

The Health and Social Care Agenda for Local Government

Purpose

As background to the discussion.

Summary

David Mowat MP, Parliamentary Under Secretary of State for Community Health and Care, will join Councillors' Forum for this item and will discuss issues affecting local government, in particular the future of adult social care, councils' role in promoting public health and partnership working with the NHS on the delivery of Sustainability and Transformation Plans. This session provides an opportunity for councillors to raise questions for the Minister.

A biography is attached at **Appendix A**.

Recommendation

That LGA Cllrs' Forum note the presentation and raise issues from a local government perspective.

Action

Officers will take forward actions identified.

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The Health and Social Care Agenda for Local Government

Background

1. Health and social care issues have consistently been at the forefront of policy agenda for the LGA and feature prominently in our corporate priorities. The LGA's Business Plan December 2016 to November 2017 includes the following priorities:
 - 1.1. Promoting health and wellbeing to work with councils to support their citizens to live healthy, active lives and to remain at home and independent for as long as possible.
 - 1.2. Creating a Social Movement for Social Care to demonstrate the importance of social care to the public, with the aim of pushing it further up the political agenda and making the case for sustainable funding.
2. This session presents an important opportunity for the Under Secretary of State to discuss with councillors a wide range of health and social care issues affecting local government. The key issues for LGA are summarised below.

Funding for adult social care

3. The Local Government Finance Settlement, published on 20 February has confirmed that the Government will not provide any new funding for councils in 2017/18. The LGA Chairman has said that this is "hugely disappointing". The LGA submission to the 2017 Spring Budget emphasised the urgency of the situation facing adult social care, a funding gap of at least £2.6 billion by 2020. The LGA emphasised that it cannot be left to council taxpayers alone to meet the funding gap. It is essential that genuinely new funding is invested in adult social care.
4. The LGA has found the almost all councils will make use of the council tax precept flexibilities in 2017/18 but increasing council tax raises different amounts of amount in different parts of the country. Overall councils will be no better off in terms of annual income by 2019/20. Cuts to the New Homes Bonus funding will result in the majority of councils having to find millions more in savings than expected next year. It is imperative that the Government now uses the Spring Budget to take urgent steps to improve the immediate funding outlook for local government and secure its financial sustainability in the long-term.
5. The Government has paved the way for meaningful change to happen with its new review of care and health. This must identify long-term solutions and resist the temptation of providing further incremental short-term fixes. The scale of the pressure facing adult social care, and its implications for older and disabled people, demands bold thinking.

The future of integration

6. The Care Act 2014 places a duty on councils to promote integration and health and wellbeing boards have a duty to encourage integrated working. But integration is not an

end in itself. It is a means of improving the health and wellbeing outcomes of citizens by joining up services and making the best use of public resources. The LGA has a long-held commitment to support councils and their health partners to significantly escalate the scale and pace of integration of health and social care.

7. In June 2016, we published "Stepping up to the place: the key to successful integration" with the NHS Confederation, NHS Clinical Commissioners and the Association of Directors of Adult Social Services. It sets out our system-wide vision for a fully integrated health and care system. In July 2016, we followed this up with a self-assessment framework for local system-leaders to assess their own readiness to drive forward integration. The facilitated integration workshops, which use the tool are now part of our Care and Health Improvement offer to councils and their health partners. We have already successfully piloted it in nine areas and we aim to roll out the workshops as a key component of our support offer throughout 2017/18.
8. The £5.3bn Better Care Fund (BCF) was announced by the Government in the June 2013 spending round, to ensure a transformation in integrated health and social care. It creates a local single pooled budget to incentivise the NHS and local government to shift resources into social care and community services for the benefit of the people, communities and health and care systems.
9. In some places the BCF has provided an impetus to joint working and in many it has supporting existing joint work. The way in which the fund was set up from existing funding streams, however, along with financial pressures in both CCGs and councils as well as the complexity of the conditions attached to the fund means that in some places the impact has been less positive. Since its introduction in 2015, the LGA has worked closely with NHS England and the government departments to ensure that the BCF continues to meet its original objectives.
10. We are currently working with our national partners to support local health and care systems to improve BCF and to agree how areas can graduate from the Better Care Fund. It is the LGA's ultimate aim for all areas to reach a level of integration that no longer requires national mandation, but until then, we recognise the continuing contribution of BCF.

Public Health

11. Councils and their public health teams have been innovative in finding ways of meeting their public health responsibilities despite reductions in the ring-fenced public health grant. They have formed partnerships with the local NHS and voluntary sector, sharing public health initiatives and sometimes even public health teams across councils, decommissioning services that aren't effective and recommissioning services in order to achieve more with less.

12. We continue to press for properly resourced public health services across the country. The return of public health to local government is welcome but it is difficult to embed it fully within councils while continually retrenching to make budget reductions.
13. Public health has huge potential to turn the growing tide of long term conditions facing health and social care. Many councils are beginning to change services to help people live healthy lives with less dependence on acute health and care services and reduce the burden of long-term ill-health on the public purse.

Sustainability and Transformation Plans

14. STPs (Sustainability and Transformation plans) are part of a new planning framework for NHS services. Announced in the NHS planning guidance in December 2015, STPs are strategic, multi-year plans running to March 2021 which aim to address the three major challenges facing health and care systems: health and wellbeing; quality and safety; and finance and efficiency. Across England there are 44 STPs that cover the full range of health services, from primary care to specialist services, with an expectation that they also cover local government provision. All 44 areas submitted detailed plans in October 2016 and they have all now been published.
15. The LGA has worked hard to ensure that STPs provide an opportunity to strengthen local relationships across the health and care services to develop clear plans to transform health and care. They also have huge potential to reshape and integrate health and care services for the benefit of local communities. Lastly, STPs can identify the totality of the health and social care funding gap and support partners to work together to improve quality, service user experience and outcomes, and provide value for money.
16. However, while we strongly support the principles of STPs the LGA has expressed concerns about how the STP process has been implemented in some areas, in particular the lack of meaningful engagement with elected members and local communities. Looking to the future, the LGA has called for the leadership of STPs to give priority to the following issues:
17. Meaningful political engagement is essential to ensure that STPs build on existing place based strategies such as joint health and wellbeing strategies and better care fund plans. STPs will also need to demonstrate to political leaders how STPs will achieve the triple challenge of improving health and wellbeing outcomes, improving the quality and safety of services and ensure the finance sustainability of the health and care sector.
18. It is crucial that there is an 'honest conversation' with the public on the challenges facing the NHS and the changes that need to happen in order for STPs to deliver the objectives of the Five Year Forward View. Councils have a long track record in public engagement and a wide reach into their communities. They are best placed to advise on early and effective public engagement to support development and implementation of STPs. Integration must be a core component STPs, with each area including their aspirations for integration of health and social

Appendix A

David Mowat MP

Parliamentary Under Secretary of State for Community Health and Care



David Mowat was appointed as Parliamentary Under Secretary of State for Community Health and Care at the Department of Health on 17 July 2016. He was elected as the MP for Warrington South in May 2010.

David was educated at Lawrence Sheriff School and then studied engineering at Imperial College London. After graduating, David qualified as a chartered accountant. He joined the consultancy firm Accenture where he became a global managing partner.

Prior to his election to Parliament, David served as the chairman of Fairbridge, a charitable organisation in Salford which helps to improve the life chances of disadvantaged young people. David also served as a councillor on Macclesfield Borough Council from 2007 to 2008.

Before he arrived at the Department of Health, Mr Mowat was previously: Parliamentary Private Secretary to the Financial Secretary to the Treasury from 2012 to 2016, a member of the Scottish Affairs Select Committee from 2010 to 2012, a member of the Joint Select Committee on the draft Financial Services Bill, a trustee of the House of Commons Pension Fund and on the Board of the Parliamentary Office for Science and Technology (non-partisan body on science and technology within Parliament).