

Update on other Board business

Purpose of report

For information and comment.

Summary

Members to note the following:

- Update on Children's Health and Wellbeing Partnership
- Towards Excellence in Adult Social Care (TEASC) and the LGA Adult Safeguarding programme – update on sector led improvement in adult social care
- Changes to the way we inspect, regulate and monitor care services
- Appointment of Medical Examiners to oversee the death certification process
- Health Impact – Gambling
- NHS Complaints Review
- Cold Weather Plan 2013
- Key Principles for commissioning open access sexual health services and cross charging
- Feedback - Ministerial meeting on Perinatal Care
- Feedback - Health & Wellbeing Leadership events
- Feedback - Ministerial meetings on integration
- National Children and Adult Services Conference and Exhibition 2013
- NHS Health Check FAQs

Recommendations

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

Action

As directed by Members.

Contact officer:

Sally Burlington

Position:

Head of Programmes

Phone no:

020 7664 3099

E-mail:

Sally.Burlington@local.gov.uk

Update on other Board Business

Introduction

1. This paper provides an update on activities undertaken to progress the Board's agreed work programme not covered by other items on the agenda for the meeting on 10 July and covers key policy developments relating to issues within the Board's remit that have taken place since the last Board meeting on 08 May 2013.

Transfer of Public Health responsibilities for 0-5 year olds to local authorities

2. The Children's Health and Wellbeing Partnership (CHWP) met on 19 June for its first official meeting. The LGA sits on this partnership in addition to representatives from key bodies in the health sector and local councils. The Department for Education has now joined the CHWP and membership from the body representing Clinical Commissioning Groups is still in progress.
3. Work has begun on 3 of 5 priority areas, set out below:

Effective commissioning:

4. A task and finish group focusing on the safe transfer of 0-5 commissioning has been set up under the CHWP. Membership includes; LGA, SOLACE, ADCS, Department of Health (DH), Public Health England and NHS England. The group is responsible for developing a transition plan and assurance process for Ministerial consideration.
5. The key elements of the transition plan will focus on early planning with local government including:
 - 5.1 a two stage process with a 'light touch' assessment in 2014 to enable early identification of struggling areas and time for local government to respond;
 - 5.2 joint sign off between NHS England, local government and independent parties;
 - 5.3 joint and early communications to both sectors; and
 - 5.4 work by the task and finish group to establish a narrative for the future development of health visiting over the next few years, to ensure services are sustainable.
6. Health Visiting is an extremely high priority for the Government, therefore Ministers will seek a robust assurance process which gives them confidence in a safe transfer of these services in 2015.
7. The issue of whether funds will be available to local authorities for 2014/15 to cover new burdens will be discussed bilaterally between DH and the LGA. A proposition paper will be brought to the next task and finish group meeting in July for consideration and sign off, with a view to taking the proposition to the Minister before summer recess.
8. There are a number of key issues that will need to be taken into consideration to ensure the transition and assurance plans are robust for local authorities. The LGA is working to ensure these issues are considered, these issues include:

- 8.1 early joint planning with local government through Health and Wellbeing Boards and Children's Partnerships is essential so that commissioning plans for 2013/14 are developed in light of the planned transition in April 2015 to minimise risks;
- 8.2 using the opportunities from the transfer of 0-5 public health services and commissioning for Health Visitors to improve early intervention by linking up more holistically to wider local systems and ensuring services are sustainable; and
- 8.3 ensuring that there is sufficient funding transferred to local authorities from NHS England and that this is communicated early to local authorities so they can plan effectively, especially at a time when some local authorities may be undergoing service reconfiguration as a result of funding cuts.

Early Intervention, Identification and Prevention:

9. A full work programme is being developed, however partners agreed a cross departmental approach on early intervention issues will be taken by the CHWP and it will engage with the Early Intervention Foundation (EIF) to help define this work programme.

Integrated care and support for children and young people:

10. Work will focus on outcome measures for children and young people with long-term conditions and a series of case studies of children and young people with particular conditions will be developed to track where the issues are and what happens next.

Next Steps

11. In addition to continuing work on the priorities listed above, future meetings will identify the key pieces of work to be taken forward by task and finish groups for the remaining two priorities:
 - 11.1 good transitions throughout the life course; and
 - 11.2 operating the new system and understanding how best to make it work.

Towards Excellence in Adult Social Care and the LGA Adult Safeguarding programme – update on sector led improvement in adult social care

Towards Excellence in Adult Social Care

12. Developing and implementing the model of sector led improvement in Councils' adult social care is led by the Towards Excellence in Adult Social Care (TEASC) programme board. The Programme Board is a partnership with senior representation from the LGA, ADASS, DH, LGA, CQC, the Social Care Institute of Excellence, Solace and Think Local Act Personal. The three year programme is funded by a grant from DH, with £800,000 provided for the final year of confirmed funding. The TEASC Programme reports to the Community Wellbeing Board every six months, with the Lead Members of the Board acting as the leads for sector led improvement.
13. As noted in previous updates to the Board, the Programme has been developed by councils and partners locally, based on the LGA principles that councils are self-aware of their performance; that they are engaging with local people in delivering priorities for improvement; and that there is collective ownership of improvement.

14. Key components of the programme for 2013/14 will include:
- 14.1 A focus on the regions: the majority of funding will be provided to the ADASS regions. Regions will also report, collate and share good practice in regional activity order to ensure consistency and coherence.
 - 14.2 Peer support and challenge: Councils can access the chargeable LGA Adult Social Care and Safeguarding Adults peer challenges. Shorter, subject specific challenges on safeguarding; use of resources; choice and control; and learning disability will also be developed. Free peer challenge training for members and officers is offered, as well as one free peer challenge per region. There are also continuing regional programmes of lighter touch peer support.
 - 14.3 Managing the risk of underperformance: a protocol has been agreed which describes the roles of key partners and organisations where there is a risk of underperformance, in the context of statutory powers for Ministerial intervention remaining.
 - 14.4 Political leadership: working with the LGA, the offer for lead members includes an induction event, a leadership academy, on line 'must knows' and regional lead members networks.
 - 14.5 Use of Resources: a set of self-assessment tools for councils to use flexibly to assess their use of resources in adult social care has been developed. The tools and approach is closely linked to the DH/LGA Adult Social Care Efficiency programme.
 - 14.6 Information to support improvement: an annual national report using national statistical returns will be made available to assist local improvement work. Most councils will be testing the use of quarterly reporting on this dataset, building on local and regional benchmarking activity.
 - 14.7 Local Accounts: most councils now produce a local account in which priorities for improvement are set out, ideally based on engagement with local people. A national analysis of local accounts will take place in the Autumn.
15. The TEASC Programme Board has supported the development of a 'statement of purpose' for further ensuring more consistency and clarity in the priorities of the programme. It is proposed that the statement be issued as a 'pack' to the sector, alongside the Managing the Risk of under Performance protocol. Further work also will be undertaken to look at the sustainability of the programme once funding has ended and ensuring that the programme reflects the rapidly changing policy environment in adult social care.

LGA Adult Safeguarding programme

16. Safeguarding Adults is a key theme in the overall performance of adult social care. The LGA Adult Safeguarding Programme has been running for almost three years, seeking to identify, develop and share good safeguarding practice; to identify themes for development; and to support improvement.
17. In 2012/13, the LGA Adult Safeguarding Programme delivered a series of reports, guides and other documents, including 'Advice and Guidance to Directors of Adult Social Services', 'Councillor's Briefing - Adult Safeguarding' April 2013 and 'Learning from Safeguarding Adults Peer Challenges'. It held a national conference attended by

Robert Francis and a range of workshops for Chairs of Safeguarding Adults Boards in the Spring. There has also been continued development of the Safeguarding Community of Practice on the Knowledge Hub, which has over a thousand members with over 250 documents in the library.

18. Priorities for 2013/14 include contributing to guidance associated with the Care Bill. Linked to this, the LGA will work with ADASS, the NHS Confederation and the Association of Chief Police Officers to produce a joint framework for making Safeguarding Adults Boards effective. Support for peer challenge will continue, both regionally and nationally, with a focus on disseminating learning.
19. The programme has attracted £30,000 from the Department of Health for work in local authorities on 'Making Safeguarding Personal'. This will work with councils to ensure a more outcomes based approach to safeguarding responses, including measuring the impact of the responses made. Regional learning events will be held to share current policy and practice development.

Recommendation

20. To note the above update on planned activity as part of six monthly update reports to the Board on sector led improvement in adult social care and the priorities for sector led improvement in adult social care in 2013/14.

Changes to the way we inspect, regulate and monitor care services

21. The Care Quality Commission (CQC) is currently carrying out a consultation on the plans it has developed to help ensure that people receive high-quality care, with a response deadline of 12 August. CQC is seeking feedback on its plans to:
 - 21.1 inspect all care services, NHS trusts and foundation trusts and independent acute hospitals;
 - 21.2 develop clear standards of care that health and social care services must meet;
 - 21.3 make better use of information and evidence we receive to decide when, where and what to expect;
 - 21.4 introduce Chief Inspectors to lead national teams of expert inspectors which will include people who receive care, clinical experts and others; and
 - 21.5 develop a ratings system to help people choose between services and to encourage services to make improvements.
22. In response to a previous consultation on its three year strategy, the LGA welcomed the open and honest way in which CQC is developing and consulting on its work. We noted CQC's new commitment to the improvement of health and care and stated that we are keen to continue to ensure that this dovetails with our work on sector led improvement.
23. Our response also indicated that the Community Wellbeing Board has been uncomfortable in the past with CQC's focus on compliance with, and enforcement of, minimum standards alone, and the abandonment of quality rating of providers. A broader engagement with the sector on quality, improvement and individual and carer

experiences is needed and CQC should be part of challenges to the appropriateness of models of care that do not reflect best practice, values or policy.

24. The LGA has supported the reintroduction of aggregate quality ratings for social care providers. Users and carers regularly report to councils that they find it impossible to distinguish between providers and would welcome an objective indication of the quality of nursing and care homes and home care services. In addition, many councils used the previous ratings to promote and reward quality through quality premiums.
25. The LGA is also concerned that there is confusion around councils' roles in relation to contract compliance and safeguarding and we are aware of councils developing their own reassurance ratings in this vacuum. We believe it is relatively straightforward to produce such a rating for regulated social care services but recognise that there is more complexity in developing ratings in the NHS.

Next Steps

26. **Community Wellbeing Board Members are asked to provide their views on the above detailed CQC consultation** on the inspection and regulation of social care to inform the LGA response.

Appointment of Medical Examiners to oversee the death certification process

27. On 10 June, the Chairman of the LGA met Health Minister Anna Soubry and representatives of funeral directors to discuss the implementation of the new duty for upper-tier local government to appoint medical examiners to oversee the death certification process. The costs of the new medical examiners (ME) services, likely to be implemented in October 2014, will be met through a new fee for death certification. The LGA is keen to develop a voluntary national agreement between local authorities and funeral directors, for funeral directors to collect the death certification fee on behalf of local government. The Minister endorsed this as a pragmatic approach and emphasised that any agreement would be purely voluntary, with local authorities and funeral directors having discretion to opt in or not. A further meeting has been arranged between LGA officers, the Department of Health and representatives of the funeral directors to make progress on a voluntary national agreement.
28. In addition to progress on the national voluntary agreement, LGA officers have a meeting to conduct a new burdens assessment on the ME duty. This process will identify all the potential financial impacts of this new duty and ensure that local government will not have any additional financial burdens as a result.
29. The Department of Health has set up the Death Certification Implementation Board to oversee implementation of the new duty and ensure that all stakeholders are adequately prepared. The DH has also established an implementation support team to provide support, information and implementation resources to local authorities, the medical profession and other stakeholders to prepare for the new duty.
30. The public consultation document on the new duty to appoint MEs is expected to be published before the summer recess. The LGA will be providing our member authorities with an on the day briefing, which summarises the Government's proposals and the LGA's initial response.

Health Impact – Gambling

31. It is now five years since the Gambling Act 2005 commenced and introduced a new system of governance for gambling of all kinds, from the national lottery to scratch cards, betting shops to horse racing. It is timely to reflect on the impact that this has had and consider if there are ways in which the system could improve. Councils will have a primary interest in betting shops, bingo halls, casinos and arcades as they have a formal licensing role with these premises.
32. Responsibility for regulating the gambling industry is shared between councils and the Gambling Commission, with the Lottery Commission overseeing large lottery operators. An operator will typically require a premises licence from the council, and a personal and operator's licence from the Gambling Commission. The clustering of betting shops in an area has been raised regularly with the LGA by members, and has also been the subject of a private members bill, lobbying by the Campaign for Fairer Gambling, and a recommendation in the Portas review that betting shops should be given their own planning class.
33. Problem gambling describes a state where an individual's gambling is causing harm to themselves or those around them. In 2010, about 0.9% of adults in the UK meet the clinical criteria to be considered Pathological Gamblers. This is based on the National Gambling Survey and showed an increase from the previous national surveys in 2007 and 1999 (0.6%). Problem gamblers in the UK have an average debt of £17,500 each and are frequent users of pay day loan companies. The survey also found that another 900,000 people were at "moderate risk" of becoming problem gamblers, while 2.7 million more displayed "some risk factors".
34. The LGA Community Wellbeing Board is developing a guide to help councils identify and address local levels of gambling addiction. Councils are considering gambling addictions as part of their new public health role, but there is no health objective in the Gambling Act. Some Health and Wellbeing Boards have included problem gambling in their work plan but this is not widespread.
35. The LGA has also pressed for greater powers for councils to respond to local concerns about the shape of their high street through greater flexibilities to set permitted development rights at the local rather than the national level.

NHS Complaints Review

36. The Francis report on the scandal at Mid Staffordshire Hospital was a reminder that there have been many attempts to try to improve the way complaints about health services are handled. A review of NHS complaints handling was first announced by the Prime Minister in his response to Robert Francis's report into failings at Mid Staffordshire NHS Foundation Trust and will report before the end of the Summer parliamentary recess.
37. The Review, co-chaired by Ann Clwyd, MP for Cynon Valley and Professor Tricia Hart, Chief Executive of South Tees Hospitals NHS Foundation Trust, took evidence from thousands of patients, their families, doctors, GP's, nurses, NHS Managers and other key stakeholders. The review will examine existing best practice for handling complaints, and make recommendations for a set of common standards by which all NHS hospitals will be assessed and held to account.

38. Local government is working ever more closely with the NHS through health and wellbeing boards, taking a holistic view of the health, public health and social care system. The NHS has a lot it can learn from complaints handling in other parts of the public and private sector. At the same time, the whole of the healthcare system and the public accountability mechanisms which surround it are grappling with the implications of the Francis inquiry.
39. LGA key messages:
- 39.1 Use of risk of litigation to excuse lack of candour must end;
 - 39.2 There is a fundamental need for a more open and honest approach to investigating and responding to complaints. This will require a shift in current culture and behaviour which tends to be defensive or not treat complaints seriously enough;
 - 39.3 The implementation of a statutory Duty of Candour will greatly assist in bringing about this change if it is robust enough to ensure that every organisation and every staff member in it has to take it seriously, and is held to account if they do not;
 - 39.4 Patients and health professionals should be viewed as partners who learn from each other, not as passive recipients of care on one side and expert providers of care on the other;
 - 39.5 The NHS must to look at complaints handling across local government, Police, social security, private sector and so on to capture the very best practice that exists in other fields;
 - 39.6 NHS, CQC, Health and Wellbeing Boards, Healthwatch, Safeguarding Boards to name but a few, need to collectively establish an Integrated complaints procedure that triggers the relevant interventions for the various partners. Unfortunately current narratives and procedures vary;
 - 39.7 The LGA does not consider that management of complaints is an uncomfortable addition to service provision but rather an integral part of that provision. Complaints systems are not mechanisms for apportioning blame but an important part of an organisation's learning and development;
 - 39.8 Complaints can be a rich source of information and learning about how a council's performance is perceived and how it can be improved. What we recommend is a clear, accessible and flexible process that forms part of service provision and does not overwhelm individuals, departments or other council processes;
 - 39.9 It is also helpful to record comments, concerns and compliments as a way of gathering performance information. Many service users want to make comments that they wish to be taken into account but that are not necessarily complaints;
 - 39.10 At a local authority level Health Overview and Scrutiny with their power to request data will also have an interest in this review as they regularly review complaints data for trends or common patterns; and
 - 39.11 Since April, Councils commission NHS Complaints Advocacy services, and will be looking to develop a more robust service over the next couple of years.

Cold Weather Plan 2013

40. There were about 22,900 'excess winter deaths' in winter 2011-12. The publication of the first Cold Weather Plan for England in November 2011 marked a milestone for public health in the UK. For the first time there was a clear recognition of the need to deal with the impact of cold weather on health and reduce the number of excess deaths that are observed in the winter months compared with the rest of the year.
41. Many winter deaths are preventable and the Cold Weather Plan recognises that more needs to be done to protect vulnerable people during cold winter months. Tackling excess winter deaths is a high level indicator in the Public Health Outcomes Framework 2013-16 published in January 2012. The aims of the Cold Weather Plan are to reduce winter related morbidity and mortality and to alleviate pressures on the health and social care systems. It is built around the delivery of Cold Weather Alerts that in turn inform public health actions. It aims to enhance resilience and wider health promotion in the event of severe weather, and to provide advice for individuals, communities and agencies on how to respond to severe cold weather.
42. The Cold Weather Plan for England is being revised and a review commissioned by the Department of Health and carried out by the policy Innovation and Research Unit at the London School of Hygiene and Tropical Medicine. In view of the new role of Public Health England, and changes to the health and social care system from April 2013, the aim of the revised plan is to help local authorities to plan and respond to extreme cold weather events as part of their new public health responsibilities. Officers will keep Board Members informed as the Cold Weather Plan for 2013 develops.

Key Principles for commissioning open access sexual health services and cross charging

43. Guidance issued by the Department of Health, *Commissioning Sexual Health Services and Interventions, Best Practice Guidance for Local Authorities*, highlighted that further information about payment systems for open access sexual health services would be issued in due course. Since 1 April 2013, local authorities are mandated to commission comprehensive, open access, confidential sexual health services for all who are present in their area (whether resident in that area or not). A council is only funded under the terms of the grant to support its residents and does not cover visits to sexual health services used by residents of other Local Authorities under open access arrangements. The Advisory Committee on Resource Allocation (ACRA) recommended the development of a system of "cross-charging" for these circumstances.
44. It is for local determination how these arrangements work and solutions that meet the needs of local areas and local populations should be in place. LGA and Public Health England (PHE) have developed a key principles document to encourage a consistent and equitable approach to cross-charging for out of area service users from both a commissioning and provider perspective and published this month.

Feedback - Ministerial meeting on Perinatal Care

45. On 18 June Cllr Ken Taylor attended a Department of Health & NSPCC Ministerial roundtable on Perinatal Mental Illness on behalf of the Board. Concern was raised at the meeting regarding the duplication and variation of perinatal mental health services.

At present some areas have a specialist perinatal mental health team whilst in others no support exists. MPs present also made the point that children's groups in the voluntary sector and the public sector had not combined their actions as had happened in sectors such as adult social care. Without better cooperation and planning the Government could not be expected to continue to grant fund numerous charities.

46. Ken emphasised the point that local government looked forward to its new responsibilities from 2015, but emphasized the need for appropriate funding to come with the new responsibilities and suggested that Government should not introduce new systems at this point without consultation with the LGA. Both Government and staff should also be conscious of the different culture and way of working within local government.
47. An urgent priority is training of Midwives, Health visitors and GPs who in many cases have a very limited knowledge of perinatal mental health problems. Financially there are large savings to be made by identifying and treating the problem early on and avoiding the long term emotional, health, and economic costs of supporting those suffering from depression.

Feedback - Health & Wellbeing Leadership events

48. Cllr Louise Goldsmith and/or Cllr Linda Thomas to provide a verbal update on the Health and Wellbeing Leadership: Delivering Improved Outcomes for Local Communities events held in Leeds and London.

Feedback - Ministerial meetings on integration

49. Cllr Gillian Ford to provide a verbal update on the series of fortnightly meetings with Care Minister, Norman Lamb MP to discuss different aspects of the integration agenda.

National Children and Adult Services Conference and Exhibition 2013

50. The conference will this year 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 give many opportunities to hear keynote ministerial addresses and take part in plenary sessions. There will be a variety of participatory breakouts and networking sessions.
51. 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.
52. Speakers confirmed include Norman Lamb MP, Andy Burnham MP, Stephen Twigg MP.

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

NHS Health Check FAQs

53. From 1 April 2013, local authorities took over responsibility for the national NHS Health Check programme, previously the responsibility of Primary Care Trusts (PCTs). The provision of NHS Health Check risk assessments is a mandatory requirement for local authorities. The FAQ document published by the LGA aims to support local authorities in understanding their legal duties. The FAQ's address a number of transitional issues relating to the transfer of responsibility for commissioning NHS Health Check to local government.
54. Public Health England and the LGA are working together to produce a further guide for councillors and both the NHS Health Check website and the LGA Health and Wellbeing Knowledge Hub group provide forums for councillors, commissioners and public health professionals to share their challenges and solutions. In addition to these FAQs the Department of Health (DH) have published a revised edition of the NHS Health Check Best Practice Guidance.
55. The FAQ document is available at: http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10171/4009729/PUBLICATION-TEMPLATE