

Appendix A - Notes of joint Improvement and Innovation and Community Wellbeing Board group discussions

1. What are the key priorities that the LGA's sector-led improvement offer needs to address to help local authorities improve outcomes in adult social care and health?

Sharing best practice and learning

- The LGA importance of sharing learning was highlighted across a majority of groups.
- The LGA should share good practice examples, within all parts of the health system, for example closing walk-in centres to maintain a GP presence in A&E or GPs conducting community consultations to address hard to reach or isolated community groups.
- The LGA should also think about how to share learning when things go wrong – e.g. a list of difficult questions that members could ask of officers to prevent repetition of a similar problem that has occurred in another council – with a view to preventing it happening again?
- Further information about the use of lean principles would be welcome.
- The LGA must utilise sub-national / regional opportunities and mechanisms to help the sector share good practice, in addition to London-based events and online resources.
- The Knowledge Hub was identified as a resource to collate this information but some felt that information held and distributed via the web was often not appropriate for very busy portfolio holders.
- Developing ways to challenge one another within the LGA was suggested – e.g. building on the joint Board meeting to buddy up members from different boards who can be critical friends for each other. They could use Skype as a way of communicating regularly.

Communicating our offer and lobbying activity

- The LGA sends a lot of emails to LGA Board members – is it coordinated? The organisation should consider a way of distinguishing between different types – e.g. those emails for information; or for comment and response; or for local action.
- The LGA should publish and share the progress of community budgets pilots and policy development.
- Members noted that it was sometime difficult to ascertain what support had been offered by the LGA and it was suggested that the LGA could do more to publicise what support it had provided.

Addressing service quality, data and performance issues

- Quality of service was highlighted as the key issue. Members expressed a concern that the people delivering and controlling services do not want to change service delivery. The LGA needs to address the fact that the profession of adult social care can be insular, whilst the nature and demands of the end user has changed.
- It is important to strike a balance between getting consistent performance and financial information to enable local authorities to benchmark their activity and the need local flexibility for local authorities to tailor their information to local needs. Members also questioned whether, in the new localist health and social care environment, if it was possible or advisable to provide models of 'what good looks like' in commissioning and provision.
- Is the LGA's sector-led improvement offer for ASC and corporate peer challenge rigorous or challenging enough to provide a real check on whether councils are adequately addressing the health and social care

agendas? If not, then how do we develop a challenging model without just replicating the old performance management regime?

- The NHS is data rich but information poor – data should be in an accessible format and officers and members should have the skills to analyse the data. The LGA could do more nationally to help local areas in developing shared data sets and shared resource for analysis and intelligence to ensure that they know whether their commissioning and procurement is effective in reducing costs and improving outcomes.
- LGA should support examples of sub regional groups of HWBs, e.g. the Greater Manchester group of 10 leaders “Coalition of the willing” delivering efficiencies in SEN Transport/procurement.
- The LGA has a role to identify and tackle “introvert” “hard to reach” councils, through its political group offices.

Working regionally to share information, and to offer training

- Elected members valued the regional networks for ASC and HWB Chairs for exchanging information but suggested that the LGA should use them far more to deliver specific training on health and adult social care issues.
- Councillors need targeted supported to develop their skills, capacity and knowledge – especially on the use of evidence, commissioning and efficiency, which will enable to scrutinise and challenge the professionals.

The role of District Councils

- LGA could do more to support officers and members from district councils to understand their role and contribution to public health, prevention and early intervention. District council services – housing, planning, leisure, environmental health and so on – all contribute to health improvement.

Reshaping the system at a local level

- HWBs are integral to providing an overview of the system and holding partners to account for how they were spending resources – for many this was regarded as the only way to make diminishing resources work effectively.
- The LGA’s improvement offer will need to think about shifting resources and identify the silos that must be broken down to achieve genuinely integrated care pathways. How do you integrate health and social care to ensure both systems are focused on prevention?
- Councils must not lose sight of the wider determinants of health that are also part of local government’s brief, such as housing and leisure. The LGA’s programme should recognise that opportunities exist to improve health outcomes by actions in a variety of policy areas, from tobacco; drugs and alcohol to obesity.
- In some areas there are difficulties in engaging with the health agenda at a local level – councils are thinly stretched. Helping to address concerns over diminishing capacity at senior officer level would be helpful.
- Some members would welcome further support in helping establish a culture of prevention and invest-to-save. Some members questioned whether a focus on reablement actually saves councils’ money.

National relationships and perceptions

- Closer working between the LGA, local authorities and the Department for Health was highlighted as central to improving outcomes in adult social care and health.
- The whole sector must be aligned around health and wellbeing and local government must be seen as a key player by central government.

2. What more does the LGA need to do to support councils in delivering savings in adult social care?

National relationships and perceptions

- It was felt that the public support the NHS and hospitals but not Adult Social Care (ASC). Members identified the need for greater political weight behind and in support of ASC.
- Adult social care and health professionals need to engage people outside the system and their colleagues across the council to get a wider perspective on how to improve effectiveness.

Support for procurement and commissioning

- The LGA could provide local authorities with support, advice and good practice on procurement of services – this is where there is real potential for efficiencies and integration and local authorities could work far more effectively together or with clinical commissioning groups (CCGs).
- Do local authorities know what good looks like in terms of commissioning cost-effective health and social care services? Members questioned whether we can do this, given the need for local approaches.
- It was suggested that whilst the LGA could undertake more lobbying activities, there was also an onus on elected members to focus this work by direction and key 'asks' were.

Sharing good practice and innovation

- The LGA needs to be more effective and coordinated in communicating good practice, benchmarking data, case studies and as well as the work it already undertakes to support councils.
- Communication should not rely solely on the Knowledge Hub system as elected members often do not have the time to engage in web debates/chats. A variety of engagement tools such as regional forums, shadowing, national and regional good practice events, and publications are needed.
- The LGA also need to learn what self-funders are spending their personal budgets on – this will be important in developing local care markets which are robust and responsive.
- The LGA should disseminate the findings of the Adult and Social Care Efficiency (ASCE) programme. Members felt that there was potential value in a more international study comparing the UK with other systems.
- It was felt that a useful role for the LGA would be facilitating opportunities to learn from each other about how to meet the challenges of service transformation and delivering savings in adult social care, and also how local government can work with the voluntary sector to achieve outcomes that the former is mandated to deliver.

Areas for future work

- Members identified a need for more political peer challenge in adult social care.
- Members felt that savings in adult and social care could not effectively be achieved without support from Government for more collaborative working as well a more holistic approach to health and adult social care budgets (i.e. such as community budgets.)
- Members highlighted the need for a set of Government approved national eligibility standards/criteria.
- A Member suggested that one way of making savings in adult social care was to provide only statutory services, however this view was not supported by other three Members in the group.

3. How can the LGA best help political leaders and councils improve local health outcomes through Health and Wellbeing Boards?

Political commitment to Health and Wellbeing Boards (HWBs)

- Councillors need to be more involved in HWBs, especially the Leader and the Leader of the Opposition group - some health and wellbeing boards (HWBs) may not have cross-party buy in and the LGA should support this where possible. The LGA needs to help share good practice across HWBs.
- The symbolic importance of council leaders leading HWBs was highlighted – this can show local partner organisations councils' commitment to the agenda.

Operating in a political environment

- The LGA should support GPs to understand how to operate in a political environment, and should engage with the General Medical Council (GMC).
- Public health coming over to local government is a huge opportunity. But it will require a significant culture change for public health teams given the difference between their previous accountability arrangements and those they will be part of in local government.
- It was suggested that the LGA could run sessions for public health directors on local government accountability and what it means to be a publicly accountable body.
- The LGA needs to share all the preventative work that councils are doing. A system is required whereby if Councils invest in preventative services the savings that often accrue in other organisations are returned to local government.

Governance, accountability and mapping local connections

- Councillors require a greater sense of how all parts of the new health architecture fit together and relate to one another. A guide or map which explains this and, for each organisation, how they are funded, who they are, how they are accountable would be helpful.
- There need to be improved links between districts, counties, and single-tier authorities.
- There is a lack of clarity around the statutory and 'local choice' elements of Health and Wellbeing Boards' governance arrangements. Members suggested the LGA could do more in this area to disseminate guidance.
- The LGA needs to help councils build CCGs' understanding of local government – it would be helpful if there was some material councils could use so that there was some consistency in what CCGs were learning about local government.
- CCGs often appear to have a priority on fixing current problems not thinking in a long term manner. Some Members recommended a set target % for budgetary spend on prevention. Members also felt that there was a risk of CCGs underplaying the role of pharmacists could play in public health.
- A Member expressed the view that the LGA should be lobbying Government to secure elected member representation on Clinical Commissioning Groups, However this view was not shared by the other Members in the group who felt that political representation on Health and Wellbeing Board was sufficient and more appropriate.
- Further information on the role of scrutiny in the new public health system was requested.

Involving district councils

- Some District councils feel isolated from the social care/health debate, and yet it is their housing and leisure services which must be integrated to improve public health outcomes. A greater emphasis is needed on these preventative services delivered by district councils.
- Members highlighted the important role of districts in delivering the HWB agenda and questioned how the LGA can get them more involved and ensure that those districts which are on HWBs effectively share information to other districts in their area.

Areas of potential further work

- The LGA should set out how significant savings and/or better outcomes can be reached through successful operation of HWBs. There also needs to be a progress check for health and wellbeing boards. Some Members felt that HWBs may become too officer and process-driven, rather than focusing on outcomes.
- The LGA should help members understand the new health agenda and their roles and responsibilities. It is a steep learning curve and the answer is more than just paper briefings – we need regionally based briefing events that relate the issues to individual localities.
- The Health and Well Being Leadership Programme was cited as an example of how local leaders come together to discuss current issues but it was felt that identifying areas with similar issues and bringing them to together could be a more tailored way of offering support.
- The LGA could have a role in identifying the effectiveness of public health interventions in terms of impact on local populations and good use of public money, as there was felt to be a lack of evidence and research into this area. Identifying which local partner will realise the savings and in what timeframe would assist with managing the cash flow locally. An example was cited of £1 spent on encouraging physical activity through the councils' leisure facilities appeared to achieve a £23 return. 'Social prescribing' was also identified as a way to achieve effective outcomes.
- Encouragement for councils to plan ahead and be collaborative in their procurement practices.
- The LGA should share details of lobbying activity with Ministers in the Department for Health with councillors.
- A Member requested that communication between the LGA and councillors be 'individualised' and communicated to all councillors in LGA membership.