Note of decisions taken and actions required

Title:	Community Wellbeing Board
Date:	Wednesday 08 May 2013
Venue:	Westminster Suite, Local Government House

Attendance from the Community Wellbeing Board

Position	Councillor	Council / Organisation
Chair	Zoe Patrick	Oxfordshire CC
Deputy chair	Gillian Ford	Havering LB
Deputy chair	Linda Thomas	Bolton MBC
Members	Francine Haeberling	Bath & North East Somerset Council
	Ken Taylor OBE	Coventry City Council
	Elaine Atkinson	Poole BC
	Andrew Gravells	Gloucestershire CC
	David Lee	Wokingham BC
	Jonathan McShane	Hackney LB
	Steve Bedser	Birmingham City Council
	Lynn Travis	Tameside MBC
	Doreen Huddart	Newcastle City Council
	Rabi Martins	Watford BC
Apologies	Louise Goldsmith	West Sussex CC
	Iain Malcolm	South Tyneside MBC
	Catherine McDonald	Southwark LB
	Colin Noble	Suffolk CC
	Bill Bentley	East Sussex CC
In Attendance	Cllr Keith Cunliffe	Wigan Council
	Stuart Cowley	Wigan Council
LGA Officers	Sally Burlington	Head of Programmes
	Geoff Alltimes	Chair of LGA Health Transition Task Group
	Chris Bull	Programme Director, Winterbourne View Joint Improvement Programme
	Abigail Burridge	Senior Adviser
	Paul Ogden	Senior Adviser
	Emma Jenkins	Senior Adviser
	Samantha Ramanah	Adviser
	Liam Paul	Member Services Officer

Item	Decisions and actions	Action

Welcome and introductions

Cllr Zoe Patrick introduced herself and her new role as the new Chair of the Community Wellbeing Board.

1 Creative Councils – Wigan Council

The Chair introduced Cllr Keith Cunliffe, Cabinet Member for Health and Adult Social Care, and Stuart Cowley, Director of Personalisation and Partnerships, who gave a presentation on Wigan's Creative Councils project. The presentation is attached as **Appendix 6a**.

Cllr Cunliffe explained that Wigan Council were one of 6 Councils chosen from 135 applicants who had been selected to receive support and funding through the Creative Councils programme. Faced with severe financial demands upon their care services as a result of cuts and growing demand, Wigan's project seeks to develop an economic and social model of social care in Scholes, an area of Wigan. The council wished to utilise the community's strong neighbourliness and community resourcefulness whilst fulfilling its target of personal budgets for 70% of service users, all in a way which was made a difference to the lives of the individuals.

Wigan's project focused on four interdependent components based on a central idea of 'people at the heart of Scholes':

1. Different conversations with users;
2. Co-producing solutions with users and community members;
3. New local forms of trading and value exchange; and
4. New uses of enabling technology

Stuart Cowley explained that his team's work has been focused on establishing multi-disciplinary teams of officers who can broker packages of care for individuals which are personalised and offer greater value for money than traditional models of delivery such as day-care centres.

Alongside this the project has identified loneliness as a problem for elderly service users and sought to involve and then reward those from the community willing to help, acting to connect supply and demand in a safe way.

Stuart saw great a great opportunity to apply a community budget style approach to coordination and cooperation across the public sector whereby local services work together and barriers such as the fragmentation of funding and assessments across separate agencies are overcome. Similarly ensuring that the local Clinical Commissioning Group (CCG) and NHS viewed themselves as investors in adult social care was also crucial for success.

The Chair of the Board then invited questions and comment from the Board, and the following themes emerged in discussion:

Adapting to new ways of working
Wigan's experience was that although it can be difficult to inspire staff, this can be achieved by giving them concerted backing and the power and

tools to do the job. In order for this to occur, the Members of the Board felt that it was essential to get the message across to Government that the skills agenda must change and that investment in skills for care will generate savings.

Rooting projects in local communities
The project in Scholes had shown that it was essential to give communities responsibility and allow them to rise to the challenge. Once change had begun, it is difficult to maintain momentum without jeopardising the principle of co-production or alienating the community with a surplus of initiatives.

Scaling up the service and developing exit strategies
Wigan had treated their project not as a pilot, but as a prototype to be developed and rolled out to other areas. Certain elements of the process have now been tested and can be finalised and then simply rolled-out to other areas, whereas other elements would need to be developed with each community area. Part of the work was developing an exit strategy once the community had assumed responsibility and was capable of delivering certain elements of the programme.

Engaging the wider community
It was noted that when changing the model of social care provision, it was essential to engage not just those currently in care, but the generations who would likely receive care and support from the council in the coming years so they are receptive to the ideas when they require care. A community consortia had been established which would handle engagement in partnership with Wigan Council. Members of the Board also welcomed the focus on combating loneliness amongst older people.

Stuart and Keith concluded the item by outlined a number of next steps occurring across the council in response to issues identified through the programme such as:

- A reduction in the number of social care staff but investment in care package 'brokers' and physical therapists;
- Closure of a number of day centres as part of a shift towards providing personalised care based in the community;
- Investigating the possibilities for future housing growth to include extra care settings; and
- Aligning council work with existing community sports clubs as part of a preventative and community-based approach to public health.

Decision

The Board **noted** the presentation and report

2 The LGA's work on integrated care and support

Geoff Alltimes, LGA Associate and Chair of the Health Transition Task Group (HTTG), introduced himself and summarised his report.

Geoff explained that work on i**ntegrated care and support** has been developed jointly by the LGA, NHS England (NHSE), Public Health England (PHE), the Association of Directors of Adult Services (ADASS) and the Association of Directors of Adult Services (ADCS). Across all partners there is a strong agreement to prepare the ground for integration

The programme consisted of four main areas of work:

- a case for change;
- a common purpose framework;
- a narrative for change; and
- targeted support for a number of pioneering areas

Within this work, Geoff felt that recent agreement on a single narrative agreed by all key partners, including a shared definition of integrated care, would allow local organisations, politicians, officers and clinicians to shift their focus to delivery.

As a part of this programme the LGA is supporting the Care Minister's aspiration by establishing 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 Pioneers programme will operate in a similar manner to community budgets, and there is an expectation that learning will be shared on an ongoing basis, recognising the need for integration to happen across the country at pace.

Finally Geoff noted that work in this policy area would be directed by an Integrated Care Implementation Group consisting of representatives of all the national partners. The Group will be led by those who are responsible for delivery i.e. local government and the NHS, and will be chaired by the LGA's Chief Executive, Carolyn Downs.

The Integrated Care Implementation Group would be the one key forum where all the decision-makers in this policy field could discuss and agree actions and address concerns emerging as more and more areas accelerate their move towards integrated care and support.

Members made the following comments in the question and answer session:

Realistic expectations – It was acknowledged that whilst the 'I' statement used to define integrated care was clear and succinct; sometimes what is important to an individual service user needs to be considered as part of a wider range of health issues across a whole population.

Unrealistic timescales – Some Members questioned the purpose of the work if it did not demonstrate financial savings which can be replicated across the country within the next two years, as councils under severe financial stress across the country are already making changes to integrate health and care, and may not be viable if these do not rapidly achieve success.

Success Measures – Members requested that client or user satisfaction and reduced hospital admissions be explicitly stated as part of the expectations for the Pioneer areas, which are to be given support. Officers confirmed that these measures are already included in the work.

Disconnect between DCLG, Treasury and DH decision making – The Department for Health needed to become more aware of the urgency of the challenge to councils posed by on-going budget cuts, and central government departments were urged to communicate to each other better so objectives such as integrated care can be supported in a holistic way.

Skills and staff – There was widespread agreement that fundamental reform of the way care staff are recruited, trained, valued and utilised is required. Truly integrated care should be delivered by multi-disciplinary teams, who would provide a range of services previously considered in isolation as the preserve of either clinical, care or social work teams.

Person-based care – Members reiterated that changes to the health and care system should always be person-based.

Absence of a compelling vision for the future at local level – Future reports should have a focus on what the programme is doing at local level and what the future should look like.

In response to Members' comments, the Chair assured the Board that the new Integrated Care Implementation Group existed and was designed to drive forward implementation at a local level. Officers undertook to take Board Members' comments into account as the programme is developed.

Decision

The Board **noted** the report, progress made over the last 11 months, and the direction and proposed areas of focus for the coming year.

Actions

Officers to prepare a briefing which illustrates the key boards and governance structures across the LGA, including details of each board's purpose, elected member representation and its links to the Community Wellbeing Board and other LGA structures. **Community Wellbeing Team, Geoff Alltimes**

UPDATE: The organogram of LGA structures and list of regular external meetings are attached at **Appendix 6b** and **Appendix 6c**.

3 Next steps for the Show us you Care Campaign

Sally Burlington, Head of Programmes gave an update on the progress of the Show us you Care campaign, noting the success achieved by the Coalition's commitment to legislate for a Dilnot-style cap on care costs in this session of parliament through a Care and Support Bill.

Members noted that the LGA's submission on the government's forthcoming Spending Round 2015-16 had stressed the urgency and significance of the fair funding for social care and it was proposed that the next phase of the campaign would focus on the funding pressures facing adult social care and the importance of securing sustainable baseline funding for the system as a foundation for the wider care and support reforms.

In discussion Members made the following points:

Government must listen – Members reiterated that other key services would soon be placed in jeopardy by the growing financial strain of funding adult social care: adoption of a Dilnot-style cap on costs would not solve the crisis. The LGA should intensify its campaign to ensure that the Government understands, and is responsive to its message.

Engaging local authority Treasurers – The LGA was asked to speak to the

Association of Local Authority Treasurers. Officers explained that the LGA Finance team works closely with councils' financial teams to inform our policies and campaigning and when modelling financial pressures upon the sector.

Communicating the true cost of care – The LGA was urged to highlight the costs of providing various care services, both to the public and the health and care workforce. For a culture focused on efficiencies to develop, those working within the system must be aware of the true cost of care.

Questioning protection for the NHS and DH budget – Members discussed the LGA's agreed line as expressed through the LGA's submission on the Spending Round, that funding from the NHS to social care should not be ring-fenced and that the NHS Outcomes Framework must recognise genuine health outcomes which can be linked flexibly to activity. It is logical, and in the interests of integration, to increase resource transfers from the NHS to support social care to enable pressures to be managed locally.

Board Members then considered how we should position public health priorities within the LGA, in light of legislation for minimum pricing and plain packaging being omitted from the Government's legislative programme outlined in the Queen's speech.

The Chair of the Board agreed that an item on the LGA's messaging on public health should form part of the agenda for the Board's September meeting.

Decision

Members of the Board:

1. **noted** the presentation and report;
2. **agreed** that the next phase of the focuses on baseline funding for the current system; and
3. **agreed** the future suggested activity in support of the campaign.

Actions

1.	Officers to incorporate feedback from the Board into future campaigning work.	**Kirsty Ivanoski-Nichol**
2.	An item on Public Health lobbying to be part of the agenda for the September meeting of the Community Wellbeing Board.	**Paul Ogden**

4. Health and social care improvement programmes

Abigail Burridge, Senior Adviser summarised the report which outlined the LGA's emerging Health and Wellbeing System improvement programme and Chris Bull, Programme Director introduced the improvement programme being established in response to the failure of care at Winterbourne View.

Chris stressed that the Winterbourne View programme was a genuinely joint response across health and social care which sought to ensure the delivery of personalised and high-quality care. He noted that a stocktake

would soon take place and this would ask local authorities to assess how local partners across health and social care feel they are delivering against key aspects of the programme.

The programme's emphasis is not to simply provide a solution for the 3500 or so individuals whose care and funding arrangements will need to change as a result of the events at Winterbourne View, but to develop appropriate local settings which allow future service users to follow a different, more community based care pathway.

In discussion Board Members made the following points:

Recognition of the role of carers and status of the profession – Members reiterated points made earlier in the meeting that the system for training of professional care staff required reform. Additionally it was felt that wider recognition of the importance of the work of both professional and voluntary carers was urgently needed.

Shifting financial burdens – Board Members expressed concern that costs may be 'shunted' from one part of the system to another, negating any additional funding for adult social care that may be received as a result of transfers from the NHS. Similarly it was noted that a shift of provision of residential to social care does not always provide a saving for councils.

Impact of housing reforms - Members expressed concern that housing teams in local authorities had little capacity to introduce the new ways of working demanded by this approach whilst simultaneously dealing with the housing elements of the government's welfare reform programme. Chris Bull acknowledged the critical role that housing played in the success of the project and added that the impact of the welfare reforms would also have to be considered.

Decision

Members of the Board:

1. **noted** the update on the Health and Wellbeing System Improvement Programme as outlined in the report to inform the discussion at the Board; and

2. **noted** the update on the Winterbourne View Joint Improvement programme.

5. Other Business

Members noted the LGA's policy positions and lobbying work on the items contained within the update paper.

Some Members commented that they felt that the role of council scrutiny was overlooked in the Government's response to the Francis Report.

Officers updated Members on continuing work with senior DH officials and Ministers to broker a solution with Funeral Directors regarding the implementation of the new duty on upper-tier councils to appoint independent medical examiners to oversee the death certification process.

Cllr Ford also provided feedback on the series of Ministerial meetings on Integrated Care she had attended on behalf of the Board. Members noted

that the LGA would be represented on the selection panel for the Integrated Care Pioneers project. There had also been a suggestion at the meeting that unsuccessful applicants would be encouraged to share learning with the Pioneers by working in clusters of authorities.

Decision

The Board **noted** the update provided.

Actions

Officers to circulate an update on discussions with the public health Minister regarding the Death Certification process.	**Alyson Morley**

6. Notes of the last meeting and actions arising

The Board agreed the note of the previous meeting.

7. Date of next meeting

Wednesday 10 July 2013, 11.30am