

BATH AND NORTH EAST SOMERSET

WELLBEING POLICY DEVELOPMENT AND SCRUTINY PANEL

Friday, 27th July, 2012

Present:- Councillors Vic Pritchard (Chair), Katie Hall (Vice-Chair), Lisa Brett, Eleanor Jackson, Anthony Clarke, Bryan Organ, Kate Simmons, Sharon Ball and Douglas Nicol

19 WELCOME AND INTRODUCTIONS

The Chairman welcomed everyone to the meeting.

20 EMERGENCY EVACUATION PROCEDURE

The Democratic Services Officer drew attention to the emergency evacuation procedure.

21 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Janet Rowse (Sirona Chief Executive) had sent her apology to the Panel.

22 DECLARATIONS OF INTEREST UNDER THE LOCAL GOVERNMENT ACT 1972

Councillor Eleanor Jackson declared personal and non-prejudicial interest at this point of the meeting as she is Council's representative on Sirona Care & Health Community Interest Company.

Councillor Vic Pritchard declared personal and non-prejudicial interest at this point of the meeting as he is Council's representative on Sirona Care & Health Community Interest Company.

Councillor Anthony Clarke declared personal and non-prejudicial interest on the agenda item 'NHS and Clinical Commissioning Group update' as he is Council's representative on the Council of Governors of the Mineral Water Hospital (RNHRD).

23 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none. The Chairman informed the meeting that he agreed to bring forward the agenda item 'Healthwatch position update' which will be presented to the Panel straight after confirmation of the minutes from last meeting.

24 ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

Mr Greg Hartley-Brewer will address the Panel with his statement under item 15 on the agenda (How the PCT monitors quality of NHS Dentistry in BANES).

25 MINUTES 18TH MAY 2012

The Panel confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chairman.

26 HEALTHWATCH POSITION UPDATE

Derek Thorne (Consultant) introduced the report.

The Panel made the following points:

The Panel noted that the Council has decided not to make an award under the current procurement process for Local Healthwatch and asked about the implications on that decision.

Derek Thorne responded that the Council decided to restart the process in October 2012 in order to meet the deadline of April 2013. The Council has also been working to ensure continuity for the work of Local Involvement Network host service, which is Scout Enterprises.

The Panel asked about the Healthwatch governance and whether there was an opportunity to have Council representative on Local Healthwatch.

Derek Thorne welcomed the idea of having Council representative on Local Healthwatch.

The Panel commented that the engagement of the public must be via traditional communication (leaflets, newsletters, etc.) and also by using the latest communication technology (internet, social media, etc.) in order to inform people of all ages on the latest developments.

Derek Thorne took this comment on board.

It was **RESOLVED** to note the report and that comments made by the Panel in terms of the governance and communication be forwarded to the appropriate officers via Derek Thorne.

27 CABINET MEMBER UPDATE

The Chairman informed the meeting that Jane Shayler (Programme Director for Non-Acute Health, Social Care and Housing) would introduce the Cabinet Member update (attached as Appendix 1 to these minutes) in the absence of Councillor Simon Allen (Cabinet Member for Wellbeing).

Councillor Bryan Organ said that older people are mainly interested in the quality and cost of care. Councillor Organ also said that Social Care and Funding is quite difficult issue to deal with considering increasing number of older people in the country and increasing cost of care.

Councillor Vic Pritchard commented that the White Paper on Social Care and Funding (summary briefing and commentary by the Local Government Association is attached as Appendix 2 to these minutes) has some quite significant changes and asked if those will be implemented or they are there to stimulate the debate.

Jane Shayler responded that her understanding is that we are not expecting proposals in the White Paper to be implemented until 2014, which is part of the usual legislative process. This is the next stage in quite lengthy process.

Councillor Katie Hall agreed with Councillor Organ on this matter and asked about whether the White Paper includes clarification of social care eligibility criteria and what should be considered a “substantial” level of need and what should be considered a “critical” level of need within national framework.

Jane Shayler replied that she was not aware that proposals rule out on Local Authorities’ view on what was considered critical/urgent only although there are proposals on tighter national guidance on what critical looks like, what substantial looks like and what moderate looks like. There are quite a lot of variations as in some areas what might appear to be “moderate” level of need might be in other local authority seen as either “substantial” or even “critical”.

Councillor Hall asked how we, as authority, compare with other authorities on this matter.

Jane Shayler responded that our criteria are not as detailed as some areas’ criteria so it is more open to the practitioners’ judgement. Jane Shayler also said that she does not have more detail on what the national picture is likely to look like.

Councillor Eleanor Jackson said that it was regrettable not to have Cabinet Member for Wellbeing to hear his views on this matter. Councillor Jackson also regretted that White Paper is far too over-cautious and there is need for a radical thinking on this matter.

Councillor Lisa Brett asked if this authority will be feeding their views in the Care and Support Bill consultation and how the panel could be engaged on this matter.

Jane Shayler responded that it would be expected from Bath and North East Somerset to provide a response. Jane Shayler also said that she would be happy to work with the Panel and the relevant Cabinet Member and agree a response via email.

The Panel unanimously **AGREED** to be involved in consultation on the Care and Support Bill via email.

Councillor Pritchard felt that Cabinet Member for Homes and Planning should be also present to discuss the appointment of the West of England Care & Repair (WE

C&R) as the future provider of home improvement services in Bath and North East Somerset. Councillor Pritchard asked what will happen with services that Mendip Care & Repair provided so far.

Jane Shayler responded that new provider will provide the services set out in the specification and it will actually deliver more service to greater number of people. There are some things that are let to the current provider under a different contract, such as services funded through the "Section 256" funding. Some of these pilot services that were facilitated by the Mendip Care & Repair might become permanent services. If that is the case then they would need to go through a full commissioning process.

Jane Shayler also said that she will check what will happen with gardening services for people with learning difficulties in Radstock which was initiated by Mendip Care & Repair.

Councillor Pritchard said that it would be welcome if the Panel get information about the future of those services.

Councillor Organ said that Action for Pensioners were pleased with services from the Mendip Care & Repair and hopefully the new provider would be as good as the previous.

The Chairman thanked Jane Shayler for an update and asked that comments from the Panel be taken on board.

Appendix 1

Appendix 2

28 NHS AND CLINICAL COMMISSIONING GROUP UPDATE

The Chairman invited Dr Ian Orpen (Clinical Commissioning Group – CCG) to give an update to the Panel.

Dr Ian Orpen updated the Panel with the current key issues with BANES CCG (attached as Appendix 3 to these minutes). Dr Orpen also updated the panel on the current situation with the Royal National Hospital for Rheumatic Diseases in Bath (also known as 'The Min'). Transition Board has been established and the meeting of that Board and representatives from the CCG, NHS and the RUH Bath will take place in the week commencing Monday 30th July. The subject of the meeting is to discuss how to go forward. Dr Orpen said that the RUH needs to become a foundation trust in order to join The Min with the RUH.

Councillor Katie Hall commented that her parents had quite bad experience with the new NHS 111 service in County Durham and Darlington. Councillor Hall asked what will be put in place to provide good service in BANES. Councillor Hall also asked what qualification/s 111 operator will be required to have.

Dr Orpen replied that the CCG is aware that nationally there are mixed views on 111 services. The CCG is also very concerned about the impact so, for that reason, one of the CCG leads, on behalf of BANES and Wiltshire CCG, will be involved in the process and give some clinical input into the way this is rolled out. Dr Open also said that Wiltshire Medial Services (WMS) currently provide services for out of hours. They are not medically qualified but they are competent. Staff that work at the moment in the WMS are likely to be TUPE-transferred across to provide 111 operator services.

The Chairman said that he participated in the selection and Harmoni were clearly the best providers, which should give people confidence.

Councillor Tony Clarke said that all issues surrounding 'The Min' should have an element of transparency with the public. Dr Orpen agreed with this comment and said that the RUH Bath is the only hospital in the country that doesn't have rheumatology services.

The Chairman thanked Dr Ian Orpen for the update.

Appendix 3

29 BATH AND NORTH EAST SOMERSET LOCAL INVOLVEMENT NETWORK UPDATE

The Chairman invited Mike Vousden to take the Panel through the update as printed in the agenda papers.

The Chairman also invited Jill Tompkins to take the Panel through their reports on visits to four Care Homes in BANES.

Following the updates from Jill Tompkins and Mike Vousden the Chairman congratulated the Local Involvement Network Team on quite comprehensive reports for each of four Care Homes. The Chairman said that he was pleased that there was no profound criticism in any of the report. The Chairman concluded by saying that he will be support the LINK if they have intention to continue with visits.

The Panel unanimously **AGREED** with Chairman's comments.

30 JOINT WORKING ARRANGEMENTS WITH THE NHS BEYOND APRIL 2013

Mike Bowden (Divisional Director for Service Development) introduced the update to the Panel.

The Panel welcomed the update and expressed their hope that partnership between the Council and future health bodies, such as the Clinical Commissioning Group, is as good as it was between the Council and the PCT in the past few years.

It was **RESOLVED** to note the update.

31 HOUSING ALLOCATIONS VERBAL UPDATE

The Chairman invited Mike Chedzoy (Housing Services Manager) to give a verbal update on Housing Allocations.

Mike Chedzoy highlighted the following points in his update:

Housing Services are currently reviewing the housing allocation scheme. The housing allocation scheme is called Homesearch at the moment. Homesearch aims to give more choice in deciding where people want to live. Properties that are available for rent will be advertised each week in a weekly advertising cycle. At present there are more than 12,000 applications waiting on the Homesearch register. The service is only able to advertise approximately 750 properties per year. Private rented properties are now advertised on the Homesearch website so that local accredited private landlords and lettings agents can advertise their available accommodation. These landlords will consider people who are receiving Local Housing Allowance (Housing benefit). Consultation, with the general public, on the future of housing allocation has been going on for a year and people are asked if they support the following criteria:

1. Priority to people who want to downsize
2. Priority to people who are overcrowded in their units
3. The housing register be restricted to people who work and live in BANES; and
4. Priority to people/household who provided contribution to the community.

The first three criteria received strong support from those who participated in the consultation whilst the fourth criterion did not get strong support and it is unlikely that it will be used in the new policy.

Following the new guidance on social housing, the Housing Services are also proposing are proposing to give extra help to members of the armed forces, people who care for others or who foster children by giving them additional priority and more flexible housing need assessment.

New policy will be released in April 2013.

The Panel made the following points:

Councillor Lisa Brett gave her support to criteria 4 - priority to people/household who provided contribution to the community.

The Panel asked about the strong public support for downsizing and about the additional priorities for people who foster children.

Mike Chedzoy replied that downsizing will be very much a choice and not enforcement, which should not affect older people. The service will be asking for the evidence that the applicants are existing foster-carers or have been approved to be foster carers and this will be closely monitored.

The Panel asked how the service would ensure the quality of the private housing. The Panel also asked what will happen to fathers who are separated from wife/partner and children – will they have any chance for separate rooms when visiting.

Mike Chedzoy replied that Council will receive guidance from the Government about the use of private sector in housing. Mike Chedzoy also said that there will be no change in the policy related to separate households but that the service can always make allowances for joint custody.

The Panel asked how people without the PC and access to internet can submit their housing applications.

Mike Chedzoy replied that the service is encouraging people to use online application forms. However, people can also use Council offices in Bath, Keynsham and Midsomer Norton to submit their applications. People can also receive assistance in submitting their applications and/or "bids" for specific properties.

It was **RESOLVED** that draft Homesearch Policy be reviewed by the Wellbeing PDS Panel before it is submitted to the Cabinet for adoption.

It was also **RESOLVED** to invite Cabinet Member for Homes and Planning to comment on the Homesearch Policy.

32 CARE HOMES QUARTERLY PERFORMANCE REPORT (APRIL - JUNE 2012)

The Chairman invited Jane Shayler to introduce the report.

The Panel made the following points:

The Chairman said that the Panel had an extremely good report from the Local Involvement Network who looked in depth in four of our care homes. However, in the latest edition of the 'Midsomer Norton, Radstock & District Journal' (known as Journal) it says that *"25% of care homes in BANES are not compliant"*. This is in conflict with the report that the Panel had before them. The Chairman asked how the press got hold of this information that is adverse.

Jane Shayler said that the article is unfortunate and potentially misleading as it misinterpreted the information put in the report. The use of the word 'not compliant' relates to the framework within which the Care Quality Commission (CQC) regulates providers. In the table on page 69 of the report there is a summary of the 44 homes in BANES that have been inspected by the CQC. 28 homes met all standards but it is not unusual for care providers not to be completely compliant with all standards. It is partly because the standards are quite challenging but also because that full compliance represents the level of excellence that not all providers can achieve consistently.

The Chairman said that the professional evaluation from Jane Shayler does not translate through to this article. The public will read this article and not the document that is in the report, which they probably may not understand. What the public might understand is the dramatic headline that 25% of care homes are un-safe or of a poor quality, which may not be the case. This will cause unnecessary apprehension for someone who is scheduled to go to a care facility that is not fully compliant. We

need to somehow counter this article with immediate effect and say that the information has been misconstrued.

Mike Vousden from LINK said that they have regular meetings with the CQC about these issues. Although the standards are extremely important to be followed there are some small minor technicalities that are less significant within those standards. So, non-compliance might be on trivial issues.

The Chairman said that these issues may not be translated correctly in the article and that he would want this to be rectified so the public understand the picture.

Jane Shayler said care homes that are not compliant with all of the CQC standards were taken seriously by the Council. However, the Council also have to use the judgement around that in terms of the risk associated. If the Council used only those homes that are fully compliant with the CQC standards then we would stop using a number of much loved and much valued care services in this and other areas.

The Panel **RESOLVED** that immediate reply from the Council should come from the Communications and Marketing Team in order to rectify this issue hopefully in the next edition of Journal.

33 HOW THE PCT MONITORS QUALITY OF NHS DENTISTRY IN B&NES

The Chairman invited Greg Hartley-Brewer to read out his statement.

Mr Hartley-Brewer highlighted the following points in his statement:

- Dental Reference Officer's report for a visit undertaken to Oldfield Park on 27th May 2010
- ADP Oldfield Park not recording clinical data accurately
- Provision, or non-provision, of scale & polish in BANES
- Residents of Radstock and Chew Valley have to travel to access an NHS Dentist
- Use of the Dental Contract Management Handbook by the PCT
- The residents of BANES have had to put up with poor treatment in some practices for far too long and had to pay privately for treatments that should be available on the NHS

A full copy of the statement from Mr Hartley-Brewer is available on the minute book in Democratic Services.

The Panel thanked Mr Hartley-Brewer for his statement and for his contribution on this matter.

The Chairman invited Julia Griffith (BANES NHS) and Nathan Brown (Dentist from the Parks Dental Practice in Keynsham) to introduce the report.

The Panel made the following points:

The Panel asked about the PCT's dependency on self-assessments.

Julia Griffith explained that the self-assessment process depends on dentists reporting accurately. The PCT would compare all of the self-assessments to see if there are any areas of weakness and where the support is needed. The dentists were meant to be honest as they could be. If the PCT identified areas of weaknesses then they would write to dentists and ask them to report back on actions they have taken to improve. If there was a concern that the action plan was not carried out then the PCT would investigate further. Every practice was visited by the Dental Reference Service.

The Panel asked about an issue that some people were denied access to the NHS dental treatment.

Julia Griffith said that there are number of areas in dental contract that were always grey areas. For example scale and polishing – it is the role of the dentist to ensure that the patient is dentally fit and if the patient needs scale and polish for health reasons then it will be covered by the NHS. If not then it will be private treatment.

The Panel asked about root canal treatment.

Julia Griffith responded that this is also an area that is challenging. The NHS would provide the fee for that service and there are some procedures that will be covered with that. The PCT realises that within the pay band some treatments are more costly or cheaper to carry out than others. Overall this should balance out.

The Panel said that patient has little or no knowledge on what is wrong and what to expect so they heavily depend on the dentist to tell them.

Nathan Brown said that dentists have ethical responsibility and that they have to give patients options and choices.

The Panel asked what percentage of BANES population has regular dental treatment and if there is dental plan for gypsies and travellers.

Julia Griffith responded that the PCT target of percentage of people having regular dental treatment is 59% and so far 58% of people regularly have access. The PCT commissioned the community dental service for patients with special needs and also dental access centre which is for patients in pain (based in Riverside in central Bath).

Members of the Panel continued the debate with Julia Griffith and Nathan Brown and what should be a dental service covered by the NHS and what would be beyond NHS care.

As a result of the debate it was **RESOLVED** that the PCT request from all NHS Dentists to provide a clear guidance on treatments that are covered by the NHS and those treatments that are outside NHS care.

34 JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

The Chairman invited Paul Scott (Acting Director of Public Health) and Jon Poole (Research and Intelligence Manager) to give a presentation on Joint Strategic Needs Assessment (JSNA) in Bath and North East Somerset.

Paul Scott and Jon Poole highlighted the following points in their presentation:

- Objectives
- What is JSNA and what does it say?
- Needs Assessment – Local Approach
- Framework for an ‘Enabling’ Needs Assessment
- Who is it for?
- Website address – www.bathnes.gov.uk/jsna
- Introduction
- Aging population
- Long Term Conditions (Physical & Mental)
- Lifestyle risk
- Social & Environmental factors
- How are we using JSNA?
- Locally
- How can you use it?

A full copy of the presentation is available on the minute book in Democratic services.

The Panel made the following points:

Members of the Panel debated with officers some of the topic areas of the main document and came to the conclusion that each topic would require considerable debate at the meeting.

For that reason the Chairman suggested that the JSNA be a regular item on the agenda with intention to break down the main document into areas which will be presented at the future meeting (i.e. aging population at September meeting, complex families for November, etc.)

The Panel **AGREED** with Chairman’s suggestion.

It was **RESOLVED** to note the presentation and for the officers to take on board Panel’s wishes.

35 GOVERNMENT CONSULTATION ON STANDARDISED PACKAGING OF TOBACCO

The Chairman invited Paul Scott to introduce the report.

On a motion from Councillor Eleanor Jackson, and seconded by Councillor Douglas Nicol, it was unanimously **RESOLVED** to inform the Government that the Wellbeing Policy Development and Scrutiny Panel supports the introduction of standardised (plain) packaging for all tobacco products in the UK.

It was also unanimously **RESOLVED** that Panel's resolution be communicated to The Right Honourable Don Foster (Member of the Parliament for Bath) and to Mr Jacob Rees-Mogg (Member of the Parliament for North East Somerset).

36 **WORKPLAN**

It was **RESOLVED** to note the workplan with the following additions/amendments:

- Draft Homesearch Policy (date to be confirmed)
- Joint Strategic Needs Assessment – standing agenda item with different theme each meeting.

Some Panel Members felt that agendas are too crowded and because of that Wellbeing PDS meetings are too long. The Chairman said that he might call an extra meeting of the Panel in October (if required).

The meeting ended at 2.10 pm

Chair(person)

Date Confirmed and Signed

Prepared by Democratic Services

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Cllr Simon Allen, Cabinet Member for WellBeing Key Issues Briefing Note

Wellbeing Policy Development & Scrutiny Panel – July 2012

1. PUBLIC ISSUES

Publication of White Paper on Social Care and Funding

On July 11th, the Government published its White Paper on the reform of adult social care - *Caring for our future: reforming care and support*, a full copy of which can be downloaded from the Department of Health's website: www.dh.gov.uk

A summary briefing and commentary by the Local Government Association is attached to this briefing.

2. PERFORMANCE

There are no key performance issues to highlight that are not covered by the .Care Homes Quarterly Performance Report item later on the Panel's Agenda.

3. SERVICE DEVELOPMENT UPDATES

Home Improvement Agency

Following a competitive process, the West of England Care & Repair (WE C&R) has been appointed to be the future provider of home improvement services in Bath and North East Somerset. The new service will be available from Autumn this year.

Service user benefits of the new service will include:

- WE C&R has a strong track record of maximising income for clients through benefit assessment and charitable donations.
- Provision of peer support for older people and other service users.
- Proposals to work with rural champions to improve services to people living in rural areas
- A focus on local identity, local delivery of services and knowledge of local stakeholders.

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White Paper on Social Care and Funding Update

LGA On the Day Briefing

11 July 2012



Summary

The Government published the long awaited White Paper, *Caring for our future: reforming care and support*, today on the reform of adult social care. It is accompanied by a draft Care and Support Bill and a suite of other documents including a progress report on its response to the Dilnot Commission, summary of the *Caring for our future* engagement exercise, and response to the Health Select Committee's reports on these matters.

The Care and Support Bill provides enabling legislation for these reforms. This is published for pre-legislative scrutiny. It will be introduced into Parliament in late 2013 with a view to completing its passage by Autumn 2014. Most changes requiring legislation will be implemented from April 2015 at the earliest.

LGA key messages

- The LGA is disappointed the White Paper does not address the reality of the funding pressures councils face. The small pockets of additional funding are welcome but an essential precondition of serious progress must be an honest appraisal of what a modern social care system costs and how it is to be funded.
- The White Paper provides a good platform for a reformed social care system. It builds on the sector-wide consensus about the recommendations of the Law Commission and the Dilnot Commission. There is plenty for councils to work on with Government through the draft Care and Support Bill.
- However, the funding statement takes us no further forward in how a modern, stable and predictable social care system can be properly resourced. We fear that on this timetable users and carers could face at least a further 5 years of uncertainty and hardship.
- The LGA welcomes the Government's commitment to adopt the principles of the Dilnot Commission that an individual's lifetime contribution should be capped. We endorsed his view that such a system had to be universal to work and suggest the proposed consultation on voluntary opting in or out may not be workable.

Background

The Coalition's Programme for Government highlighted in May 2010 the "*urgency of reforming the system of social care to provide much more control to individuals and their carers, and to ease the cost burden that they and their families face*". Andrew Dilnot's Commission on the Funding of Long Term Care reported in July 2011, and the Law Commission completed its review of social care legislation in May 2011. In response, the Government launched an engagement exercise, *Caring for our future*, from September to December 2011 with a number of strands including integration with health, information and insurance. During

2011/12, the Health Select Committee published reports on funding social care and integration. A White Paper and an update on funding reform were originally promised in April.

Andrew Dilnot called for a cap, suggested at £35,000, for an individual's lifetime contribution towards their social care costs, after which they would be eligible for full state support. He recommended an increase in the means tested threshold, above which people should pay full care costs, from £23,250 to £100,000. He proposed that national eligibility criteria and portable assessments should be introduced to ensure greater consistency and that younger adults should be eligible for free state support immediately, rather than be means tested. Implementation costs were estimated to be around £1.7 billion.

The Law Commission recommended a single, clear, modern statute and code of practice that would pave the way for a coherent social care system. Under their proposals users and carers would have clear legal rights to care and support services and councils would have clear and concise rules to govern when they must provide services.

The Commission recommended:

- putting an individual's wellbeing at the heart of decisions, using statutory principles
- giving carers new legal rights to services
- placing duties on councils and the NHS to work together
- building a single, streamlined assessment and eligibility framework; and
- giving adult safeguarding boards a statutory footing.

The LGA set out its expectations for social care reform in its recent publication, *Ripe for reform: the sector agrees, now the public expects*. This was based on three key tests:

Test one: Does the White Paper set out proposals for a reformed system that is likely to achieve our aims of:

- improving the individual's experience through a simpler system that enhances choice and control; fosters quality services founded on dignity and a commitment to safeguarding; supports the needs of an expanding workforce; and promotes an integrated response from services to their needs.
- providing stability, predictability and transparency and encouraging the long-term view.
- providing sufficient funding that is appropriately directed now, until the reformed system is in place; to meet demographic pressures; meets the full costs of reform; and incentivises prevention.
- using the totality of local resources through a focus on wellbeing, quality of life, aligning of public and individual resources, integrated services, and support for carers.

Test two: Does the White Paper set out a timetable for reform that recognises the urgency of the challenge and commits to immediate action where possible?

Test three: Does the White Paper articulate a clear role for local government in a reformed system and recognise the importance of a local approach to care and support?

Commentary

Today's announcements meet many of the expectations the LGA set out in *Ripe for reform* but **fall a long way short of the second test of confidence** in seeing

For further information please contact Kirsty Ivanoski-Nichol, Public Affairs and Campaigns Manager on 0207 664 3125 or kirsty.ivanoski-nichol@local.gov.uk

this through to conclusion.

In adopting all of the key recommendations of the Law Commission and framing draft legislation, the Government has taken **significant steps towards bringing to life a new, modern social care system**. We set out a vision based on community and individual assets, support for carers, and support to users and carers to make good decisions about their future care needs. This should be based on clear, national and portable entitlement to services, coupled with individuals having the flexibility to design support to meet their needs in their local context.

We wanted an emphasis on prevention, a more integrated approach to how housing and health contribute to good care, and on developing local markets and ensuring continuity of care provision. We also stressed the need to recruit, train and support an expanding workforce. The LGA has supported putting Adult Safeguarding Boards and requirements to cooperate on a statutory basis.

Our second test was about confidence; **confidence that the White Paper would pave the way for real action** and confidence that the Government will indeed see this agenda through. We have a draft Bill but it is unlikely to complete its passage before 2014. All the key funding decisions on implementing Dilnot reforms and addressing the true costs of a reformed care system are postponed until the next Comprehensive Spending Review. There are worrying signals that these issues may have to take their place in consideration of measures to stimulate growth and other public spending pressures.

The Dilnot proposals under consideration are mainly focused on older people. He recommended care and support for adults should be free. These groups are, therefore, disproportionately affected by councils' rationing services in response to funding shortfalls. **Unless this wider issue is addressed the system cannot be considered fair or stable.**

Our third test was that the reforms articulated a clear role for local government, that appropriate links were made with Health and Wellbeing Boards, and clearly defined relationships for councils with key partners. There are clear new duties proposed that are intended to promote cooperation. **The LGA will be keen to ensure that social care and health reform are not taken forward on separate tracks** and that no opportunity is lost to develop integrated care and support and health responses to the needs of people and communities.

The Government has made much of the benefits of extending deferred payments. However, the ADASS budget survey 2012 showed that councils have already made deferred payments to around 8,500 people to a total value of £197m (an average of £23,000). Councils are not banks and the **implication of this level of debt in an already overstretched system needs urgent attention.**

Details

The headline features of the **White Paper** are as follows:

- The Government intends to legislate to give councils a clear duty to incorporate **preventive practice and early intervention** into commissioning. This will be built into the social care and public health outcomes framework.
- A range of measures is proposed to **promote community development and social action** as part of a preventive approach. These include stimulating the development of initiatives to help people share their time, talent and skills. Trailblazers are proposed from April 2013 as well as

- encouraging the use of Social Impact Bonds.
- There will be a new duty to ensure **adult social care and housing** work together. The Government will work with the national improvement body for Home Improvement Agencies to extend their service to more people who fund their own adaptations and make sure people obtain timely support in securing home modifications.
 - Legislation is planned to give adult social care services a power to assess young people under 18, to **assist their move from children to adult services**.
 - A **capital fund of £200m over 5 years** from 2013/14 will help further develop specialist housing for older and disabled people. This probably equates to around 4 schemes per year.
 - A national information website will be established. To aid the development of **local online services**, £32.5 million will be available in 2014/15. There is encouragement too for comparison websites for people to give feedback and compare provider quality.
 - Access to **independent advice** will be improved to help people eligible for financial support from the local authority to develop a care and support plan.
 - The **Care and Support Bill** addresses the Law Commission recommendations for a new, simplified statute incorporating among other things:
 - National minimum eligibility threshold.
 - The entitlement will be portable if users and carers move to another council area, with councils required to maintain services until a reassessment is completed.
 - Extend the right to an assessment to more carers (currently only those with substantial caring responsibilities) and give carers a clear entitlement to support for their own wellbeing.
 - People will have a legal entitlement to a personal budget.
 - Provide clarity on ordinary residence.
 - Councils will be urged to rule out **contracting by the minute**.
 - The Government plans to consult on further steps to ensure **service continuity** for users if a provider goes out of business.
 - Dignity and respect will be at the heart of a **new code of conduct** and minimum training standards for care workers. There is no mention of any plan to introduce any registration scheme; in this respect the Government's position is unaltered.
 - A new **Leadership Forum** will be established by March 2013 to bring together leaders from all parts of the sector to lead these reforms.
 - The Government also plans to work with care providers, users and carers to develop a **sector-specific compact** to promote culture change and skills development.
 - There are plans to **train more care workers**, mainly through doubling the number of care apprenticeships to 100,000 by 2017.
 - A **Chief Social Worker** will be appointed by the end of 2012. This role covers children's and adult services and was included in the Munro report recommendations.
 - Pilots will be developed to test the benefits of **direct payments for people in residential care**.
 - Additional resources will be **transferred from the NHS** to local government (through the same mechanism as the previous transfer): £100m in 2013/14 and £200m in 2014/15 to help better integrate care and support. 10% of this will be used to meet reform implementation costs.
 - There will be a requirement that the NHS works with councils and local carers organisations to agree plans and budgets to **identify and support carers**. A working group will consider issues how carers can carry on

working.

- There will be legislation to ensure that all agencies work together at a local level to **prevent abuse**. This places local Adult Safeguarding Boards on a statutory basis.
- There will be new funding system for **palliative care** in 2015. Investment in the pilots will be doubled to £3.6m. Under this all health and social care would be free to people once they are on the end of life locality register.
- Steps will be taken to clarify who is responsible for **care and support in prisons**.
- Payments to **veterans** under the Armed Forces Compensation Scheme will not be required to be used to pay for social care arranged by councils.

A Care and Support Transformation Board and Care and Support Implementation Board will oversee the reforms. The LGA expects to be represented at both levels and to play its part in the working groups proposed to work through the details of implementation.

Progress report on funding

The separate progress report on funding accepts the following principles of the Dilnot Commission:

- Financial protection through a cap on costs
- Extended means test
- National minimum eligibility criteria
- Deferred payments available to all, with a consultation on how interest is levied by councils

The Government will not commit to a new funding model at this stage. That will be considered as part of the next Comprehensive Spending review. As part of this the Government wants to explore further options they believe are consistent with the Dilnot report but at a lower cost namely:

- Level of the cap (say at £75,000 rather than £35,000). The Government has no firm view on the level.
- Choice about whether to have financial protection through voluntary opt-in or opt-out schemes to give protection in return for specified payments.

A working group will be set up with the financial and insurance sector to consider the requirements of a new system, tax implications and how to help people plan.

Summary of financial announcements

£100m in 2013/14 and £200m in 2014/15 to be transferred from NHS to councils under Section 256 with similar conditions to previous transfer. 10% likely to be for reform implementation costs

£200m capital spread over 5 years for specialist housing schemes

Start up funding of £32.5m from 2014/15 to develop local online information services

Investment by NHS in end of life care pilots to be doubled from £1.8m to £3.6m

Next steps

The Care and Support Bill is now open to consultation and pre-legislative scrutiny. The Bill will be formally introduced in the third session of Parliament in 2013.

There will be the opportunity for councils to comment in detail on clauses on line,

For further information please contact *Kirsty Ivanoski-Nichol*, Public Affairs and Campaigns Manager on 0207 664 3125 or kirsty.ivanoski-nichol@local.gov.uk

which is a first for Government.

Membership of the proposed Boards will be confirmed shortly. A number of working groups will study the detailed implications of the White Paper and the Bill between now and 2015 when much of this is expected to take effect.

The White Paper refers to the LGA's Efficiency Programme that is supporting 44 councils with a range of themes.

The LGA will provide further briefings at key stages of the legislative process and will continue to lobby Government on funding through our *Show us you care* campaign.

Wellbeing Policy Development and Scrutiny Panel

27.7.12

Key issues briefing note

1. B&NES Clinical Commissioning Group (B&NES CCG) update

Appointments

Dr Simon Douglass has successfully completed the formal national assessment process and this means he is now considered able to be appointed as B&NES CCG Accountable Officer designate. The formal process for appointment is now being drawn up. The CCG is now working towards appointing the rest of its senior team into designate positions. This will provide certainty for the CCG as well as for senior commissioners as capacity is retained throughout the transition period. Once the CCG becomes a statutory body on 1st April all designate posts will automatically become substantive.

Authorisation

Before CCGs become legally constituted bodies they will go through a rigorous and extensive assessment process called authorisation. There are four waves for submission to authorisation from July to November 2012. B&NES CCG will go in the third wave (October 1). Work continues at a pace to complete the detailed, technical submission covering all 119 criteria across six domains.

Consultation on CCG plans

As part of authorisation the CCG has consulted with GPs, healthcare professionals and the wider public on its three year strategic plan. Key highlights were:

- Council members, council officers, senior commissioners Strategic planning event on 31st May
- Health and Wellbeing board presentation of draft plan (June 13)
- GPs: presentation of the CCG's strategic three year plan (July 10)
- Practice managers session: presentation of the CCG's strategic three year plan (July 11)
- Stakeholder meeting: presentation of the CCG's strategic three year plan Keynsham Fry's Conference Centre (July 12)
- Public meeting: presentation of the CCG's strategic three year plan at The Centurion Hotel, Midsomer Norton (July 19)

CCG constitution

CCGs are a membership body and practices are the members. Under guidelines set out by the Department of Health the CCG was requested to engage with GPs.

However, B&NES CCG felt it was important to involve the wider public in this important process. A three week consultation, from July 2 – 21, was undertaken. The process included:

- A web based consultation for the constitution on Citizen space has been used for GPs, stakeholders and the public to provide feedback
- Invitations to engage through local press articles and radio interview
- A small working group of GPs and practice managers has been established to explore the constitution as it's developed.
- GPs meeting on 18th July to formally review the constitution ahead of ratification in early September. All GP practices will then be asked to confirm their acceptance of it.

Arrangements

B&NES CCG is firming up arrangements with the commissioning support service (see note 2) on final arrangements. A memorandum of understanding has been agreed and financial allocations are imminent, which will assist the complicated process.

2. Commissioning support service

At scale commissioning support across the country will be provided by 23 organisations known as commissioning support services. In essence commissioning support organisations will provide much of the backroom function which isn't directly provided by the CCG.

B&NES and Wiltshire are part of the Central Southern Commissioning Support Service. This comprises the following PCTs: Buckinghamshire, Berkshire, Oxfordshire, Gloucestershire, Swindon as well as B&NES and Wiltshire. The Central Southern Commissioning Support Service is also going through a process of validation/accreditation and has recently been approved to progress through checkpoint three and provide viable service in 2013. Central Southern will be hosted by the National Commissioning Board through Local Area Teams from October 2012 which will offer more stability for staff.

A three month staff consultation is now being planned to start this month (July). This will begin to give staff some certainty of their final destination.

3. National commissioning infrastructure

The National Commissioning Board (NCB) continues to work with Primary Care Trusts, Strategic Health Authorities and the Department of Health to co-design a proposal for the final model of the NCB's Local Area Teams. There is likely to be up to 30 Local Area Teams set up from existing trusts which have clustered. There is no single, ideal model or geographical footprint for Local Area Teams as the design must take account of local geographies, service patterns and relationships to develop a resilient and realistic solution that will establish the definitive local presence of the NHS Commissioning Board.

4. RUH Doctors & nurses terms & conditions

There has been much coverage in the press this month about 'leaked proposals' to re-negotiate the terms and conditions of staff from 19 NHS acute trusts in the south west, including the RUH and all the Bristol hospitals. NHS acute trusts are largely independent organisations with their own governance and accountability processes. This is not an area that the PCT or CCG can directly influence.

5. NHS 111

The contract for the call handling and clinical assessment elements of the new NHS 111 service in Bath and North East Somerset has been awarded to Harmoni. Doctors and nurses from B&NES Emergency Medical Service Out-of-Hours (BEMS) will continue to visit patients in response.

Nationally The Secretary of State for Health has agreed to extend (by six months) the national roll-out completion deadline from April 2013 to October 2013. This is to allow those areas that need it, additional time to ensure that local Clinical Commissioning Groups and other stakeholders are fully engaged in the implementation of the new service. This is not intended to delay the roll-out of the service in those areas that are ready move ahead with the implementation. This includes B&NES where the service will go live in April 2013.

How will NHS 111 work?

When a patient calls 111, an operator - trained in the same way as a 999 operator - can send out an ambulance, put someone straight through to a nurse, book an out-of-hours GP appointment, or direct the caller to a pharmacist or dentist.

In contrast, the existing NHS Direct service is also initially answered by trained non-clinical staff, but they do not have the capacity to request ambulances or book appointments - and patients receive a separate call back if they need to speak to a nurse or doctor.

What is it?

- NHS 111 is a new telephone service being introduced to make it easier for you to access local health services, when you have an urgent need
- If you need to contact the NHS for urgent care there are only three numbers to know; 999 for life-threatening emergencies; your GP surgery; or 111
- When you call 111 you will be assessed, given advice and directed straightaway to the local service that can help you best – that could be an out-of-hours doctor, walk-in centre or urgent care centre, community nurse, emergency dentist or late opening chemist
- NHS 111 is available 24 hours a day, 365 days a year. Calls from landlines and mobile phones are free

- NHS 111 is currently available in County Durham and Darlington, Nottingham City, Lincolnshire, Luton, the Isle of Wight, North Derbyshire and Derby City, Lancashire (excluding West Lancashire), and the London Boroughs of Croydon, Hillingdon, Kensington and Chelsea, Hammersmith and Fulham, and Westminster.

**Compiled by Craig MacFarlane, NHS B&NES Communications and Engagement
(01225) 831414**