015, in the context of the severe financial pressures upon adult social care services.
- The reforms are highly complex, and the cap and tapering of support must be communicated to the public clearly and in a way that can be easily understood.

In response Shaun Gallagher made the following points:

- Recognition that the existing system is very poorly understood and that Government will need to work to explain what the reforms mean for individuals.
- Means testing and tapering of support for those individuals whose assets are lower that £123,000 means that the effective maximum they will have to pay will be lower than the notional cap of £75000.
- The DH is working on proposals to help establish the market for insurance products. These will allow individuals to use the certainty given by the reforms to financial plan for their future.
- A commitment that DH will fund the burden of the new scheme.
- The DH will need to work with local government on the implementation of the reforms – including a possible phasing in of changes to eligibility levels.
- 2015 is the earliest that elements of the reforms will be effective given the legislative timetable.
- Eligibility levels will equate to the previous 'substantial' and 'critical' levels, but these will be revised to ensure they are fit for purpose.

The Chair of the Board concluded the item by noting that funding for a sustainable care system will remain one of the LGA's top priorities over the coming months, as funding issues could not simply be addressed by implementing a Dilnot-style cap.

Decision

The Board **noted** the presentation and report

Actions

None

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

The Head of Programmes, Community Wellbeing introduced the LGA's corporate project to develop a new model for local government. This work will be used to influence party manifestos in advance of the next General Election and will be launched at the LGA's Annual Conference in July.

The work is structured around the six key priorities identified in the LGA's 2013-14 Business Plan:

- Independent local government;
- Growth;
- Good adult social care;
- Future children's services;
- Welfare reform; and
- Sustainable future funding.

Members noted the series of consultative 'deep dive' events which will inform the project and were asked for their comments on an early draft of the good adult social care policy paper.

The following comments were made in the discussion:

- There should be recognition of the way that council can get a better sense of individuals' needs and better address these, when it works well in partnership with voluntary organisations.
- As well as a focus on the demographic and financial pressures affecting the care and health systems, the document should indicate some of the solutions such as extended care settings.
- The document should address workforce issues, such as the quality of care and reliability of providers.
- Carers' role and interests in good adult social care should be recognised.
- The development of assistive technology and other advances in healthcare, housing and communications, and their potential transformative impact on care should be noted.
- Any statement should recognise the enormous diversity in modes of adult social care provision and funding (e.g. level of self-funders) around the country.

Decision

Members **noted** the update on the LGA's New Model Work and the initial draft of a 'Good adult social care' paper.

5. Other Business

Members of the Board were updated on the progress of the Care and Support Bill. With regards to the LGA's Towards Excellence in Adult Social Care and Winterbourne View programmes, it was highlighted that Castlebeck, the care home provider which operated the Winterbourne View facility, was entering administration.

Members also noted updates on children and young people's heath and LGA work in advance of the 2015-16 Spending Round submission.

Decision

The Board **noted** the update provided.

Actions

None.

6. Notes of the last meeting and actions arising

The Board agreed the note of the previous meeting.

7. Date of next meeting

Wednesday 08 May 2013, 11.30am