Bath & North East Somerset Council

NHS Bath and North East Somerset

Working together for health & wellbeing

Bath and North East Somerset Health & Wellbeing Board

Democratic Services Riverside, Temple Street, Keynsham, BS31 1LA	Direct Line:	01225 394452
	Ask For:	Jack Latkovic
	E-mail:	Democratic_Services@bathnes.gov.uk
	Date:	29 October 2013

To: All Members of the Health & Wellbeing Board

Members: Councillor Simon Allen (Bath & North East Somerset Council), Dr. Ian Orpen (Member of the Clinical Commissioning Group), Councillor Katie Hall (Bath & North East Somerset Council), Ashley Ayre (Bath & North East Somerset Council), Bruce Laurence (Bath & North East Somerset Council), Dr Simon Douglass (Member of the Clinical Commissioning Group), Councillor Dine Romero (Bath & North East Somerset Council), Jo Farrar (Bath & North East Somerset Council), Pat Foster (Healthwatch representative) and John-Paul Sanders (Clinical Commissioning Group lay member)

Observers: Councillors John Bull and Vic Pritchard

Other appropriate officers
Press and Public

Dear Member

Health & Wellbeing Board

You are invited to attend a meeting of the Board, to be held on **Wednesday, 6th November, 2013** at **2.00 pm** in the **Brunswick Room - Guildhall, Bath.**

The agenda is set out overleaf.

Yours sincerely

Jack Latkovic
Committee Administrator

This Agenda and all accompanying reports are printed on recycled paper

NOTES:

1. **Inspection of Papers:**
   Any person wishing to inspect minutes, reports, or a list of the background papers relating to any item on this Agenda should contact Jack Latkovic who is available by telephoning Bath 01225 394452 or by calling at the Riverside Offices Keynsham (during normal office hours).

2. **Public Speaking at Meetings:**
   The Partnership Board encourages the public to make their views known at meetings. They may make a statement relevant to what the meeting has power to do. Advance notice is requested, if possible, not less than *two full working days* before the meeting (this means that for meetings held on Wednesdays notice is requested in Democratic Services by 4.30pm the previous Friday).

3. **Webcasting at Meetings**:-
   This meeting is being filmed for live and archived broadcast via the Council's website: www.bathnes.gov.uk/webcast

   At the start of the meeting, the chair will confirm if all or part of the meeting is to be filmed.

   The Council will broadcast the images and sound live via the internet. An archived recording of the proceedings will also be available for viewing after the meeting. The Council may also use the images/sound recordings on its social media site or share with other organisations, such as broadcasters.

   To comply with the Data Protection Act 1998, we require the consent of parents or guardians before filming children or young people. For more information, please speak to the camera operator.

4. **Details of Decisions taken at this meeting** can be found in the draft minutes which will be published as soon as possible after the meeting, and also circulated with the agenda for the next meeting. In the meantime details can be obtained by contacting Jack Latkovic as above. Appendices to reports (if not included with these papers) are available for inspection at the Council's **Public Access Points:**

   - Guildhall, Bath;
   - Riverside, Keynsham;
   - The Hollies, Midsomer Norton;
   - Public Libraries at: Bath Central, Keynsham and Midsomer Norton.

5. **Substitutions**
   Members of the Board are reminded that any substitution should be notified to the Committee Administrator prior to the commencement of the meeting.

6. **Declarations of Interest**

   At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting.

   (a) The agenda item number in which they have an interest to declare.
   (b) The nature of their interest.
   (c) Whether their interest is a **disclosable pecuniary interest** or an **other interest**, (as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

7. Attendance Register:

Members should sign the Register which will be circulated at the meeting.

8. Emergency Evacuation Procedure

If the continuous alarm sounds, you must evacuate the building by one of the designated exits and proceed to the named assembly point. The designated exits are sign-posted.

Arrangements are in place for the safe evacuation of disabled people.

Health & Wellbeing Board

Wednesday, 6th November, 2013
Brunswick Room - Guildhall, Bath
2.00 - 4.00 pm

Agenda

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

3. APOLOGIES FOR ABSENCE

4. DECLARATIONS OF INTEREST

   At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting.

   (a) The agenda item number in which they have an interest to declare.

   (b) The nature of their interest.

   (c) Whether their interest is a **disclosable pecuniary interest** or an **other interest**, (as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

   Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR

6. PUBLIC QUESTIONS/COMMENTS

7. MINUTES OF PREVIOUS MEETING

   To confirm the minutes of the above meeting as a correct record.

8. ECONOMIC STRATEGY (20 MINUTES)

   The B&NES Public Services board is working towards a coordinated approach to local services and is now in the process of working towards three key strategies to support this:

   - Health & Wellbeing
   - Environmental
   - Economic

   The 2010 B&NES Economic Strategy committed the Council to refresh and renew its plans after a period of three years. The Council has now commenced work on refreshing the strategy and wishes to take this opportunity to broaden the scope of the strategy to

embrace a wider range of Health & Wellbeing Interventions and Outcomes.

The Board is asked to agree that:

- The review of the B&NES Economic Strategy and the integration of the Health & Wellbeing agenda should be supported.
- To support the setting up of a sub group to work on the review of the strategy.

9. HEALTH AND WELLBEING NETWORK FEEDBACK FROM 18TH SEPTEMBER 2013 (20 MINUTES)

The Board is asked to:

- Note the key recommendations from the health and wellbeing network discussion:
    - Responsibility for skills and workforce development - enabling people to make the most of their life chances is not the role of one particular agency but requires a commitment across schools, employers, providers and public services. This includes actions such as endorsing the value of volunteering as a valuable and beneficial life skill, promoting positive role models, and signposting to the diverse range of local providers who offer support and training. Other simple steps such as constructive feedback from employers on why applicants are unsuccessful can help to reduce barriers to work.
    - Resilience – delivering and promoting activities that help raise confidence and self-esteem, tackle isolation and improve people's broad social skills can make a valuable contribution to a person's development.
    - Access - improving accessibility in relation to information and IT would significantly reduce barriers that many people experience in being able to work and make the most of their life chances.
    - Specialist support - The workshops all highlighted gaps around specialist support including support for children aged 5-11 and for disabled people.

10. NHS CALL TO ACTION (30 MINUTES)

An information report to supplement the presentation on the NHS Call to Action.

This is an information report to supplement the presentation on the NHS Call to Action.

11. ROYAL UNITED HOSPITAL CARE QUALITY COMMISSION REPORT (10 MINUTES)

The Health and Wellbeing Board will receive a verbal presentation from Dr Ian Orpen.

12. WINTER PLANNING (20 MINUTES)

The Health and Wellbeing Board will consider PowerPoint presentation from Dominic Morgan.

13. THE CARE AND SUPPORT BILL (15 MINUTES)

The Department of Health (DH) is consulting on how to implement major reforms to adult social care. The consultation covers:

- How to manage the large increase in demand from people who pay for their own care and support; and
- Major changes to social care practices and systems, including assessment and

charging

The proposed reforms have significant implications for the Council and also, for some key partners. The direct impact will be on care assessment and financial systems but there will be knock-on effects including on market management, information and integration. This report includes commentary from the Local Government Information Unit (LGiU). Bath and North East Somerset's position and any associated specific issues are summarised in the report.

The Board is asked to:

- Note the key proposals in the Care & Support Bill and early analysis of the implications for Bath and North East Somerset Council and other key partners;
- Note the establishment of a Task Group to: undertake an initial assessment of financial and policy implications; staff resourcing requirements (implementation and on-going); risk assessment and establish a project plan, including key decisions;
- Receive a further update in early 2014.

The Committee Administrator for this meeting is Jack Latkovic who can be contacted by telephoning Bath 01225 394452

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Bath and North East Somerset Council

NHS Bath and North East Somerset

HEALTH & WELLBEING BOARD

Minutes of the Meeting held

Wednesday, 18th September, 2013, 2.00 pm

Councillor Simon Allen	Bath & North East Somerset Council
Dr. Ian Orpen	Member of the Clinical Commissioning Group
Ashley Ayre	Bath & North East Somerset Council
Bruce Laurence	Bath & North East Somerset Council
Councillor Dine Romero	Bath & North East Somerset Council
Pat Foster	Healthwatch representative
Douglass Blair	NHS England - Bath, Gloucestershire, Swindon and Wiltshire Area Team

1 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

2 EMERGENCY EVACUATION PROCEDURE

The Democratic Services Officer drew attention to the evacuation procedure as listed on the call to the meeting.

3 APOLOGIES FOR ABSENCE

Apologies for absence were received from the following Board Members: Councillor Katie Hall, Jo Farrar, Dr Simon Douglass and John-Paul Sanders.

Councillor John Bull (Observer) sent his apology. Councillor Eleanor Jackson was substitute for Councillor Bull.

NOTE:

The Democratic Services Officer informed the Board that, according to their Terms of Reference 5.4, 'The quorum for the meeting will be six members of the Board with two members of the Clinical Commissioning Group, one member of Healthwatch B&NES and three members of the Council'. This meeting of the Board had only one member from the Clinical Commissioning Group present.

The advice from Democratic Services was that, in the spirit of partnership working, the meeting should continue as long as the Board was not having a formal vote on specific issues. Members of the Board were asked to consider membership arrangements, member attendance and contemplate substitution appointments in order to avoid cancellation of meetings.

4 DECLARATIONS OF INTEREST

There were none.

5 **TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIR**

There was no urgent business.

6 **PUBLIC QUESTIONS/COMMENTS**

There were none.

7 **MINUTES OF PREVIOUS MEETING**

The minutes of the previous meeting were approved as a correct record and signed by the Chair.

8 **JOINT HEALTH AND WELLBEING STRATEGY (10 MINUTES)**

The Chair invited Helen Edelstyn (Strategy and Plan Manager) to introduce the report.

The Chair and the Board congratulated Helen Edelstyn and her team for the hard work they put in the Joint Health and Wellbeing Strategy. The Board felt that Strategy is accessible and easy to understand. The Board also welcomed the Equality Impact Assessment attached to the report.

It was **RESOLVED** to:

1) Approve the Joint Health and Wellbeing Strategy;
2) Note the Equality Impact Assessment carried out on the Joint Health and Wellbeing Strategy; and
3) Note that a final Joint Health and Wellbeing Strategy will be submitted to Council on 14th November 2013 for approval.

9 **JOINT STRATEGIC NEEDS ASSESSMENT UPDATE (20 MINUTES)**

The Chair invited Jon Poole (Research and Intelligence Manager) to give a presentation to the Board.

Jon Poole highlighted the following points in his presentation:

- Gypsy Traveller Health Needs Assessment
- Child Weight
- Domestic abuse profile
- The JSNA is online

A full copy of the presentation is available at the Minute Book in Democratic Services.

Councillor Dine Romero said that she was pleased to see Gypsy Traveller Health Needs Assessment and asked if the individual groups (i.e. boat dwellers, gypsies, and show people) were treated separately.

Jon Poole responded that is correct – the study quite clearly differentiate needs of the each part of that community.

Councillor Romero said that presentation had information about unhealthy weight and asked if this was only about the obesity or did the information included children with underweight issues.

Jon Poole said that the definition of unhealthy weight does not include underweight issues.

Bruce Laurence commented that the overweight figure is a concern. Bruce Laurence said that he would be interested to know the trend of the domestic violence figures and whether it is down to the impact of economically difficult times.

Jon Poole commented that it is really difficult to understand the problem of domestic abuse. The team is relying on Police recorded crime data which means some incidents might be quite bad though Police was not called and not recorded. It is an issue of under-reporting.

Councillor Eleanor Jackson asked if the Joint Strategic Needs Assessment Team had seen the health needs assessments information from the Housing and Major Projects PDS Panel's review on Boat Dwellers and River Travellers, in particular difficulty registering with GPs, identifying where the emergency vehicle was needed and similar issues raised in the review.

Jon Poole responded that, as per his understanding, findings of the PDS Panel review had fed into the Health Needs Assessment.

The Chair suggested that the Board should receive a report on the Gypsy Travellers Health Needs Assessment at one of the Board's future meetings. The Board agreed with this recommendation.

Jon Poole showed the Board the new version of the JSNA website page and explained how to navigate the page.

It was **RESOLVED** to note the presentation and to receive a report on the Gypsy Travellers Health Needs Assessment at one of the Board's future meetings.

10 **HEALTH AND WELLBEING NETWORK FEEDBACK - PLACEMAKING PLAN DISCUSSION ON 24TH JULY 2013 (10 MINUTES)**

The Chair invited Pat Foster (Healthwatch representative) to introduce the report.

The Board welcomed the outcome of the public engagement session.

It was **RESOLVED** to note the key recommendations from Health and Wellbeing provider discussion on the Placemaking Plan, in particular six areas highlighted in the report.

11 PLACEMAKING PLAN (20 MINUTES)

The Chair invited Stephen George (Senior Planning Policy Officer) to introduce the report.

The Chair commented that Placemaking Plan and Core Strategy will influence the shape of B&NES in many years to come and the Board's role will be to have their input.

Dr Ian Orpen said that there is a lot of discussion on provision of primary care services in new and existing communities, in particular of surgeries working together. There is a need for physical capacity for doctor surgeries.

Douglas Blair said that the NHS England is involved in the work of planning services and new developments.

Stephen George said that it is fine to be in line on delivering the policy and what the expectations are, or would be. Though, it is only as far as the Planning Services can go in terms of requirement from developers to provide what we want.

Councillor Dine Romero commented that when large communities were developed previously there were no thoughts about the delivery of health infrastructure hence why we have so many cases of health inequalities. Because of that, we should put any pressure we can on developers to fulfil the needs of the community.

Councillor Vic Pritchard commented that the Council has no Core Strategy in place which gives the opportunity to developers to build whatever they want. By not having Core Strategy means that National Planning Policy Framework is in place, which means we can't resist any big applications. Councillor Pritchard suggested that the Board should be specific in the Placemaking Plan what health benefits/infrastructure will be required.

The Chair agreed with comments from Councillor Pritchard and said that all these issues will be included in the Placemaking Plan.

Ashley Ayre also agreed with comments from Councillor Pritchard and said it will be really difficult to put requirements on developer for some forms of health and wellbeing provision as it would be difficult to attribute that need to a specific development examples would include increases in numbers of the population with LDD, ASD, etc. as part of overall population growth. Placemaking Plan will provide the opportunity to look at things differently and avoid creating communities without the appropriate infrastructure.

The Chair suggested that the Board should set a Task and Finish Group to feed their views into the Placemaking Plan.

The Board agreed with this recommendation.

It was **RESOLVED** to:

1) Note the progress that is being made with the Placemaking Plan and note the opportunity to link the Plan with Public Health Objectives; and
2) Form the Task and Finish Group which will feed their views into the Placemaking Plan.

12 **HOMELESSNESS STRATEGY (15 MINUTES)**

The Chair invited Sue Wordsworth (Planning & Partnership Manager – Housing) to introduce the report.

The Chair said that it is really important that the strategy is on the agenda for today and for the Board to agree to launch consultation today. The Chair said that he will support the strategy.

Councillor Dine Romero commented that phrase 'affordable homes' is a bit misleading. If homes are affordable then people would be able to buy them. Councillor Romero also commented that young people are often at quite high risk of not having a place to stay and asked how much work is done with armed forces.

Sue Wordsworth said that phrase 'affordable homes' is used on day to day basis though she took that point on board. In terms of statutory homelessness – the main reason for being homeless is leaving home shared with parents, family and friends. This is why there are a lot of young people in homeless category and they are key concern. One of the things that Council will be looking at is to integrate homelessness into other strategies. Many of rough sleepers had previous life in armed forces, which is the concern though there is nothing in the strategy that directly addresses that issue. Sue Wordsworth said it is something that the officers could take away and look to incorporate in the strategy.

Bruce Laurence said that twelve priorities are rightly focused on prevention of homelessness and helping people finding the right accommodation. Bruce Laurence said that he couldn't see much about physical and mental health side of people who are homeless.

Sue Wordsworth commented that she will make note of that issue and register what comes out of the consultation and include in the strategy.

The Board was also informed that there are specific health services funded by the CCG for homeless people.

Dr Ian Orpen commented that number of people in bed and breakfast temporary accommodations is rising due to current economic situation which also has impact on families.

Councillor Eleanor Jackson commented that the strategy should take into account the needs of people in rural areas, considering how difficult for them is to access services in Bath.

The Chair welcomed the point raised by Councillor Jackson and asked the officers to take this into account.

It was **RESOLVED** to:

1) Ask the officers to take on board comments made above;
2) Endorse the statement 'The Health and Wellbeing Board will champion the homelessness agenda in Bath and North East Somerset'; and
3) Endorse the Homelessness Strategy Communications Plan 2013.

13 BATH AND NORTH EAST SOMERSET CHILDREN AND YOUNG PEOPLE'S PLAN (CYPP) (15 MINUTES)

The Chair invited Mike Bowden (Deputy Director for Children and Young People Strategy and Commissioning) to introduce the report.

The Board welcomed the Children and Young People's Plan (CYPP). Some Members of the Board, whom attended some consultation events with young people, said that they were impressed with the quality of discussion with young people, schools, parents and carers and the voluntary and community sector during the period of 24th June until 31st August this year.

It was **RESOLVED** to agree the priorities and the proposed timeframe for the next Children and Young People's Plan.

14 SECTION 256 AGREEMENT AND FUNDING ALLOCATION 2013/14 (5 MINUTES)

The Chair invited Jane Shayler (Deputy Director: Adult Care, Health and Housing Strategy and Commissioning) to introduce the report.

Jane Shayler took the Board through the report and suggested that the Board could have, at one of their future meetings, a further report on funding allocations for 2014/15 and 2015/16 (yet to be confirmed) once the guidance on the use of Section 256 funding and transfer arrangements is published.

The Board welcomed the report and in particular the part that the Health and Wellbeing Boards are expected to have in agreeing plans for the use of the 2015/16 Integration Transformation Fund.

It was **RESOLVED** to:

1) Note the agreed use of Section 256 funding in 2013/14;
2) Note proposals in relation to the 2015/16 Integration Transformation Fund and, in particular, the key role of Health and Wellbeing Boards in agreeing plans for the use of the 2015/16 Integration Transformation Fund; and
3) Request a further report on funding allocations for 2014/15 and 2015/16 once the guidance on the use of Section 256 funding and transfer arrangements is published.

15 **HEALTHWATCH BATH AND NORTH EAST SOMERSET - UPDATE (10 MINUTES)**

The Chair invited Pat Foster to introduce the update.

The Board welcomed the update and stressed the importance of having two Healthwatch members on the Health and Wellbeing Board.

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

16 **SAFEGUARDING ADULTS ANNUAL REPORT 2012/13 (10 MINUTES)**

The Chair informed the meeting that Lesley Hutchinson (Head of Safeguarding Adults, Assurance and Personalisation), who is the report author, gave her apology for this meeting and invited Jane Shayler (Deputy Director for Adult Care, Health and Housing Strategy and Commissioning) to introduce the report.

The Chair welcomed the report and invited the Board to place on record its thanks to Lesley Hutchinson and her team who worked really hard during 2012-13. The report has been signed off by the Local Safeguarding Adults Board (LSAB) and now it is before Health and Wellbeing Board for approval. The LSAB is incredibly effective board working really hard with multi-agency partners to safeguard and protect vulnerable adults.

Members of the Board agreed with the Chair to place on record their thanks to Lesley Hutchinson and her team.

Bruce Laurence felt that report is quite detailed and there should be a summary at the beginning of the report focusing on the key issues and highlights as it was hard to extract key issues.

Bruce Laurence asked how we are going to assure that Winterbourne View Hospital events will not happen in Bath & North East Somerset.

Jane Shayler responded that, in her view, part of it is about the awareness that unfortunate events at Winterbourne View happened. A specific training is provided to all organisations with the clear message that it is not in order to allow this to happen again and every individual has responsibility to make their concerns known. The aim is to never-ever have Winterbourne View events in our area but it is important not to let complacency to slip in so there is a need for on-going raise of awareness and training in order to have tight grip on procedures. Procedures are really important – every single case, where time scales were not met, needs to be understood. Jane Shayler also said that we need to be vigilant for each and every case.

The Chair added that he, in his role of Cabinet Member for Wellbeing, and Wellbeing Scrutiny Panel will be receiving bi-monthly performance report on care homes.

Bruce Laurence asked how we get input from people in the care homes, the actual residents and/or their carers/relatives to make sure that anything that is questionable get spotted early.

Jane Shayler responded that part of it is about public awareness and part is about specific training for Ward Councillors, as they have quite important role in this matter. Part of the value of integrated commissioning arrangement is that not only Lesley Hutchinson and her team meet on monthly basis with the Care Quality Commission (CQC), but also the CCG's Director of Nursing meets with the CQC that enables to share of information. That would include District Nurses who might go into care homes and spot something they don't think it is right or GPs, relatives, friends, etc. This is all in addition to harder evidence, referrals, and it is all about sharing information. If there are concerns about particular home (because of number of concerns from different places) then there is a process in place where by somebody with considerable experience and knowledge on what good social care service looks like goes along with someone of nursing background and they do joint visit and develop joint action plan, if appropriate.

Ashley Ayre commented that when the work was done internally, to establish the departmental structure with the CCG, there was a specific question on how to respond to a "Winterbourne View" event in this area. Senior officers spent couple of sessions working on this. The key is information sharing across the frontline service delivery, commissioning and safeguarding functions about providers and any concerns or anomalies. Ashley Ayre also welcomed a need for executive summary of the report.

Dr Ian Orpen also welcomed a suggestion for executive summary of the report considering that there is a lot of detail in this high volume report which could be missed. Dr Orpen also said that higher number of referrals is not necessarily bad thing. It could mean that the awareness is higher and also the way how information is shared and collected now. Dr Orpen concluded by saying that safeguarding issue is not confined to care homes only. The reception staff at GP surgeries also has significant role in spotting if something is not right.

It was **RESOLVED** to agree the Local Safeguarding Adults Board Annual Report and Business Plan.

The meeting ended at 4.00 pm

Chair .....

Date Confirmed and Signed .....

Prepared by Democratic Services

Bath & North East Somerset Council	
MEETING:	Health and Wellbeing Board
MEETING DATE:	6 November 2013
TITLE:	B&NES Economic Strategy
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report:	

1 THE ISSUE

1.1 The B&NES Public Services board is working towards a coordinated approach to local services and is now in the process of working towards three key strategies to support this:

- Health & Wellbeing
- Environmental
- Economic

1.2 The 2010 B&NES Economic Strategy committed the Council to refresh and renew its plans after a period of three years. The Council has now commenced work on refreshing the strategy and wishes to take this opportunity to broaden the scope of the strategy to embrace a wider range of Health & Wellbeing Interventions and Outcomes.

2 RECOMMENDATION

The Board is asked to agree that:

2.1 The review of the B&NES Economic Strategy and the integration of the Health & Wellbeing agenda should be supported.

2.2 To support the setting up of a sub group to work on the review of the strategy.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

3.1 The exact resource implications are not yet known, however the integration of the Economic Strategy and Health & Wellbeing agenda could have resource implications. It is proposed that the working group consider these and report back to the Health & Wellbeing board.

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

4.1 The Economic Strategy is not a statutory function of the Council. However the overarching theme ‘To improve the prosperity and wellbeing of Bath & North East Somerset residents through a more productive, competitive and expanded economy’; underpins a number of key Council strategic objectives including the Children Leaving Care and Health and Wellbeing agendas.

5 THE REPORT

5.1 The present B&NES Economic Strategy was produced in 2010 and was to deliver a 16 year plan to be coterminous with the original B&NES Core Strategy. The strategy's main objectives were:

- Skills development for residents and employers
- Increased business space
- Supporting start ups and knowledge intensive sectors/ industries
- Maintaining market position in retail, leisure, tourism and manufacturing
- Improve inward investment across districts especially outside Bath.

5.2 In the 3 – 4 years following the strategy's release there have been significant changes both locally and nationally. These have included the socio economic impacts of the 2008 recession, changes to the Welfare System and Universal Credit, the increase in the age of retirement and the raising of participation age.

5.3 This has seen the socio economic position of B&NES shift where 20% of the population live in communities where there is:

- Shorter life expectancy, increased prevalence of long-term conditions.
- Poorer general health, lower breastfeeding levels, higher admissions for self-harm and poisoning
- Poor dental health, higher rates of smoking and more than four times as likely to be admitted to hospital for alcohol specific conditions.
- Significant relationship between unemployment, offending and education achievement.
- Strong relationship between lower levels of social capital and inequality.

5.4 There are also increasing concerns in the cost of living and the present inequalities that are related to relatively low wages (the lowest in the West of England) and very high house prices (some of the highest in the Country.) There are mounting issues with in work poverty and this is set to become increasingly acute as Universal Credit is fully applied. The combination of the Welfare reform and the increase of the retirement age is also expected to increase pressure on the labour market, with an extra 1400 residents needing to find employment. This is a concern in the context of B&NES market employment having shrunk by approximately 1%.

6 RATIONALE

6.1 It is accepted that the present economic strategy has not yet fully addressed all the issues outlined above. In part this has been due to the greatly altered national picture. There is also an acceptance that there has been a focus on the creation and support of higher value sectors and employment opportunities, which has meant that there is now a need to increase and support pathways into employment at lower skills and experience levels.

6.2 If the present socio economic and social inequalities/ disparities are to be challenged in B&NES and improve overall health and wellbeing, then it is expected that the refresh of the B&NES Economic strategy will need to take this into account and build on the recommendations of the Marmot review:

Reducing health inequalities will require action on six policy objectives:
—— Give every child the best start in life
—— Enable all children young people and adults to maximise their capabilities and have control over their lives
—— Create fair employment and good work for all
—— Ensure a healthy standard of living for all
—— Create and develop healthy and sustainable places and communities
—— Strengthen the role and impact of ill health prevention

6.3 Embodied with in the review is the belief that to tackle health and wellbeing (inequalities) there needs to be an understanding of fairness. From our perspective, wealth disparities are the main issue for us to tackle. Tackling not only the worklessness agenda but also the issue of low pay/ productivity employment, and balancing this with affordable housing provision, will increase household incomes and raise standards of living. This, in essence, reduces the gap between high and low incomes increasing 'fairness' in society, and reducing health and wellbeing disparities that are associated with low incomes.

6.4 If people are to 'maximise their capabilities and have control over their lives' then being economically active, in work and have reasonable social mobility will enable this. In addition, for young people, receiving a 'fair' standard of education and access to employability, support increasing social mobility, and preventing them from experiencing perceived health and wellbeing issues, could also be implied.

6.5 There are also the other wider benefits to society of increasing the social mobility of an individual in economic terms, through elevated tax revenues and decreasing pressures on health and education services.

7 OTHER OPTIONS CONSIDERED

7.1 None

8 CONSULTATION

Cllr Allen, Mike Bowden, John Cox – For Information Tim Richens, Vernon Hitchman

9 RISK MANAGEMENT

9.1 Not applicable

Contact person	John Wilkinson (Acting Divisional Director: Regeneration Skills and Employment) - 01225 396593
Background papers	
Please contact the report author if you need to access this report in an alternative format	

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Bath & North East Somerset Council	
MEETING:	Health and Wellbeing Board
MEETING DATE:	6 November 2013
TITLE:	Health and Wellbeing Network Feedback
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report: None	

1 THE ISSUE

1.1 The B&NES Joint Health and Wellbeing Strategy identifies fairer life chances as one of its three key themes. Key to creating fairer life chances are people's educational outcomes and their employment status.

1.2 There is strong evidence that our education, skills and work can have significant impacts on our physical and mental health and wellbeing and that worklessness is associated with poorer physical and mental health and wellbeing. Whilst the nature and quality of work needs to be taken into account as well as broader context, the beneficial effects of work generally outweigh the risks, and are greater than the harmful effects of long-term unemployment or prolonged sickness absence.

1.3 The Healthwatch B&NES Health and Wellbeing Network meeting on 18 September 2013 was an opportunity for health and social care providers and other interested parties to discuss, in more detail, the benefits of work and wellbeing. Conversation included looking at potential gaps in support as well as how joined up working and an understanding of the different elements of support available can help to promote skills and employment opportunities locally.

2 RECOMMENDATION

2.1 The Board is asked to:

- Note the key recommendations from the health and wellbeing network discussion:
    - **Responsibility for skills and workforce development** - enabling people to make the most of their life chances is not the role of one particular agency but requires a commitment across schools, employers, providers and public services. This includes actions such as endorsing the value of volunteering as a valuable and beneficial life skill, promoting positive role models, and signposting to the diverse range of local providers who offer support and training. Other simple steps such as constructive feedback

from employers on why applicants are unsuccessful can help to reduce barriers to work.

- **Resilience** – delivering and promoting activities that help raise confidence and self-esteem, tackle isolation and improve people's broad social skills can make a valuable contribution to a person's development.

- **Access** - improving accessibility in relation to information and IT would significantly reduce barriers that many people experience in being able to work and make the most of their life chances.

- **Specialist support** - The workshops all highlighted gaps around specialist support including support for children aged 5-11 and for disabled people.

3 THE REPORT

3.1 The Healthwatch B&NES Health and Wellbeing Network was held on Wednesday 18 September 2013 and the meeting was attended by 43 people. John Wilkinson, Acting Divisional Director – Regeneration, Skills and Employment, Bath and North East Somerset Council gave a presentation on Working and Wellbeing - Creating Fairer Life Chances.

3.2 The presentation was followed by 5 different workshop groups looking at: family support/ early years; young people and education; employers; worklessness; returning to work. People were able to take part in either one discussion or as many as they wanted.

3.3 In groups, participants discussed:

(1) What opportunities or support are available which might help address the barriers faced by people in making the most of their life chances;
(2) What are the barriers faced by people in making the most of their life chances and how does this affect their health and wellbeing;
(3) What prevents people accessing opportunities or support available and are there gaps in support locally.

3.4 In summary, the groups highlighted the following points:

Family support and early years

- Support for parents, including life skills and confidence building, is important, and improved support is needed for parents who are already engaged with their children's learning
- Primary schools could do more to improve children's life chances by being more aware of, and promoting, options and support for parents
- Volunteering needs to be better recognised as a genuine and beneficial option Community engagement is needed to help address barriers to working.
- There are gaps in support aimed at overcoming social isolation and in support for children aged 5 - 11
- Alternative learning for children and parents needs more consideration.

Young People and Education:

- The journeys and pathways for some young people are very long and complex, and services shouldn't be prescriptive about how long that journey might take them
- Project Search for people with learning disabilities is an interesting model that could be further developed
- Links between employers and schools are very important and need to be developed
- Information sharing and raising awareness is critical
- There needs to be better gateways for employers to engage with young people.

Employers:

- Issues highlighted relating to care providers and employment
- Whilst there's a high level of support available, it's not getting to the people who need it most
- Volunteering and mentoring are very important
- Benefits are a huge barrier, particularly in relation to care
- There is a lack of flexibility regarding workforce development
- More collaboration should be supported.

Worklessness:

- People's expectations are a dilemma which needs to be addressed
- Inspiration is key, demonstrating what families and people can do
- Mentoring is critical as well as education in preventing worklessness
- There are unrealistic expectations from the point of view of the Job Centre, in encouraging people to apply for every job. This in turn creates a negative impression of workless people on the part of employers because of inappropriate applications
- IT systems can be a barrier for people without access or if used inappropriately, e.g. overuse of online applications
- The benefits trap is an issue
- Worklessness cuts across all groups, but there are different ways of bridging the gaps for different people. There is a gap in terms of specialist support for particular groups' e.g. disabled people and young people.

Returning to Work:

- Whilst a range of groups offer 'returning to work' support, there are a range of barriers including:
    - The impact on people of not successfully obtaining a job
    - Not getting feedback from employers when applying for a job
    - Lack of IT as a 'digital barrier'
    - Peer support/financial support needs to be more widely available, than just those who are unemployed
    - Many issues for those returning to work (e.g. flexibility, loss of benefits/tapered benefits, gap between benefits ending and salary stating) could be addressed by Universal Credit, of which B&NES is a pilot area.

3.5 What are the considerations for the Health and Wellbeing Board?

- **Responsibility for skills and workforce development** - enabling people to make the most of their life chances is not the role of one particular agency but requires a commitment across schools, employers, providers and public services. This includes actions such as endorsing the value of volunteering as a valuable and beneficial life skill, promoting positive role models, and signposting to the diverse range of local providers who offer support and training. Other simple steps such as constructive feedback from employers on why applicants are unsuccessful can help to reduce barriers to work.

- **Resilience** – delivering and promoting activities that help raise confidence and self-esteem, tackle isolation and improve people's broad social skills can make a valuable contribution to a person's development.

- **Access** - improving accessibility in relation to information and IT would significantly reduce barriers that many people experience in being able to work and make the most of their life chances.

- **Specialist support** - The workshops all highlighted gaps around specialist support including support for children aged 5-11 and for disabled people.

Contact person	Ronnie Wright, Voluntary Sector Coordinator, The Care Forum
Background papers	Notes of the event and presentations available at http://www.healthwatchbathnes.co.uk/
Please contact the report author if you need to access this report in an alternative format	

Bath & North East Somerset Council	
MEETING:	Health and Wellbeing Board
MEETING DATE:	6 November 2013
TITLE:	NHS Call to Action
WARD:	All
AN OPEN PUBLIC ITEM	
List of attachments to this report:	

1 THE ISSUE

1.1 An information report to supplement the presentation on the NHS Call to Action.

2 RECOMMENDATION

2.1 This is an information report to supplement the presentation on the NHS Call to Action.

3 THE REPORT

Background

3.1 On 11 July 2013, NHS England published 'The NHS belongs to the people: a call to action', to trigger a debate about the future shape of and strategy for the NHS in order to meet demands and tackle funding gaps. Local engagement activity, led primarily by Clinical Commissioning Groups, will be combined with a national programme of stakeholder engagement and simulation sessions.

What is Call to Action?

3.2 Call to Action is about best practice in participation. The aim is to ensure patients, public and health partners are:

- Provided with good quality information
- Provided with a range of opportunities to participate
- Involved from the initial planning stages
- Pro-actively engaged, particularly in diverse communities.

AND - knowing from the beginning how it will make a difference and then demonstrating the impact people have made to our work.

3.3 Call to Action isn't a public consultation. Rather it's a sustained programme of engagement with patients and the public, staff and stakeholders. It's about debating the future of the NHS and how the NHS needs to change. The feedback received will be used, at a local and national level to plan for immediate issues and for a sustainable

future. It aims to build public awareness on the challenges in the 'A Call to Action' document published on 11 July and other more localised challenges as identified by commissioners, such as the BaNES CCG.

3.4 It's designed to generate a broadly consistent debate with the public, staff and stakeholders about how the NHS could meet these challenges, the priorities and the trade-offs this will require. The feedback and insights will inform future strategies and commissioning plans (for CCGs and for direct commissioning). Engagement is designed to support the creation of public legitimacy for future commissioning decisions and to create a platform for future transformational change. These change plans will then be part of a 5 year strategic plan, submitted as part of the planning round for 2014/15.

Local plans and involvement

3.5 The BaNES Clinical commissioning Group is keen to ensure we both follow and provide new ideas around best practice for patient and public participation and engagement. The CCG is keen that local people can and do influence our commissioning plans. The CCG is keen to:

- Raise awareness of Call to Action with our local communities and encouraging them to join the national and local debates
- Deliver a programme of engagement which is easily understood, to inform our 3-5 year commissioning plans
- Demonstrate how local debate informs our commissioning plans and communicate this back to our communities and partners such as the Health and Wellbeing Board

3.6 In BaNES we are already beginning that programme of activity. We have recently held a series of stakeholder events across the area and we introduced 'Call to Action' to our audiences. Few if any had previously heard of the strategy and so we recognise we are at the start of a long but hopefully rewarding journey. Early feedback from these events suggests that patients and public are keen to be involved in the debate. We'll take on board all the feedback from these events and they will help shape our programme of engagement and participation for our future commissioning intentions. We know it's absolutely about more than just events in public; it's about demonstrating true participation and the communities' ability to influence. We want our plans to be fully integrated across the health community and flexible so that they can change in the light of unexpected demand or change.

3.7 As a CCG we have already been recognised for being responsive to changing need and improving care for patients. For care of the frail elderly, programmes such as:

- Extra GP support to nursing homes
- Review of prescribing in nursing and residential homes
- Providing support to care homes - e.g. infection control
- Re-design of pathway for continence care
- Extending night sitting services
- Timely diagnosis of dementia and increasing diagnosis rates
- More patients with dementia having face to face interviews

are examples of where we have listened to the need for change and going forward, where we can continue to make change and adaptation on the basis of feedback and staff, partner, patient and public experience.

3.8 Looking ahead there will be significant opportunity for local debate and participation in programmes such as

- Responding to the challenges of an aging population
- Improving quality and patient safety
- Promoting self-care which includes healthy lifestyles and improved wellbeing
- Improving the mental health and wellbeing of the population
- Improving consistency of care
- Reducing inequalities and social exclusion

3.9 As a CCG we look forward to working with our partners and communities to support Call to Action and to bring about improved and informed health care.

Contact person	Dr Ian Orpen, Chair of Bath & North East Somerset CCG
Background papers	
Please contact the report author if you need to access this report in an alternative format	

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Bath & North East Somerset Council	
MEETING:	Health and Wellbeing Board
MEETING DATE:	6 November 2013
TITLE:	Care & Support Bill
AN OPEN PUBLIC ITEM	
List of attachments to this report: Appendix 1 – Care & Support Bill Summary	

1 THE ISSUE

1.1 The Department of Health (DH) is consulting on how to implement major reforms to adult social care. The consultation covers:
- How to manage the large increase in demand from people who pay for their own care and support; and
- Major changes to social care practices and systems, including assessment and charging

1.2 The proposed reforms have significant implications for the Council and also, for some key partners. The direct impact will be on care assessment and financial systems but there will be knock-on effects including on market management, information and integration. This report includes commentary from the Local Government Information Unit (LGiU). Bath and North East Somerset's position and any associated specific issues are summarised in section 4 below.

2 RECOMMENDATION

The Board is asked to:

2.1 Note the key proposals in the Care & Support Bill and early analysis of the implications for Bath and North East Somerset Council and other key partners;

2.2 Note the establishment of a Task Group to: undertake an initial assessment of financial and policy implications; staff resourcing requirements (implementation and on-going); risk assessment and establish a project plan, including key decisions;

2.3 Receive a further update in early 2014.

3 FINANCIAL IMPLICATIONS

3.1 It is difficult, at this stage, to accurately estimate the financial implications of these reforms. London Councils have estimated that the national cost of implementing the reforms over a four year period are in the region of £6 billion, as opposed to the government estimate of £1 billion a year.

3.2 In London, it is estimated that there will be a 37 per cent increase in people qualifying for local authority support for residential care by 2019/20 and the impact on the South West as a region is likely to be considerably higher as people will reach the contribution cap more quickly, reflecting the cost of residential care in the South West.

3.3 London Councils have estimated the total increase in cost pressures from 2016/17 to 2019/20 as £1.3b of which a minimum of £877m is a direct result of implementation. These costs include an estimate of £421m for inflation and demographics (based on Institute of Public Care demographic data and inflation forecasts from the Office of Budget Responsibility). The estimated costs for the South West are of similar magnitude.

3.4 Costs pressures are likely to be seen in the adult social care commissioning budgets, with increases in the costs of purchasing care to meet eligible needs for service users and carers and, also, the requirement to ensure that self-funders are able to access advice and information. There are implications for the resourcing of the Council's finance support function, with pressures associated with increased numbers of financial assessments, the requirement to establish individual "care accounts" and to provide an annual statement to individuals which confirms their progress towards the cap on their personal contribution.

3.5 Sirona Care & Health as the primary provider of care and support assessments will face similar pressures associated with the staffing needed to undertake an increased number of needs assessments, including carers' assessments. The Council will be responsible for commissioning/funding the staffing required to undertake this increased number of needs assessments in fulfilment of its statutory responsibilities. The mental health social work service (managed by Avon & Wiltshire Mental Health Partnership NHS Trust and employed by the Council) will experience similar pressures on staffing capacity though on a smaller scale, reflecting the smaller numbers of service users and carers with mental health needs.

4 THE REPORT

4.1 A briefing on key proposals in the Care & Support Bill is attached as Appendix 1. The position in Bath and North East Somerset is summarised in paragraphs 4.2 to 4.9.

B&NES' Position

4.2 Eligibility for adult social care is at the proposed "Substantial" threshold and is, therefore, unlikely to need to make significant changes to eligibility criteria in response to the proposed adoption of a national threshold.

4.3 The national Resource Allocation System (RAS) is currently being implemented so, again, it is unlikely to be necessary to make significant changes to the current RAS.

4.4 The call for evidence on what flexibility should be given to local authorities in how they provide assessments is likely to result in a broadening of the types of organisations that local authorities can delegated this statutory responsibility to. Currently, although Sirona Care & Health undertake the majority of the adult social care needs assessment/review process on behalf of the Council, this is a function that cannot be fully delegated to a Social Enterprise under the current legislative framework. This does result in some duplication of effort and a requirement for commissioner sign-off and/or audit and assurance, which could be streamlined if legislation was changed to enable the Council to fully delegate needs assessment to Sirona (or other similar organisation) if it wished to do so.

4.5 The current MTSRP 2013/14-15/16 includes an additional saving from the Sirona contract and specifically references the Audit Commission report: *Reducing the cost of assessments and reviews* (Appendix 1, page 2, first bullet point). Sirona is engaging in a review of the adult social care pathway, which includes proposals to reduce the number of full assessments that are undertaken and, also, to exploring alternative forms of assessment, including self-assessment (see also report to Cabinet, June 2013, "Personal Budgets: Implementation of the National Resource Allocation System Progress Report and the Wider Implications for the Adult Social Care Pathway & Personalisation").

4.6 The Council's Client Finance team has recently drafted a Deferred Payment Scheme, which is in line with proposals set out in the consultation. Once agreed and adopted, this will provide a sound foundation on which to implement the proposals for a universal Deferred Payment Scheme.

4.7 The People & Communities Department Non-Acute and Social Care commissioning team is currently reviewing the options for improving access to advice and information for self-funders.

4.8 Planning for these reforms needs to start now and, given the scale of the changes and potential implications for the Council, this planning, at least in the first instance, needs to be led at a senior level.

4.9 It has, therefore, been agreed that a Task Group, be established and jointly chaired by the Council's Divisional Director, Business Support (and also Section 151 Officer) and the Deputy Director, Adult Care, Health & Housing Commissioning & Strategy. The initial purpose of this group will be to: undertake initial assessment of financial and policy implications; staff resourcing requirements (implementation and on-going); risk assessment and draw up a project plan, to include key decisions.

4.10 As part of the early planning work an all-day training event on the Care and Support Bill, was recently provided by a care and health law expert for key Council, Sirona and AWP staff. Training and awareness raising for other key stakeholders will be part of the Project Plan drawn up by the Task Group referenced in paragraph 4.8.

5 RISK MANAGEMENT

5.1 Planning will need to include a thorough risk assessment and development of an action plan to mitigate the key risks. However, at this stage, key risks appear to include:

- Formulae for distribution of Government funding to implement the reforms may penalise the South West in addition to the overall funding shortfall;
- Impact on Council cash flow of deferred payments scheme;
- Significant increase in care management assessments and reviews and, in B&NES case, knock-on effect for Sirona Contract;
- Providing projections of when people might reach the cap on their individual contribution could open local authorities to challenge and is also likely to increase the complexity of implementation and operation of the care account;
- Significant impact on the care home market and the ability of commissioners to influence supply if funding does not allow for 3rd party top-ups and the policy is underfunded (as suggested by the London Council's research);
- The (separate) introduction of Personal Independence Payments and Universal Credit may result in a lack of visibility over the component parts of individual's income and expenditure, impacting on the amount that can be "disregarded" in financial assessment;
- Difficulty in developing financial products for self-funder market;
- If the complaints process is based on the model used for appeals about school placement decisions or continues the current 'tiered' social care model, this is likely to have significant resource implications.

6 EQUALITIES

6.1 An Equalities Impact Assessment has not been completed at this stage.

7 CONSULTATION

7.1 Consultation to inform plans and any necessary policy changes will be undertaken with a range of stakeholders through targeted engagement events and presentations to appropriate governing bodies and stakeholders as appropriate during the planning and implementation phases.

8 ISSUES TO CONSIDER IN REACHING THE DECISION

8.1 Social Inclusion; Customer Focus; Sustainability; Human Resources; Young People; Human Rights; Corporate; Other Legal Considerations

9 ADVICE SOUGHT

9.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

Contact person	Jane Shayler, Telephone: 01225 396120
Background papers	
Please contact the report author if you need to access this report in an alternative format	

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Appendix 1

Care & Support Bill Summary

Background

The Care Bill introduced far-reaching changes to how social care will operate. From April 2015, there will be new charging rules, new regulations about adult social care assessment, and a requirement to offer a deferred payment agreement so that people going into residential care do not have to sell their house in their life-time. From April 2016, local authorities will assess the care and support needs of people who fund their own care. For people who meet eligibility criteria the local authority will calculate valid expenditure against the cap of £72,000; once the cap is reached the state takes over payment. The amount of assets which individuals can retain while still being eligible for state support will also increase - £118,000 for people in residential care and £27,000 for those receiving home care. Local authorities will also have to provide access to independent financial advice. Councils are due to receive around £1 billion a year additional funding to implement the reforms.

The Government has allocated £335 million in 2015-16 to help local authorities prepare for the changes, including funding to allow them to begin assessing needs six months before the cap is formally introduced if they choose to do so. The Department of Health (DH), the LGA and the Association of Directors of Adult Social Services (ADASS) have agreed to work on a joint programme to support delivery.

The consultation is focused on how practical details of the changes to social care should be managed. It has three types of question - views, evidence and implementation, and runs until 25th October 2013. The consultation document is long and detailed, and includes worked-out financial examples and technical questions. The full document is likely to be of particular interest to those involved in planning for practical implementation of the changes. It can be accessed by following the link: https://www.gov.uk/government/consultations/caring-for-our-future-implementing-funding-reform

The briefing that follows is focused on general aspects of reform that are likely to be particularly challenging to local authorities.

Awareness raising and financial advice

The consultation report indicates that around 40 percent of people are unaware that they may need to pay for care and may only discover this in a crisis. The consultation seeks evidence on how government and its partners, including local authorities and the financial services industry, can best raise awareness.

People will need advice on financial planning for the future and on decision-making when care is needed. The Care Bill gives local authorities a duty to arrange for the provision of independent advice for people who need care, but others such as the NHS and financial service provides may have a role too. The consultation seeks evidence on what information and support is needed and on role for local authorities and other organisations in facilitating access.

***LGiU Comment**: it is essential that different strands of information giving should be separated out, and responsibility should be owned by a range of national and local organisations. For instance, trying to encourage people to save for the future is not the role of local authorities as currently configured.*

The DH indicates that it expects the financial services sector to respond for the need for products in time for 2016; it asks what financial solutions will be important.

Assessment for care and support

The role of assessment will shift from primarily being the 'gateway to care and support' to more emphasis on helping people to explore their options and to avoid or reduce the need for care where possible. The consultation document indicates that around 500,000 more people with eligible care needs could contact local authorities in 2016. Once assessed, people will need regular reviews to identify any changes to their care needs and to expenditure that counts towards the care cap. The consultation document anticipates that local authorities will also be contacted by more people who do not have eligible care needs (*presumably people with lower level needs who are unsure about eligibility criteria)* - there are no estimates for these numbers.

The consultation document indicates that this contact provides an opportunity for councils to raise awareness about maintaining independence and financial planning. More carers' assessments will also take place due to the relaxation of the criteria that a carer must provide 'substantial and regular care'. In the legal reform impact assessment to the Care Bill this is estimated at 230,000 to 250,000 additional carers' assessments over four years.

The consultation indicates that this will be a demanding time and to help manage change effectively local authorities should:

- adopt advice from the Audit Commission report: *'Reducing the cost of assessments and reviews'* (2012)
- consider staggering a rush on 1 April 2016 by commencing assessment from November 2015 (accruing expenditure towards the care cap would only start from April)
- ensure that effective information, advice and self-assessment tools to manage the demands of people who have lower levels of needs are in place
- ensure that people already receiving state funded care or support have a personal budget calculated in advance of April 2016 so that local authorities have the information they need to make a care account.

It also says that assessment for many self-funders could be a 'lighter touch process' with reduced local authority contact, e.g. self-assessment, on-line or delivered by a third party. Details will be covered in forthcoming regulations. It also indicates that local authorities will not necessarily need to develop a care and support plan for people funding their own care; it asks for views on this and intends to develop statutory guidance.

On the issue of undertaking assessments before the cap formally starts, Annex A to the consultation also indicates 'issues we will need to consider include deciding whether assessments will remain valid, and reviews and/or re-assessments may be needed shortly after the date of implementation as a result'. ***LGiU Comment:** This would seem to negate some of the benefits of bringing assessments forward.*

The consultation seeks evidence on what flexibility should be given to local authorities in how they provide assessments, while meeting demands on resources but maintaining personalisation, early intervention and safeguarding.

Local areas are expected to consider integrating personal social care and personal health budgets (the latter will not count towards the cap). The consultation seeks evidence on potential barriers to integrated planning and how these can be reduced or overcome.

New groups of people requiring support (with different 'expectations and characteristics') and different approaches to assessment will require new assessment tools and workforce development. The DH is to work with ADASS and Skills for Care on these issues.

Financial assessment, payment and charging

DH analysis suggests that by 2025/26 100,000 extra people will be receiving state funding. Good financial assessment (which individuals can decline) will be central, and the need for an accurate valuation of property is likely to be more important than in the current system. The consultation seeks evidence on how financial assessment can be both proportionate and accurate.

The consultation indicates that the current charging framework is unfair, poorly understood and differs according to setting - residential care charging is based on regulations, which ensures a standardised approach, and services to people in their own home on statutory guidance so there is more local flexibility. The Government intends to introduce regulations to establish a single overarching charging system (local authorities can still choose not to charge). The consultation seeks evidence for what can be included in a common approach and what needs to be treated differently.

Another prospective change could come if direct payments can be used for residential care. The Government intends to amend legislation to allow trailblazer areas to test this out from Autumn 2013.

Changes to systems

The consultation indicates that care and support information and financial systems will need to change and local authorities will need to consider new options including greater use of online transactions. Integration with health also needs to be pursed and the DH will work with ADASS and others to support the use of the NHS number as unique identifier.

The consultation seeks evidence and views on a range of technical issues including:

- rules relating to different care caps for adults at various ages under 65, to reflect different ability to build up assets - or whether this could be managed more effectively through the charging framework
- contributions to daily living costs
- the administrative fee that local authorities can charge people who self-fund who want them to arrange their care and support
- interest on deferred payments for care home placements - allowed, but local authorities cannot make a profit
- systems for measuring what counts to the care cap & management of care accounts

- implications of any relaxation to allow people receiving local authority funding to financially top-up their own care
- resource allocation systems - there is unlikely to be a single national RAS, but national principles will be defined in guidance.
- complaints - one possible model is that used in appeals about school placement decisions
- any differences in approach between independent personal budgets for people who pay for their care and support, and personal budgets for people receiving state funding.

Impact on the care and support market

The consultation explores the impact of the reforms on care and support providers. Individuals will understand the fees local authorities are paying providers because this is the rate at which progress towards their care cap will be calculated. They will have on-going contact with local authorities through the system of reviews and may be more inclined to ask for their help to arrange services as will be their right under the Care Bill. The consultation indicates that all this will bring pressures and opportunities for providers, individuals and commissioners. It is not clear where the pressures and opportunities will fall, and is seeking evidence on how the market may change as a result of the reforms with a view to developing a programme of support.

Distribution of funding

The Government is considering new adult care and support formulae to implement the reforms and has commissioned independent experts from Local Government Futures, the Personal Social Services Research Unit at LSE (London School of Economics) and the University of Kent to identify new formulae; an advisory group from the LGA (Local Government Association) and ADASS (Association of Directors of Adult Social Services) is also involved. The timetable is to have proposals by spring 2014 and a consultation in summer 2014. No decisions have been made on the use of new formulae for the £335 million grant.

Local Government Information Unit (LGiU) Comment

This consultation brings home the fact that the impact of the funding reforms on adult social care will be huge. The direct impact will be on care assessment and financial systems, but there will be knock-on effects on market management, information, integration and a range of other areas.

There are 40 calls for evidence in this consultation, plus five implementation questions and ten consultation questions. This is a sign of transparency and commitment to sector involvement - and also of a national policy devised before working out its practical implications.

Even local authorities that are already advanced in a personalised approach to assessment and care planning and with well-developed financial and information systems are going to find these reforms challenging. Those that are less developed are going to struggle considerably. If there is one message that can be taken from this consultation it is to start planning now. *Independent Ageing 2013* a report by LGiU (Local Government Information Unit) and Partnership highlights measures local authorities are already putting in place to deliver access to advice and support for people who self-fund.

The DH is seeking to develop better estimates of the additional numbers likely to contact local authorities; this is essential - the numbers identified in the funding reform impact assessment (180,000 - 230,000 assessments and 440,000 to 530,000 reviews) and the consultation document (500,000 new people with eligible needs) do not seem to tally.

Health Service Journal reports that Hertfordshire County Council estimates that it would need to provide assessments for 6,000 extra people in 2016 and 2,000 in every further year. The 2,000 assessments would need around 140 extra staff at a cost of £5.2 million per year; council papers indicate that it will be difficult to recruit sufficient staff to meet the initial surge in demand.

One of the fundamental tensions in current policy is the drive to integrate health and care - organisations that are completely different in their approach to charging. Funding and systems are increasingly being brought together, but for this to make proper sense perhaps one of two things needs to happen:

- the NHS introduces charges for some long term support or
- taxpayers shoulder the burden of free personal care.

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