Local Government Association

Community Wellbeing Board

Agenda

Wednesday 08 May 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

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LGA Community Wellbeing Board
08 May 2013

11.30am on **08 May 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:
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LGA Contact:
Liam Paul: Tel: 020 7664 3214, e-mail: liam.paul@local.gov.uk

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Local Government Association

*From 02 May 2013

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)	
Zoe Patrick **[Chair]**	Oxfordshire CC
Doreen Huddart	Newcastle City
Rabi Martins	Watford BC
Independent (1)	
Gillian Ford **[Deputy-Chair]**	Havering LB

LGA Community Wellbeing Board
08 May 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	Yes		
Keith R Mitchell CBE	Yes	Yes	Yes	Yes		
Mayor Linda Arkley	No	Yes	No	No		
Francine Haeberling	Yes	No	No	Yes		
Ken Taylor OBE	Yes	Yes	Yes	Yes		
Alan Farnell	No	No	Yes	Yes		
Elaine Atkinson	Yes	Yes	No	Yes		
Andrew Gravells	No	Yes	Yes	No		
Labour						
Linda Thomas	Yes	Yes	Yes	Yes		
Jonathan McShane	Yes	Yes	Yes	Yes		
Steve Bedser	No	Yes	No	Yes		
Catherine McDonald	Yes	Yes	Yes	Yes		
Iain Malcolm	Yes	Yes	Yes	No		
Lynn Travis	Yes	Yes	Yes	Yes		
Lib Dem						
David Rogers OBE	Yes	Yes	Yes	Yes		
Zoe Patrick	Yes	Yes	Yes	Yes		
Doreen Huddart	Yes	Yes	Yes	Yes		
Independent						
Gillian Ford	Yes	Yes	Yes	Yes		
Substitute						
Bill Bentley	Yes	Yes	Yes	Yes		
Colin Noble	Yes	Yes	Yes	Yes		
Hazel Simmonds	No	No	Yes	No		
David Lee	No	No	Yes	Yes		
Brenda Arthur	No	No	No	Yes		

Local Government Association

Agenda

LGA Community Wellbeing Board

08 May 2013

11.30am

The Westminster Suite

	Item	Page	Time
1.	**Creative Councils – Wigan Council** Wigan Council will give their experience of the Creative Councils programme and share learning from their work on a new economic model for social care. Cllr Keith Cuncliffe, Cabinet Member for Health and Adult Social Care and Stuart Cowley, Director of Personalisation and Partnerships will attend.	**3**	11.30
2.	**The LGA's work on integrated care and support** To receive an update on LGA work on integrated care and the pioneers scheme initiated by the Department of Health.	**9**	12.10
3.	**Next steps for the Show us you Care Campaign** To receive an update on the status of the campaign and agree proposals for its next steps.	**17**	12.40
4.	**Health and social care improvement programmes** This item will give Members the opportunity to examine the focus and details of the LGA's developing sector led improvement offers for Health and Care.	**21**	13.00
5.	**Other Business** • Children and Young People's Heath update • Caldicott Review on data sharing • National Children and Adult Services Conference and Exhibition 2013 • Measles • Tuberculosis Oversight Group • Francis Report – Government response • Localising the Public Health Responsibility Deal • Death certification reforms • Publications	**31**	13.25
6.	**Decisions and actions from previous meeting**	**43**	13.30

Date of next meeting: Wednesday 10 July 2013, Local Government House

Community Well Being Board

08 May 2013

Item 1

Creative Councils – Wigan Council

Purpose

For discussion and direction.

Summary

This report updates the Community Wellbeing Board on progress made by Wigan Council with their Creative Councils project and raises discussion points for consideration by members.

Cllr Keith Cunliffe, Cabinet Member for Health and Adult Social Care, and Stuart Cowley, Director of Personalisation and Partnerships, will present Wigan's project.

Recommendation

Members are invited to comment on the project update and to discuss points arising from the presentations to be made by Wigan Council.

Action

Officers will reflect Members' suggestions in the design and delivery of future support to councils, communications and lobbying activity derived from the Creative Councils programme.

Contact officers: Mike Short / Teresa Payne

Position: Senior Adviser / Adviser

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Local Government Association

Community Well Being Board

08 May 2013

Item 1

Creative Councils – Wigan Council

Background

1. The Creative Councils programme is a joint programme between NESTA and the LGA. The ambition is to work with a small group of creative, pioneering councils and their partners throughout England and Wales in developing, implementing and spreading transformational new approaches to meeting some of the biggest medium and long-term challenges facing communities and local services.

Programme Progress to date

2. Six Creative Councils from an initial pool of seventeen in Phase 1 were selected to go forward under Phase 2 of the programme and these are receiving financial and non-financial support to help them progress their work. Wigan are attending to present their progress and raise discussion points for consideration by members.

3. Wigan are creating a new economic model for social care to meet their service and financial challenges, by harnessing underutilised and untapped resources within the local community through volunteering and the development of micro-enterprises.

4. **Monmouthshire** and **Cornwall** attended the Improvement Innovation Board on 17th September 2012

5. Monmouthshire is implementing 'Your County Your Way', a cultural transformation programme within the council to listen and respond more creatively to the needs of its communities. Central to this approach is an internal training programme, 'the Intrapreneurship School', which seeks to introduce council employees to the concept of innovation and what it means for service delivery.

6. Cornwall is implementing 'Shaped by Us', a technology platform and open innovation approach which makes it easier for local communities to put forward creative ideas to solve the county's biggest challenges, a number of which will be co-produced with the council.

7. **Derbyshire** attended the Children and Young Persons Board on 21st January 2013

8. Derbyshire are developing 'Uni-fi' a bespoke package of support aimed at developing aspiration amongst young people in care. This will include a guaranteed entitlement to financial support on leaving care to be spent on the pursuit of self-selected goals, which might include further education or training.

9. **Rotherham** attended the Economy and Transport Board's 'Town Hall Debate' meeting on 22nd April in Manchester and **Stoke** are to attend a future such meeting.

10. Rotherham are developing 'Rotherham Ready', a council-backed social enterprise that works with the teachers of students aged 4-19 to engage them and their schools in the

development of an enterprise-based curriculum, ensuring young people have skills relevant for the future.

11. Stoke are developing their goal to become an energy sufficient 'Great Working City', pushing the boundaries of energy regulation and localism by moving towards local ownership of energy supply and re-imagining the role of the council as a strategic broker of resources.

Wigan's Creative Council project

12. Wigan Council set out to create a new delivery model for social care as a key component of working differently with residents to build self-reliant confident communities. It is a core element of the "Building Self-Reliance" programme within Wigan Council's Corporate Strategy.

13. They aim to meet unprecedented financial and service challenges by enabling adult social care customers and their families to make use of previously underutilised and untapped resources within the local community. The programme would develop new connections to volunteering and stimulate the development of micro-enterprises.

14. Like all local authorities, Wigan faces the challenge of how to meet rising needs and expectations with diminishing funds. This challenge is particularly acute in the provision of adult social care: the combination of an ageing population and Council budget reductions necessitates savings of over £10m in 2013/14 as part of an overall Council financial savings programme of £80m in the next three years.

15. At the same time, early research in the local community found there are a wide range of underutilised and untapped resources:

    15.1 a real appetite among service users and their families – with the right support and information - to take greater control of the ways in which their needs are met;

    15.2 a capacity for entrepreneurship - both among older people, who have been displaced from conventional, secure employment and among younger people who have never had it;

    15.3 a willingness among the population to provide volunteer support – even in neighbourhoods under stress where many people are only just coping; and

    15.4 a set of community leaders who can stimulate, shape and steer efforts to meet needs within their neighbourhoods.

16. The new delivery model has at its core the aim of building a new relationship between people with social care needs, the professionals who support them, and the wider community. At its core is the concept of creating "new conversations" to build local social and economic capital. The programme aims to do this through four key workstreams:

    16.1 empowering service users and their families by redesigning their engagement with professionals, through a new local delivery team;

    16.2 Developing the supply side of the social-care economy through supporting micro- and nano-enterprises to form and enter the market;

16.3 Further developing the supply-side via a step change in the level of volunteer activity within social care – to be achieved through the creation of a powerful set of incentives and rewards around the use of Community Credits; and

16.4 Designing, building and operating a set of mechanisms (both low-tech and high-tech, bridged by access points within community centres) to align supply with demand, including e-markets and a community reward scheme aligned to personal budgets.

17. A key component of the programme will be the establishment of broad-based, robust governance arrangements that enable local people to shape and drive the model as it evolves.

18. As a first step they are implementing the new model in Scholes – an area of Wigan which has high social-care needs and an acute set of broader social and economic challenges. The area is typical of many neighbourhoods with a tradition of strong neighbourliness and community resourcefulness.

19. The Council's early work with local people and community leaders has been key in developing the proposal. This relationship and the community leadership was core to the planned delivery arrangements. There is a well-developed project plan for how the project is being implemented in Scholes over a twelve-month period from May 2012, before starting to roll out the model more widely across Wigan from the summer of 2013.

20. There is full sponsorship from the political and senior leadership of the Council. The proposal is embedded in the centre of their programme for fundamental reform - the Corporate Strategy; and it is linked to the priorities for health and social care redesign being developed in their Health and Wellbeing Strategy.

21. They have assembled a strong team of partners. These include local health and social care professionals, the School for Social Entrepreneurs, Community Catalysts, the New Economics Foundation and most importantly, a set of community activists within Scholes to work alongside the Council in making this model a reality.

22. Successful delivery of this project will generate a series of neighbourhood-level, authority-wide and national benefits:

22.1 Better met existing social-care needs in Scholes and in the process, creation of a wholly different set of professional relationships with residents and communities;

22.2 Community capital within the neighbourhood and across Wigan as a whole;

22.3 An innovative suite of solutions, amenable to wider rollout in other local authorities - to the problem of how to meet rising needs with declining public finances; and

22.4 Evidenced approaches to the use of rewards and incentives to enhance the offer of personal budgets within neighbourhoods with high social care needs and challenges.

Points for discussion

23. As a result of their journey, Wigan have identified an approach that could enable greater improvements in outcomes for adult social care and which can support the learning from this project to enable positive national changes. They would welcome the views of Members on both their progress and how best they might further engage the local government sector on similar projects.

Conclusion

24. This is an exciting and interesting programme that offers many lessons in how best to innovate for the local government sector.

Community Wellbeing Board

08 May 2013

Item 2

The LGA's work on integrated care and support

Purpose of report

For discussion and direction.

Summary

This report seeks the Community Wellbeing Board's views on the direction of the LGAs work on integrated care and support. It also includes an update on progress to date.

Recommendations

That the Board:

i. **notes** progress over the last 11 months;

ii. **discusses** the current direction and proposed areas of focus for the coming year; and

iii. **agrees** any further work required

Action

As directed by the Board, officers will respond to any points raised and build this into the forward work plan.

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The LGA's work on integrated care and support

Background

1. In June 2012 the Community Wellbeing Board agreed that integrated care should be a key priority for the LGA's work. The overarching objectives agreed were:

    1.1 To build and develop strong relationships with NHS England (NHSE), [then the NHS Commissioning Board], working on key areas of importance to local government;

    1.2 To join up workstreams between the Department of Health (DH), NHS England, Public Health England (PHE) and other key partners nationally;

    1.3 To influence a shift of investment of resources, taking a whole-place approach to health and social care improvement of service-user outcomes, with local government and Health and Wellbeing Boards taking a pivotal role;

    1.4 To support and increase joint and integrated commissioning and integrated provision of services by working together with all partners including CCGs, NHSE, PHE and others; and

    1.5 To influence a long term shift of resources and structures to a more joined-up system for health and social care with other local services.

Update on progress to date

2. Relationships have been built with key partners nationally on integrated care. This includes:

    2.1 A concordat agreement and with NHSE and LGA;

    2.2 Joint conference between LGA and NHSE on integrated care in October 2012;

    2.3 Several meetings between chief executives and chairs of both LGA and NHSE;

    2.4 Established a joint 'Integrated Care and Support Working Group' (ICSWG) to align our work on integrated care – made up of LGA, NHSE, Monitor, ADASS, Department of Health, ADCS and Public Health England. This collaborative working group is supported by a steering group made up of senior representatives from each partner organisation. The working group oversees four task and finish groups who are taking forward the specific work under four key themes: Narrative; Case for Change; Barriers and Enablers, and; Tools and Support;

    2.5 Lead members have attended regular meetings with the Minister of State for Care and Support and other national partners on integrated care; and

    2.6 The Health Transition Task Group (HTTG) which is attended by senior members of organisations including CCGs, council Chief Executives and Directors, NHS England, PHE, and the NHS Confederation amongst others. The HTTG has continued to provide advice on a range of issues relating to integration including: CCG authorisation, commissioning support and the development of the Concordat between the LGA and NHSE.

3. So far the main outputs of the collaborative working group have been:

   3.1 A resource sheet on integrated care commissioned by the LGA and supported by the national partners;

   3.2 A 'health and care integration group' on Knowledge Hub to share resources and promote good practice, set up by the LGA and supported by the national partners; and

   3.3 The ICSWG group have also agreed to help shape, support and where possible co-produce certain work that the Minister of State for Care and Support is keen to see developed:

      3.3.1 A 'Common Purpose Framework' which will provide a clear message to the system about the ICSWG's 'common purpose' and a progress update on work already planned/delivered through the working group and task and finish groups;

      3.3.2 A measurement tool for integrated care and support, which is intended to be useful both nationally and locally. DH are aware of the LGA's lines on this; and

      3.3.3 Support for integrated care 'Pioneers' – Norman Lamb (Minister of State for Care and Support), is keen to see the development of a package of support to help local areas achieve integrated care and support at scale and pace which enables all local authorities to be able to share the learning.

Case for Change: LGA whole system modelling project

4. The LGA has worked with NHSE, DH and other partners in developing a value case for integrated care and toolkit of resources and models of integration. They will support local areas to identify how the various whole system models and interventions will improve the journey and experience of individuals within the health and care system, and reduce cost to the system as a whole.

5. We will produce :

   5.1 8-12 short 'value case' summaries of the different whole system models and interventions of integrated care and support, based on existing evidence and literature;

   5.2 A toolkit to help local areas understand the impact of different interventions or whole system models of integrated care, and support on outcomes, cost, activity and individual journey through the system. It is intended that this will be informed by at least 2-3 workshops with representatives of local systems and tested and refined with a small number of local areas; and

   5.3 A report to summarise the findings and implications for local areas and promote the toolkit.

6. The timetable for delivery is the end of July for the value case summaries and December for the toolkit and final report.

7. It is proposed that the work will be steered and supported by the national partners on the 'Case for Change' Task and Finish Group. This group will also continue to work on building the wider value case for change.

Common Purpose Framework

8. The Common Purpose Framework is a document that the Minister of State for Care and Support has taken a keen interest in developing. It is intended to be signed by all the national partners to signal how we will work together and the expectations from local areas.

9. The document will be used to launch the selection process for the Pioneers, the Narrative and make a range of other commitments on integrated care.

10. Lead Members have had the opportunity to comment on various iterations of the Common Purpose Framework. Our intention is that it will be launched in early/mid-May by the Minister of State for Care and Support (at the time of writing the launch date is 14 May).

Narrative

11. The Narrative for integrated care has been developed by National Voices, and is intended to help to provide a common set of statements across the health and care system.

12. The focus of the Narrative is to provide person-centred co-ordinated care which means: "I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me".

13. The intention is that the LGA will sign up to the Narrative which will be launched along with the Common Purpose Framework in early/mid-May. Lead Members have commented on drafts and cleared it.

14. The Think Local Act Personal (TLAP) Programme Board has been involved in shaping the Narrative and have agreed to sign up to it. There is also an agreement that NHSE will sign up to TLAP's 'Making it Real' initiative to support local areas in using the Narrative locally, and to ensure individuals are at the heart of commissioning and provision plans locally.

Pioneers

15. The Minister is planning to make an announcement about the 'expressions of interest' on the Pioneers at the same time as the Common Purpose Framework launch in early/mid-May. The purpose of the Pioneers is to provide targeted support for a number of pioneering areas over a period of three to five years with a key aim of mainstreaming integrated care across the country. The proposed plan is also to align as closely as possible with the Community Budget's 'Public Service Transformation Network'.

16. After three to five years, the national partners are proposing that there would be an expectation that the Pioneers would:

    16.1 Be regarded as exemplars in:

        16.1.1 Delivering improved outcomes for patients and service users;

        16.1.2 Realising savings/efficiencies for re-investment; and

        16.1.3 Tackling local cultural and behavioural barriers;

    16.2 Have used the Narrative of what good, person-centred coordinated care and support looks and feels like for individual patients and service users, to inform the design and shape of their services;

    16.3 Have demonstrated a range of approaches and models across a range of settings, (including rural and urban) and involving a variety of services in whole system innovation;

    16.4 Have demonstrated the ability to make rapid progress;

    16.5 Have tested radical options, managing the risk of failure;

    16.6 Have overcome the barriers to delivering coordinated care and support, particularly for those who would benefit most such as intensive users of services, who repeatedly cross organisational boundaries and who are disproportionately vulnerable; and

    16.7 Have improved the evidence base and understanding of what works in integrated care.

17. It is proposed that the national partners will work together to provide tailored support to the Pioneer areas, aligned with the support that will be provided through the Public Service Transformation Network for Community Budget areas. The intention is that there will be no pump priming of the areas, which will clearly signal that the intention is to mainstream integrated care across the country. There will also be an expectation that the Pioneers will share the learning, with support from the national partners.

Governance and implementation

18. Most commentators agree that the national collaborative working group (ICSWG) needs to shift towards being steered by those who are responsible for delivery. It has therefore been proposed that an '**Integrated Care Implementation Group**' should be set up to oversee and steer the work of the national partners including the Integrated Care and Support Working Group and the related task and finish groups: Narrative, Case for Change, Barriers and Enablers, Tools and Support.

19. The proposed aims of this Group are as follows:

    19.1 To capture and sustain a shared understanding of successful integration programmes across localities;

    19.2 To provide a reference group and expertise on integrated health and care;

    19.3 To bring together the work of the community budget network and the support offered to pioneer sites to maximise support for localities;

19.4 To provide authoritative briefings for national partners and Government on progress with integration at scale and pace, and to identify useful action in common to accelerate progress;

19.5 To work closely with allied programmes including sector led improvement, peer review, efficiency and system leadership to ensure that localities are offered effective support;

19.6 To contribute to evaluative research and organisational development undertaken by others in the field and to assist in sharing insight and learning.

20. The proposed membership of the Group would include the LGA chief executive along with leaders from local areas including CCGs, NHSE local area teams, council chief executives and directors and a few national partners.

21. It is proposed that the Group will be supported by Andrew Webster, Associate Director – Integrated Health and Care, LGA, by DH secondees to Community Budget Network, and the Integrated Care Working Group as required.

22. The group will meet monthly, and sponsor regional events and activities.

Update on the Health Transition Task Group (HTTG)

23. The key role of the HTTG is to provide an informal advisory forum for the LGA, DH, PHE and partners at which they can discuss and agree action on the wide range of issues relating to health and social care reform. The March Community Wellbeing Board agreed that the HTTG should continue to provide strategic advice, reporting to the Community Wellbeing Board as appropriate. Since the last Community Wellbeing Board meeting, the group has been active in the following key areas:

23.1 Public Health – funding, PHE, emergency planning;

23.2 Children's Health – Programme Partnership;

23.3 Winterbourne View Concordat;

23.4 Long term conditions – NHSE Domain 2;

23.5 Commissioning Support Service Strategy;

23.6 Sector led improvement proposals;

23.7 Adult Social Care and Dilnot;

23.8 Health and wellbeing Boards and system leadership; and

23.9 Integrated care

24. In addition to the existing key stakeholder members, there is now strong CCG representation on the Group, including Johnny Marshall, Chair of NHS Clinical Commissioners.

Next steps for the Show us you Care Campaign

Purpose of report

For information and decision.

Summary

This paper outlines a proposal to focus the next phase of the Show Us You Care campaign on baseline funding for the care system. Members' views are sought on this proposal.

Recommendations

Members are asked for theirs views and comments on the proposal.

Action

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

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Next steps for the Show us you Care Campaign

The campaign in 2012/13

1. There have so far been two objectives to our Show Us You Care campaign: first to secure legislation to improve the system; and second to secure the Dilnot model of funding reform. We have been successful with both of these objectives: a care and support Bill is due to be announced in the forthcoming Queen's Speech; and the government has outlined its proposals to implement the capped-cost model of funding reform.

The campaign in 2013/14

2. The LGA will continue to work on both funding reform and the Bill but we propose that these areas do not feature in the next phase of the campaign. Instead, we propose that the next phase of the campaign focuses on baseline funding for the current system.

3. Our proposed objective would be to close the funding gap that exists within adult social care as we believe that an adequately funded system must be the basis from which the wider care and support reforms are taken forward. Within this objective we propose to:

    3.1. Produce an accurate figure of the funding gap in the social care system in collaboration with key stakeholders; and

    3.2. Increase public understanding of the issue, which would be monitored using a bi-annual survey.

4. We would take forward a range of activity to support this work including:

    4.1. A survey of Lead Members on the issue of adult social care funding;

    4.2. A launch of our research on the funding gap;

    4.3. A paper on how the funding gap could be met; and

    4.4. A think piece on the cumulative effect of not addressing the funding gap.

Recommendations

5. Members' views are sought on the proposals outlined above.

Health and social care improvement programmes

Purpose of report

For information and discussion.

Summary

This report provides the Board with an update on the Winterbourne View Joint Improvement programme and the emergent Health and Wellbeing System Improvement Programme, with a focus on the programmes' activity with and for local areas.

Chris Bull, Programme Director, Winterbourne View Joint Improvement Programme, LGA will attend the Board for this item. Chris' biography is enclosed as **Appendix 4a**.

A report on the Towards Excellence in Adult Social Care (TEASC) programme, which supports improvement in adult social care, will be presented at the July meeting of the Board. A short update on the programme is included in this report.

Recommendation

Members of the Board are asked to:

i. Note the update on the Winterbourne View Joint Improvement programme as outlined in the report to inform the discussion at the Board.

ii. To provide a view on the possible areas of focus of the stocktake on progress as outlined in **paragraph 10.**

iii. Note the update on the Health and Wellbeing System Improvement Programme as outlined in the report to inform the discussion at the Board

Action

As directed by Members.

Health and social care improvement programmes

PART ONE: Winterbourne View Joint Improvement Programme

Background

1. As noted in previous Board reports, Chris Bull has been appointed to lead the LGA and NHS England's Joint Improvement Programme to provide leadership for the transformation of local services following the events at the Winterbourne View Hospital. Funded by the Department of Health until 2014/15, the programme has a focus on improving outcomes for children, young people and adults with learning disabilities or autism and who have mental health conditions or behaviour that challenges.

2. There are a number of crucial and ambitious timelines and principles for local partnerships and leaders, as agreed in a national Concordat for action with key stakeholders. These include:

    2.1 Health and care commissioners setting out a joint strategic plan to commission the range of local health, housing and care support services to meet the needs of children, young people and adults with challenging behaviour in their area by **April 2013**.

    2.2 Health and care commissioners will, working together and with service providers, people who use services and families, by **June 2013** review the care of all people in learning disability or autism inpatient beds and agree a personal care plan for each individual, based on their and their families' needs and agreed outcomes.

    2.3 These local actions are expected to lead to a rapid reduction in hospital placements for this group of people by **June 2014.**

Governance

3. This work is led by a joint Programme Board, which involves the LGA and NHS England (NHSE), ADASS, ADCS, the Care Quality Commission, DH, DfE and SOLACE. It also includes representatives with operational and academic expertise, as well as organisations that represent people that use services, their families and carers. The Community Wellbeing Board will continue to receive updates from this Board on progress as the work develops.

Principles

4. The Programme Board, working with local areas, will ensure that the programme is based on the following key principles:

    4.1 **Outcome focused**: with all actions directed to improve quality, safety and the experience of care that is appropriate to the individual from childhood onwards

    4.2 **Accountable**: developed in partnership with and accountable to people that use services and their family carers

4.3 **Challenging:** aiming to change culture and attitudes as well as services, including clinical practice

4.4 **Delivered at pace and scale:** recognizing the urgent need for improvements and the need to deliver rapid, fundamental and sustainable service redesign

4.5 **Sector-led:** supportive and complementing local self-assessments

4.6 **Open and transparent:** ensuring that information on progress and communications are clear and accessible.

Local improvement offer and stocktake

5. The programme is currently developing an improvement offer which will include support for, and challenge to local commissioners, with a focus on service redesign and practice development. This will be based on the current model of sector led improvement and will seek to work with existing structures and initiatives.

6. As part of this, significant levels of funding will be devolved to the regions in order to support activity that reflects their current needs and progress. A short 'stocktake' document will be circulated to local areas to allow for a self-assessment of the progress being made locally. This reflects the approach used to help assess the readiness of local authorities before the public health transfer.

7. The stocktake will provide a baseline of how local partners across health and social care feel they are delivering against key aspects of the programme. The stocktake will be circulated in the next few weeks, with a view to making the results public in late summer to enable local areas to benchmark themselves against others. This exercise will allow local areas to develop an action plan or similar to inform their future work and will help the further development of the improvement offer, with targeted and bespoke support to be offered if necessary.

8. The effectiveness of work across health and social care is one area the stocktake is likely to focus on. Board members may have views on what other key success factors local areas could be asked to evaluate their progress against. A summary report with top-line findings will also be prepared and it is proposed that this be bought back to the Community Wellbeing Board for further discussion.

9. Health and Wellbeing Boards (HWBs) will also need to assure themselves of progress being made in their areas and it is anticipated that Norman Lamb MP will write to Chairs of HWBs to highlight their crucial role in this work locally.

National offer

10. In addition to this local and regional focus, there will be a national, universal offer which will include supporting improvement via identifying and sharing innovation, measuring progress and challenge, and targeted support when appropriate.

11. As part of its initial work on this national offer, guidance on the key principles that should inform reviews of people's care has been issued. A national conference was been run on this issue at the end of March, to be followed by a series of engagement events for local commissioners across health and social care.

Priority theme areas

12. There also are four priority theme areas that will be crucial to the delivery of the Improvement Programme, with ‘communications’ and ‘engagement and inclusion’ operating as key strands that will run throughout all programme activity:

    12.1 Developing information sources to support improvement will enable local areas to measuring progress for redesign activity;

    12.2 Ensuring that service development and redesign starts from a whole life approach;

    12.3 Building a collaborative approach between local commissioners and the market; and

    12.4 The development of approaches to safeguarding, working with clinicians, and working with those who enact legislation and develop guidance to fulfil the overriding commitments of the Concordat.

Towards Excellence in Adult Social Care

13. The three year Towards Excellence in Adult Social Care programme is also funded by the Department of Health and reports to the Board every six months. 'Towards Excellence in Adult Social Care' works with and for councils to improve their performance in adult social care. The sector led initiative builds on the self-assessment and improvement work already carried out by councils. The key emphasis of its approach is on promoting innovation and collective ownership of improvement. Its core elements involve self-evaluation and self-awareness; regional work; providing robust performance data; and peer support and challenge.

14. Confirmation of the final funding from the Department is yet to be provided but it is anticipated that this will be significantly higher than the £500,000 provided in previous years. It is proposed that an update be provided at the next Community Wellbeing Board and that this item also incorporate an outline of the work undertaken on safeguarding adults.

15. More information on both programmes can be found at: www.local.gov.uk/adult-social-care

PART TWO: Health and Wellbeing System Improvement Programme

Introduction

16. The Health and Wellbeing System Improvement Programme will shortly be launched with an agreed proposal for the offer, which is outlined below. The LGA is currently at the final stages of agreeing a memorandum of understanding with Department of Health and receiving the grant funding of £1,800,000.

17. Joyce Redfearn has been appointed as the Programme Director for the first quarter and the building blocks for the delivery of the Programme are being put in place around governance, budget, staffing and communications.

Working in partnership

18. The LGA and partners (Public Health England, NHS England, Healthwatch England and the NHS Confederation) have agreed a vision for the Programme and a collaborative approach to co-produce an integrated and cohesive support offer that seeks to align resources, share learning and soft intelligence and utilise existing networks.

19. The leadership roles of Health and Wellbeing Boards, Healthwatch and Public Health within local government are crucial to realising opportunities in the new locally led health and wellbeing system to transform services and improve outcomes for the community. The partnership and Programme are designed to assist that local leadership deliver more and sooner.

Governance

20. The LGA Chief Executive will host a Round Table event on 22 May to bring together key strategic partners and following this meeting it is planned to establish a partnership board, the Health and Wellbeing System Improvement Steering Group. The purpose of which is to hold partners to account on how well they are co-ordinating support and to review capacity and progress on health and wellbeing improvement. In addition a smaller strategic leadership body of officers, the Health and Wellbeing System Leadership Group, will support the partnership board to take decisions on keeping support aligned, overseeing the programme and providing a coordinated response to emerging needs from local and regional sources.

Principles

21. The principles of the support offer are that:

    21.1 Health and Wellbeing Boards and delivering improved health and wellbeing outcomes are the focus for support;

    21.2 It uses tried and tested improvement tools;

    21.3 It is sector-led;

    21.4 It is a single offer bringing together three key themes of Public Health, Health and Wellbeing Boards and Healthwatch; and

21.5 All partners will make sure that they align their support offers with this programme to ensure a consistent approach to health and wellbeing improvements.

22. The Health and Wellbeing System Improvement Programme will offer support at a local, regional and national level.

Local: Tailored support

23. Peer challenge is a tried and tested LGA sector-led improvement tool. A Health and Wellbeing Peer Challenge has been developed collaboratively and is in the pilot stage. This can be commissioned by councils to focus on locally identified priorities around the transfer of Public Health, Health and Wellbeing Boards and local Healthwatch.

24. For 2013/14 we are planning a programme of 15 peer challenges. The offer is open to all 153 upper tier and unitary councils. We encourage councils to book a peer challenge at a time of their choosing over this period. The programme will be demand led.

Regional approach driven by local choices

25. The support programme will devolve substantial funding to the regions in order to be responsive to local need, commission support, and build on local networks and capacity.

26. Regional funding will be made available as part of a grant agreement with clearly defined criteria to demonstrate value and outcomes against the existing outcomes frameworks, share learning, and input regularly into live communications to ensure a strong regional and local voice. It is expected that regional funding will be available throughout the year in order to be able to respond to issues as they arise. The sum to be allocated to the regions is less than £300,000 so regional arrangements will need to be proportionate.

National pillars

27. There are four national pillars of the offer:

27.1 **LG Inform**; LG Inform is an on-line data and benchmarking tool and part of the LGA's core offer to the sector. As part of this programme a specific package will be developed to bring together key benchmarking information on public health that health and wellbeing boards, councils, local people and voluntary organisations can use to monitor trends and benchmark. Data and information will also be produced to support the peer challenges.

27.2 **The LGA Knowledge Hub**. The K-Hub supports on-line networking and LGA will continue to support the existing National Health and Wellbeing Learning Network established last year for health and wellbeing boards which now has 1,070 members. Resources will be developed and on-line events will be programmed throughout the year.

27.3 **Healthwatch Implementation Team**. This small, expert team deployed in each region will continue, in the immediate term, to provide 'trouble shooting' capacity and to provide tailored support to local authority commissioners. The LGA and Healthwatch England are currently co-producing a joint work programme. This programme will be framed around; joint events and publications for the two audiences of local healthwatch and local authority commissioners, troubleshooting capacity and tailored support in response to recommendations in the Francis Review.

27.4 **National Sharing learning events**. It is planned to hold national sharing learning events throughout the year. The first two of these will be run in partnership with NHS England and are planned for 24th June (London) and 25th June (Leeds) for key partners in the Health and Wellbeing Boards, Public Health, CCGs, NHS England area teams, regional Public Health England and partners in Public Health to share experiences and learning.

Communications and Stakeholder Engagement.

28. Communications and engaging with stakeholders are key to the success of the offer through consistent messaging and universal access to support across the new health system. A Communications Strategy will be developed with partners to underpin the offer, encompassing all types of social media and existing networks To be successful we want to create a dialogue and voice for local health and wellbeing improvements both locally and through encouraging live dialogue with the regions.

System leadership

29. Although this is not part of the Health and Wellbeing System Improvement Programme, under this grant arrangement strong links will be made to the support available for System Leadership. The System Leadership programme creates system change through leadership development across health and local government and other key players at a local level. The programme aims to support places as they evolve stronger shared / collaborative leadership on a chosen priority area in order to deliver improved outcomes.

30. The application process is now open through the Chairs of Health and Wellbeing Boards.

Speaker – Health and social care improvement programmes

Chris Bull
Programme Director, Winterbourne View Joint Improvement Programme, LGA

1. Chris Bull is leading the NHS Commissioning Board's and the Local Government Association's Joint Improvement Programme, announced by the Department of Health following its final report on events at Winterbourne View Hospital, published on 28 March. The aim of this programme is to support local areas to provide swift and sustainable action across the system and across people's life course. This should result both in a movement away from the use of long stay, large-scale hospital services and also lead to real and rapid change in the attitudes and culture around care.

2. Chris was appointed as both the Chief Executive of Herefordshire Council and Herefordshire PCT in 2007. Prior to that he was the Deputy Chief Executive of Southwark Council and before that he was the joint chief executive of Southwark Primary Care Trust and the Strategic Director of Social Services in Southwark Council.

Update on other Board Business

Purpose of report

Members to note the following:

- Children and Young People's Heath update
- Caldicott Review on data sharing
- National Children and Adult Services Conference and Exhibition 2013
- Measles
- Tuberculosis Oversight Group
- Francis Report – The Government response
- Localising the Public Health Responsibility Deal
- Death certification reforms
- Publications

Recommendations

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

Action

As directed by Members.

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Update on other Board Business

Children and Young People's Heath update

1. The report at **Appendix A** gives a summary of Government policy announcements and LGA work undertaken since March 2013 and details the creation of the Children's Partnership which replaces a number of DH Programme Boards for children and young people.

Caldicott Review on data sharing

2. Dame Fiona Caldicott has been leading this review with an independent panel of experts, on behalf of the Secretary of State for Health. The panel was asked to make recommendations on the balance between sharing personal information and protecting individuals' confidentiality. The review took into account the following factors; how to ensure that we improve the sharing of personal information to support the care of individuals; how to enable the further use of information more widely to improve health and social care services; and how to protect individuals' confidentiality and respect their wishes in relation to how their information is used.

3. The Caldicott Review recommends a new duty to share information when it is in the interest of the patient. Launched alongside health Secretary Jeremy Hunt's response to the recommendations on 26 April **'Information: to share or not to share'** details how the NHS should share patient information while also protecting patient confidentiality as it moves towards a paperless future.

4. For further information please see: http://caldicott2.dh.gov.uk/

National Children and Adult Services Conference and Exhibition 2013

http://www.local.gov.uk/web/national-children-and-adults-conference-2013

5. This year's conference will this be held at Harrogate International Conference Centre and will open on Wednesday 16 October and close with lunch on Friday 18 October. The programme will provide delegates with many opportunities to hear keynote ministerial addresses and take part in plenary sessions. There will be a variety of participatory breakouts and networking sessions.

6. Regularly attended by more than 1,000 delegates, this conference is widely recognised as the most important annual event of its kind for councillors, directors, senior officers, policymakers and service managers with responsibilities for children's services, adult care and health in the statutory, voluntary and private sectors. This is your opportunity to hear the very latest thinking on key policy and improvement agendas, put your questions and comments to those involved in shaping them at the highest level, and network with your peers on the issues that matter to you locally.

7. Confirmed speakers include Norman Lamb MP, Andy Burnham MP, Stephen Twigg MP.

Measles

8. On 26 April Public Health England published their Measles Immunisation Plan. The main thrust of the new campaign is to urge young people between 10 and 16 years of age who remain under or unvaccinated to get vaccinated. The highest priority groups are young people who are completely unvaccinated and have not received a single dose of MMR vaccine.

9. The national publicity surrounding this issue may result in public health teams in local authorities receiving queries regarding measles in their areas. The Public Health England Centre and NHS England Area Screening and Immunisation teams will work together and with your Director of Public Health to plan and coordinate the local response to ensure you have up to date information about measles cases in your area.

10. Alongside this, we have combined with Public Health England to provide some helpful guidance to councillors on measles. This listing of frequently asked questions explains what is being done to reduce the spread of the latest local outbreaks of the disease.

11. A national catch up programme to increase MMR vaccination uptake in children and teenagers on Thursday 18 April. The aim of the programme is to prevent a measles outbreak by vaccinating as many unvaccinated and partially vaccinated 10-16 year olds as possible in time for the next school year in September.

12. PHE figures released show 587 cases in the first three months of this year. In 2012 a record number of 2,000 cases were reported despite this being the highest ever national MMR vaccination level being achieved in England.

13. Cases were distributed across England with the highest cases in northwest and northeast England. Twenty per cent of those cases were hospitalised (108 people).

14. The aim of the catch up programme is to reach over 1 million young people in three areas:

    14.1 A rapid active programme to identify and vaccinate un-vaccinated and partially vaccinated 10 -16 year olds that missed out on both doses of the MMR vaccine in the late 1990's and the early 2000's;

    14.2 An urgent targeted communication strategy pushing unvaccinated young people towards primary care; and

    14.3 A sustained intervention over the longer term that target vulnerable and underserved populations (gypsy and travellers, BME, certain orthodox groups)

15. In association with Public Health England and the Centre for Public Scrutiny the LGA recently produced an FAQ document on Measles: http://www.local.gov.uk/web/guest/health/-/journal_content/56/10171/3960557/ARTICLE-TEMPLATE

Tuberculosis Oversight Group

16. On 10 April, Councillor Catherine McDonald represented the LGA at the first meeting of Public Health England's Tuberculosis Oversight Group. PHE have identified Tuberculosis as one of their key health protection priorities for 2013/14.

17. Tuberculosis (TB) is currently at its highest level in the UK for 30 years. TB is the leading cause of death among curable infectious diseases. The World Health Organization declared TB a global emergency in 1993 and says that nearly nine million people become sick and 1.4 million die from tuberculosis each year. Around 9,000 cases of TB are currently reported each year in the United Kingdom.

18. In the UK we have regrettably seen no fall in the number of new cases each year over the past five years and they are today significantly above the lowest point that was achieved in the 1980s.

19. PHE are in the position of having considerable evidence of effective approaches to reduce the burden of TB in England, surveillance systems and a comprehensive understanding of the epidemiology. Nevertheless we have rates of TB that are at best stable, and at worst continuing to rise (albeit slowly).

20. PHE's specialist epidemiologists and modellers at Public Health England's Infectious Disease Surveillance and Control Centre are in the process of modelling the potential impact of the major interventions. In doing so, they aim to determine the levels of TB which we could achieve if PHE and its partners are successful in a comprehensive disease prevention and control programme. The development of the new public health system gives a new opportunity to develop and implement such a programme.

21. The meeting reviewed the current epidemiology, the evidence for what will make the biggest difference, and considered what a comprehensive disease prevention and control programme would look like across the public health system, the NHS, local government, the third sector and others as appropriate.

Francis Report – The Government response

22. On 26 March the Government published **Putting Patients First: its response to Francis Report**. The government's response to the Francis recommendations contains some important headlines including a new regulatory model under an independent Chief Inspector of Hospitals. The Chief Inspector will also develop ratings of hospital performance at department level.

23. There will be a new statutory duty of candour will ensure honesty and transparency are the norm in every organisation overseen by the Care Quality Commission. A new set of fundamental standards will be introduced to make explicit the basic rights that anyone should expect of the NHS and health and social care professionals will be held more accountable.

24. NHS-funded student nurses will spend up to a year working on the frontline as healthcare assistants, as a prerequisite for receiving funding for their degree. This will ensure the people who become nurses have the right values and understand their role.

25. The Chief Inspector will ensure that hospitals are properly recruiting, training and supporting healthcare assistants.

26. There will be a new Chief Inspector of Social Care who will be charged with rating care homes and other local care services, promoting excellence and identifying problems. Social care providers will receive performance ratings from specialist Care Quality Commission inspection teams.

27. The government said very little about local government's role in health scrutiny and the funding and stewardship of local Healthwatch, we understand further detail will follow in due course.

28. https://www.gov.uk/government/news/putting-patients-first-government-publishes-response-to-francis-report

Localising the Public Health Responsibility Deal

29. The Department of Health, working with local authorities, the Local Government Association, Public Health England and local business have launched a public health toolkit. This will support local authorities to get greater buy in from local businesses to the public health agenda. It contains simple actions which businesses could take to improve staff and customer health and wellbeing.

Death certification reforms

30. The Chair of the Community Wellbeing Board met Minister of State for Public Health, Anna Soubry MP, on 12 March to raise the LGA's concerns regarding the implementation on the new duty on unitary and county councils to appoint independent medical examiners to oversee the death certification process. This is a new duty placed on local authorities under the Health and Social Care Act 2012. It has not yet been implemented and, as yet, there is no confirmed date for implementation. Following the meeting, the Chair of the Community Wellbeing Board wrote to Helen Grant, Parliamentary Under-Secretary of State for Justice, Women and Equalities and Minister for Victims and Courts, to provide her with a comprehensive summary of the LGA's concerns with regard to the new duty.

31. Since the meeting, LGA officers and advisers have been invited to join the Death Certification Reforms Implementation Board, led by DH, identify and mitigate risk to implementation and develop a support programme for local authorities and their stakeholders to prepare for implementation.

32. The public consultation document on the new duty, which was expected to be published before Easter, has not been published. Once it is available, the LGA will produce a briefing, summarising the main proposals and outlining the LGA's initial response.

Publications

33. The LGA has produced a series of publications of interest to members on the Community Wellbeing Board and available to download from the LGA website at www.local.gov.uk/publications:

- Tackling Teenage Pregnancy
- Child Measurement Service FAQ
- NHS Health Checks FAQ
- Making safeguarding personal: executive summary
- Making safeguarding personal

- Measles: frequently asked questions
- An offer of help and support to improve the local delivery of health services
- Tackling mental health issues: local government's new public health role
- Community safety partnerships: a guide for clinical commissioning groups
- Local Healthwatch: Governance and involvement of councillors
- Health and wellbeing boards: a practical guide to governance and constitutional issues

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 March 2013.

Recommendation

Members are asked to note the update and share their views.

Action

LGA staff to action as necessary.

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Children and Young People's Health update

Background

1. A Children's Partnership (CP) has been set up to replace several Department of Health Programme Boards for children and young people. This has resulted in a single, more co-produced board covering improved integration of public health and care for 0–19 year olds. The CP will meet on a bi-monthly basis.

2. Membership of the CP includes the LGA, NHS England, Public Health England, Healthwatch England, Society of Local Authority Chief Executives, Department of Health, Health Education England and Association of Directors of Children's Services. Representatives are being sought from a national body for Clinical Commissioning Groups and from the Department for Education.

3. A scoping meeting took place with CP Members on 24 April to identify key priorities. At the meeting it was agreed that the following priorities would be taken forward:

   3.1 Early intervention;

   3.2 Integration;

   3.3 Safe transfer of commissioning for 0-5 year olds to local authorities in 2015;

   3.4 Good transitions for children and young people throughout the life course; and

   3.5 Understanding the new system and how best to make it work.

4. The CP will commission task and finish groups to take forward work on the abovementioned priorities. Within this a number of cross cutting themes will underpin its work. These will include; workforce, leadership, the voice of the child, using the evidence base, safeguarding, health inequalities, efficiencies and information sharing.

5. A set of common principles were identified to which all members would subscribe. These include the following; the UN Convention on rights of the child, a focus on what we can do together to provide a common voice to help local delivery, and underpinning work with a clear evidence base to improve health outcomes of children and young people.

6. The next meeting will focus on identifying the key pieces of work to be taken forward by task and finish groups.

7. Other ongoing work on children's health includes:

   7.1 delivering the final two public health events and resource sheets on the councils' role in tackling mental health (March) and teenage pregnancy (April);

   7.2 working with Public Health England to produce a briefing for elected members on the National Child Measurement Programme;

   7.3 publishing a joint LGA and DH briefing for Lead Members for Children's Services on the School Nursing Offer; and

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

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

LGA Community Wellbeing Board

Government proposals for adult social care funding reform

6th March 2013

Social Care

What are we changing

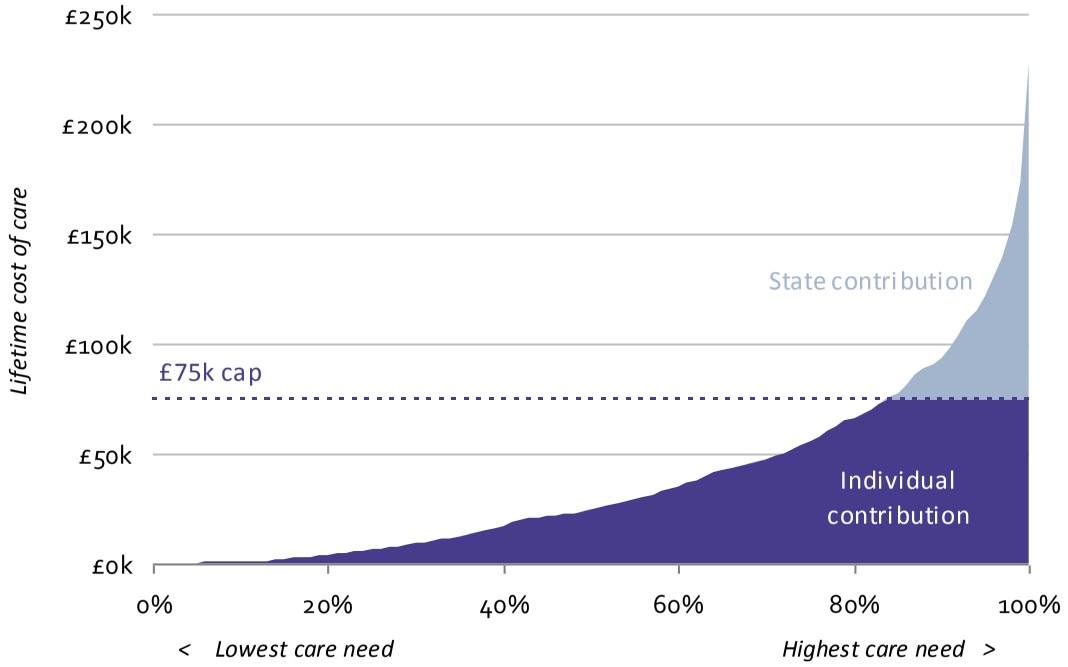
- We are introducing historic reforms to give everyone more certainty and peace of mind over the cost of old age
- Making sure we can all get the care we need without facing unlimited care costs, whilst ensuring most support goes to those in greatest need

From April 2017…

We will offer people a clearer, fairer and more affordable way to plan for and manage their care costs

Peace of mind

- **Increased planning, preparing and prevention**
- **Space for Financial Services and Products**
- **People make informed choices about their care**



Social Care

Subject to the passage of legislation, we will fully reform how care is paid for in 2017

- We will accept the Dilnot recommendations to protect people from huge costs if they develop very complex care needs such as dementia
- These changes will provide people with a new legal right to financial protection

A cap on reasonable care costs

People over 65 receiving care which has a cumulative value of £61k (equivalent to £75k in 17/18) will become eligible for state support for reasonable care costs.

People of working age who develop care needs before retirement age will benefit from a cap that is lower than £61k

People who have care needs before they turn 18 will have their cap set at zero.

New financial protection for those with modest wealth

Those with £100,000 or less (£123,000 in 17/18 prices) will receive financial support for residential care.

Most financial support will go to those with the greatest care needs and the least in savings or home value

This will help them pay towards the cap. The poorest people will continue to have the majority of their care costs paid

New contribution towards general living costs for people in residential care

People in residential care will make a contribution towards the costs that they would have to meet if they were living in their own home – such as on food, energy bills and accommodation – of around £10,000. In April 2017, £10,000 is expected to be around £12,000.

Builds on reforms that subject to the passage of legislation will come into effect in 2015

- **We have committed to implementing other Dilnot recommendations in April 2015 (subject to legislation) to make the system clearer**

Paying for Care

Help to financially plan

Improved information and advice to help people financially plan

We expect financial services to develop new products to help with care costs

Introduce universal deferred payments

Duty on local authorities to offer Deferred Payments to anyone who qualifies to defer fees until after their death, or to repay earlier if they choose.

Local Authorities will able to charge interest (rate to be set) and charge a modest upfront admin fee to cover legal expenses.

Care and Support Reform

A national minimum eligibility standard

Making access to care more consistent around the country

A new right for carers

Carers will have a legal right to support to meet their needs for care for the first time

A modern system

More personalised, preventive and integrated care

There are a number of areas that we want to explore with local government and others

- **Identifying the major areas of change to Local Authority systems, processes and resources***
- **Exploring how greater contact with Local Authorities could influence commissioning***
- **Test proposals on how Deferred Payment Agreements would work***
- Understanding the variation of impact on local authorities from the cap, new financial protection for people in residential care, and deferred payments
- How to communicate the system to care users and the wider public so they understand what protection provided by the new reforms
- Exploring the impact on Local Authorities of the changed relationship with self-funders

*NB: *Items identify areas where we will be focussing our attention in the short term*

Implementing funding reform

The timetable below is subject to parliamentary approval

Easter *to* Summer 2013	• We will engage on the details of how we implement funding reform proposals • We will Consult to ensure we get the details right
2013 - 2014	• Subject to introduction and passage, the **Care and Support Bill** will create the new legal framework, including the cap, extended means-test, deferred payments. • We will continue our work with local authorities and care and support stakeholders to ensure that the scheme is practical to local government and care users.
April 2015	• Introduction of **Deferred Payments**, and wider reform including the **national minimum eligibility standard**
April 2017	• Introduction of **Capped Costs Systems**, and **increased financial protection for people in residential care.**

Local Government Association

LGA location map

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Tel: 020 7664 3131
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Public transport

Local Government House is well served by public transport. The nearest mainline stations are: Victoria and Waterloo: the local underground stations are **St James's Park** (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**