

HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

TUESDAY 30 OCTOBER 2012

7.00 PM

**COUNCIL CHAMBER, CIVIC OFFICES,
CENTRAL MILTON KEYNES**

A G E N D A

www.milton-keynes.gov.uk/scrutiny

Councillor: Long (Chair)
Councillors: Bramall and Zealley (Vice-Chairs)
Councillors: Alexander, Brunning, M Burke, Richards, Venn and Wharton (& 1 Conservative Vacancy)

Co-optee: Mr Hastings (Local Involvement Networks Executive Committee)

For more information about the meeting please contact Elizabeth Richardson on Tel: (01908) 252629 or e-mail: Elizabeth.richardson@milton-keynes.gov.uk

What is Overview and Scrutiny?

Each local authority is required by law to establish an overview and scrutiny function to support and scrutinise the Council's executive arrangements.

Each select committee has its own remit as set out in its terms of reference but they each meet to consider issues of local importance.

They have a number of key roles:

1. Providing a critical friend challenge to policy makers and decision makers
2. Enabling the voice and concerns of the public
3. Driving improvement in public services.

The select committees consider issues by receiving information from and questioning officers and external partners to develop an understanding of proposals or practices. They then develop recommendations to provide to officers, Members or external partners that they believe will improve performance, or as a response to public consultations.

As select committees have no executive powers they often present their conclusions in the form of recommendations that can be provided to the Council, elected Members or other external agencies. Members will often request a formal response and progress report on the implementation of recommendations that they have provided to various parties.

Attending Meetings of Select Committees

Meetings of the select committees are held in public and are open for everyone to attend. If you would like to attend then please just turn up but if you can then let us know you are attending in advance of the meeting and whether or not you would like to make a representation to Members on behalf of yourself or others.

If there are specific issues that the meeting must consider in private then they will be asked to consider this at the meeting.

After the meeting the recommendations and Minutes of the meeting, as well as agendas and reports for the majority of the Council's public meetings are available via the Council's website at:

[\(http://cmis.milton-keynes.gov.uk/cmiswebpublic/\)](http://cmis.milton-keynes.gov.uk/cmiswebpublic/).

The Overview and Scrutiny process aims to promote the five themes and priorities set out in the Milton Keynes Council Corporate Plan

The Corporate Plan and framework sets out the vision for Milton Keynes. It captures what type of place Milton Keynes aspires to be for all those who live, work, learn and visit here. The plan sets out ambitious new objectives for Milton Keynes including achieving world class status for its design, new approaches and technologies and as a sporting city.

It has five key themes which help communicate all the work the Council does on behalf of the residents of the borough.

The five themes are:

Cleaner, greener, safer, healthier MK:

Improve health and well-being, reduce health inequalities and work with partners to reduce crime and disorder to improve quality of life in MK.

Visiting MK:

Aim to make Milton Keynes a highly regarded visitor destination with a safe and effective transport system which is easily accessible regionally, nationally and internationally.

Working in MK:

To improve the skills and opportunities of everyone in Milton Keynes and help jobseekers into work, while attracting and retaining businesses to provide new opportunities and to bring people, jobs and industries to MK to improve the strength and resilience of the local economy.

Living in MK:

Ensuring people are satisfied with Milton Keynes as a place to live, and to support them effectively through the provision of high quality and efficient public services.

World Class MK:

Our ambition is to increase the international and national standing of Milton Keynes in several areas including our economic success, thriving communities and a high quality environment.

General Terms of Reference for Overview and Scrutiny Committees / Panels

- (a) To review or scrutinise any decision made, or other action taken, in connection with the discharge of any of the Executive Functions within the remit of the Committee/Panel.
- (b) To make reports or recommendations to the Council or to the Cabinet with respect to the discharge of any of the Executive Functions within the remit of the Committee/Panel.
- (c) To review or scrutinise any decision made, or other action taken, in connection with the discharge of any of the Non-executive Functions within the remit of the Committee/Panel.
- (d) To make reports or recommendations to the Council or any Committee of the Council with respect to the discharge of any of the Non-executive Functions within the remit of the Committee/Panel.
- (e) To make reports or recommendations to the Council, to the Cabinet or to a regulatory committee on matters within the remit of the Committee/Panel which affect the Council's area or the inhabitants of the Council's area.
- (f) To consider any representations made in connection with the work of the Committee/Panel by a Member of the Council on behalf of her/his constituents.
- (g) To appoint advisers from outside the Council to advise the Committees/Panels.

Health and Adult Social Care Select Committee Terms of Reference

1. To assist in the provision of improved health and adult social care services to the residents of Milton Keynes by supporting the development of evidence based policies and strategies by the Council, health service providers and their partners.
2. To scrutinise the provision of services, the achievement of targets and the provision of resources to this end.
3. In particular, to carry out the Council's statutory scrutiny functions as the designated Health Scrutiny Committee.

Dates of Future Health & Adult Social Care Select Committee Meetings

- 29 January 2013
 - Transformation of Community Health Services
 - Vision for Public Health Services in Milton Keynes
 - Report of Review Group on the Provision of Mental Health Services in Milton Keynes

- 23 April 2013
 - 2012/13 Report of the Lead Member on Adult Social Care, Health & Wellbeing
 - Report of the Review Group on Delivering Independence for Older People

Health and Safety

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Mobile Phones

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Agenda

Agendas and reports for the majority of the Council's public meetings can be accessed via the Internet at: <http://cmis.milton-keynes.gov.uk/cmiswebpublic/> Wi Fi access is available in the Council's meeting rooms.

Recording of Meetings

The proceedings at this meeting may be recorded for the purpose of preparing the minutes of the meeting.

Comments, Complaints and Compliments

Milton Keynes Council welcomes comments, complaints and compliments from members of the public in order to make its services as efficient and effective as possible. We would appreciate any suggestions regarding the usefulness of the paperwork for this meeting, or the conduct of the meeting you have attended.

Please use the slip below by detaching it and passing it to the Committee Manager. Alternatively the slip can be returned by post to Democratic Services, Milton Keynes Council, Civic Offices, 1 Saxon Gate East, Milton Keynes, MK9 3EJ, or you can e-mail your comments to meetings@milton-keynes.gov.uk

If you require a response please leave contact details, ideally including an e-mail address.

A formal complaints / compliments form is available online at <http://www.milton-keynes.gov.uk/complaints/> or is obtainable at the meeting from the Committee Manager.

Meeting Attended: **Health and Adult Social Care Select Committee**

Date of Meeting: **30 October 2012**

Comments:.....
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Contact details:.....

AGENDA

1. Welcome and Introductions

2. Apologies

3. Minutes

To approve, and the Chair to sign as a correct record, the minutes of the meeting of the Health and Adult Social Care Select Committee held on 31 July 2012 (Item 3) **(pages 9 to 14)**

4. Disclosures of Interest

Members to declare any disclosable interests, or personal interests (including other pecuniary interests), they may have in the business to be transacted, and officers to disclose any interests in any contracts to be considered.

5. Social Care White Paper

To receive a presentation from the Assistant Director (Adult Social Care) summarising the recently published White Paper on Social Care, with an evaluation of the Council's readiness to respond to the paper's expectations for the delivery of Social Care.

The Local Government Association (LGA) Briefing on the Social Care White Paper is included as background information for Members (Item 5) **(pages 15 to 20)**

6. Health and Wellbeing Board Terms of Reference

The Council has a statutory duty to have a properly constituted Health and Wellbeing Board in place by 1 April 2013.

This is an opportunity for the Health & Adult Social Care Select Committee to scrutinise and comment upon the draft Terms of Reference for the new Health and Wellbeing Board.

The Children and Young People Select Committee will also be scrutinising the draft Terms of Reference at its meeting on 11 December.

The Shadow Health and Wellbeing Board will then consider the draft Terms of Reference at its meeting on 13 December prior to submission to Council for approval on 9 January 2013.

Draft Terms of Reference for the Health and Wellbeing Board (Item 6) to follow.

7. Report of Health and Wellbeing Strategy Review Group

To receive and note the report of the Health and Wellbeing Strategy

Review Group.

The Health and Wellbeing Strategy Review Group met on 11 October 2012 to consider the final draft of the Health and Wellbeing Strategy prior to consideration by the Cabinet on 17 October 2012.

The attached report (Item 7) was presented to Cabinet by the Chair of the Review Group on 17 October **(pages 21 to 31)**

8. Terms of Reference

To note that at its meeting on 10 October 2012 the Overview and Scrutiny Management Committee approved the following Terms of Reference in respect of the Health and Adult Social Care Select Committee:

1. To assist in the provision of improved health and adult social care services to the residents of Milton Keynes by supporting the development of evidence based policies and strategies by the Council, health service providers and their partners.
2. To scrutinise the provision of services, the achievement of targets and the provision of resources to this end.
3. In particular, to carry out the Council's statutory scrutiny functions as the designated Health Scrutiny Committee.



Minutes of the special meeting of the HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE held on TUESDAY 31 JULY 2012

Present: Councillor Long (Chair)
Councillors Alexander, Brunning, Bramall, M Burke, Long, Richards, Venn, Wharton and Zealley, and Mr A Hastings (MK LINK)

Officers: L Bull (Corporate Director Community Wellbeing), M Hancock (Assistant Director [Joint Commissioning]), L Scott (Assistant Director [Adult Social Care]), J Moffoot (Assistant Director [Democratic Services]), E Richardson (Overview and Scrutiny Officer)

Apologies: J Lloyd (Older Persons' Champion)

Also Present: Cllr D Brock (Cabinet Member [Adult Social Care, Health and Wellbeing]), J Ablett (Chief Operating Officer, Milton Keynes Clinical Commissioning Group), S Frossell (Deputy Director [Public Health]), R Longrigg (Communications and Engagement Manager, NHS Milton Keynes and Northamptonshire) and Dr N Smith (Chair, Milton Keynes Clinical Commissioning Group)

HAS05 DRAFT HEALTH AND WELLBEING STRATEGY AND CONSULTATION PAPER

The Select Committee received a presentation on the progress towards establishing a Health and Wellbeing Board in Milton Keynes by April 2013.

The role of the new Health and Wellbeing Boards was to bring together local commissioners of healthcare and social care, public health, councillors, Healthwatch (which would replace LINK in 2013) and the voluntary sector. The Boards would have two main statutory functions; the production of a Joint Strategic Needs Assessment (JSNA) and the development of a Joint Health and Wellbeing Strategy (JHWS). Both of these documents must be published. The presentation outlined the headline content of the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy and gave a timeline for completion of the development process.

A public consultation on the draft Strategy had started on 24 May and would run for 90 days until 23 August 2012.

In answer to questions, the Committee noted that:

- Members would be provided with links to the data sources after the meeting. Sources included the Milton Keynes Social Atlas, the Annual Public Health Report and discussions with specialists in key areas.
- The Council was consulting extensively with the wider community and stakeholder groups on what should be included in the Joint Strategic Needs Assessment and Health and Community Wellbeing Strategy.
- Both the Strategy and Assessment linked in with other Council strategies such as the Housing Strategy, the Regeneration Strategy and the existing Mental Health Strategy as it was acknowledged that the quality of housing could have a direct effect on peoples' wellbeing.
- Both documents also linked in to the ongoing Healthier Together Programme (Acute Services Review) which was looking at the provision of hospital services in the area and how to move the emphasis from responsive to preventative care in the future.
- Based on the demographics in Milton Keynes an increase in dementia patients (280% increase projected over the next 30 years) was inevitable. One of the long term aims of the Strategy was to put in place plans to manage this increase by continually reviewing the resources available.
- This was a framework in which health and social care could develop over time. Once approved, the Strategy would be monitored and updated as required and the continued relevance of any item assessed and changed if necessary.

Members commented that:

- The Committee welcomed the work being done, particularly on falls by the elderly, to reduce the admissions to hospital from care homes. It also welcomed the proposed initiatives to give people more choice about end of life care and where that care could be provided.
- The Committee was concerned at what was perceived to be a lack of detail in the Strategy and Assessment and particularly queried whether there were any criteria to assess the level of language skills for health workers or the effects of deprivation in high density population areas. However it was explained that at the current level the Joint Strategic Needs Assessment and Health and Community Wellbeing Strategy were being developed in order to provide a strategic overview of what was required to deliver a sustainable community wellbeing agenda.
- The Committee agreed that the general content of the Strategy was good but expressed concern about the practical issues of turning these aspirations into actual outcomes. It was explained that the Health and Wellbeing Board would develop an implementation plan once the Strategy had been approved by Cabinet. A list of measures and outcomes was ready but they had not yet been included in the draft strategy as they may well change once the results of the

consultation were analysed. It had been important to concentrate on getting the priority areas right first.

RESOLVED -

1. That the request by the Children and Young People Select Committee to establish a Review Group to scrutinise any changes to the Strategy resulting from the current consultation was approved by the Overview and Scrutiny Management Committee on 9 July 2012 be noted.
2. That the Committee, together with colleagues from the Children and Young People Select Committee, would participate in the work of the above Review Group.
3. That the Assistant Director (Joint Commissioning) be thanked for his presentation and input in to the debate.

HAS06 MILTON KEYNES CLINICAL COMMISSIONING GROUP INTEGRATED STRATEGIC OPERATING PLAN

The Committee received a presentation on the work to establish the Milton Keynes Clinical Commissioning Group (MKCCG) and the development of its Integrated Strategic Operating Plan (ISOP).

The Milton Keynes Clinical Commissioning Group which would have statutory status from April 2013 represented all 28 GPs' surgeries in Milton Keynes as well as several in the Aylesbury Vale area and would be responsible for providing services to 263,000 patients registered with those surgeries.

Its role was to ensure patients enjoy better healthcare, fewer inequalities and to make sure that the public had ready access to effective, high quality services which provided a good healthcare experience.

It had a budget of £268 million and the expectation was that it would have to treat increasingly more people with the same amount of money. It therefore needed to be innovative and effective in the provision of healthcare services whilst trying to reduce costs.

The Integrated Strategic Operating Plan also linked in to the Health and Wellbeing Strategy.

In answer to questions, the Committee noted that:

- The MKCCG was developing an Integrated Practice Scheme (IPS) where GPs' practices would become social care hubs by broadening the services available to include social care, not just traditional health services. A trial scheme using neighbourhood groups rather than individual practices was currently underway.
- The MKCCG was part of a wider group covering Northamptonshire, Bedfordshire and Hertfordshire which would all operate to the same standards and criteria when deciding appropriate care. There were also

national, specialist commissioning groups to deal with rare or unusual conditions which used a formula based on the likely incidence of rare diseases in a local area; these groups were funded nationally and did not impact on local budgets.

- Commissioning Groups were trying to make mental health services more responsive and deliver more services in the local community, particularly in relation to the increase in mental health conditions and addictive illnesses in young people.
- Dementia was a long term, neurological condition but as it could affect as many as 1 in 4 of the older population it could cause a distortion in service needs. The estimate was that there were approximately 1800 adults in the Milton Keynes area with dementia at any one time, but due to the increase in local service provision, only about 60 of these would be in hospital or a residential facility.
- The £18m indicated savings were due to the estimated increase in the local population, particularly in the over 65 age group and not to a reduction in the budget by the government.
- Patients would still have a choice of where to go for treatment and apart from the London area, costs were similar across the country and therefore 'out of area' treatment did not have a big impact on local budgets.
- Although the LINK organisation was being replaced with a new body called Healthwatch as an advisory forum during 2013, the existing relationship with the MKCCG would be maintained. It had a continuing commitment to patient and public involvement and lay persons on the MKCCG board provided an essential 'critical eye' and an external challenge to decisions.
- The MKCCG was focussed on improving out of hours and emergency care. More preventative and pro-active care was seen as one way of reducing emergency admissions. It was also hoped that the introduction of the 112 telephone number would also reduce the number of emergency admissions.
- The MKCCG welcomed suggestions, ideas, comments etc, on the Integrated Strategic Operating Plan and how the NHS could become more efficient by any means that were convenient. Comments could be made direct to the MKCCG, to the local LINK branch, at GPs' surgeries or at the hospital. There were plans to give patients appraisal / feedback forms in order to rate their treatment when they leave hospital / medical care.

RESOLVED –

1. That the plans put forward by the Milton Keynes Clinical Commissioning Group be recognised as a positive step forward and that the Committee endorse what had been proposed so far.

2. That the Committee would like regular feedback on the work of the Milton Keynes Clinical Commissioning Group and the implementation of the Integrated Strategic Operating Plan.

HAS07 QUALITY ACCOUNTS PANEL

The Committee noted that healthcare providers publishing Quality Accounts had a legal duty to send their Quality Accounts to the relevant Overview and Scrutiny Committee in the local authority area in which the provider had its registered office, inviting comments on the report from the Overview and Scrutiny Committee prior to publication.

This gave the Committee the opportunity to review the information contained in the report and provide a statement on their view of what was reported.

At its meeting on 22 November 2011 the Health and Community Wellbeing Select Committee had resolved that:

“That the Overview and Scrutiny Management Committee be recommended that a Quality Accounts Panel be established, on a 1:1:1:1 basis plus Alan Hastings, to receive Quality Accounts from various healthcare providers with a view to providing a statement setting out the Committee’s view of the Accounts.”

The Panel had met on 30 May 2012 and reviewed Quality Accounts from:

- a. Brook East of England (Pregnancy and Contraceptive Advice Services);
- b. Milton Keynes Community Health Service;
- c. Milton Keynes Hospital NHS Foundation Trust;
- d. South Central Ambulance NHS Foundation Trust.

RESOLVED –

1. That the 2012 report of the Quality Accounts Panel be received and noted.
2. That in future years, feedback on the usefulness to the various organisations of the Panel’s scrutiny of and comments on Quality Accounts be sought.

HAS08 ESTABLISHMENT OF REVIEW GROUPS

The Committee noted that there was a need to undertake two pieces of work into the Provision of Mental Health Services in Milton Keynes and Delivering Independence for Older People in Milton Keynes. Both these subjects would be too large to be dealt with effectively in a Select Committee meeting and it would be more appropriate to cover this work in Review Groups.

A provisional request to establish the above Review Groups had been approved by the Overview and Scrutiny Management Committee at its meeting on 9 July 2012.

RESOLVED –

1. That the two Review Groups be established with a 1:1:1 membership.
2. That the work of each Review Group be carried out consecutively with the Provision of Mental Health Services in Milton Keynes be treated as the priority piece of work.
3. That the co-opted member of the Select Committee, representing LINK, be invited to participate in the Review Group of his choice.

THE CHAIR CLOSED THE MEETING AT 9.32 PM

DRAFT

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

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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

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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.

Health and Wellbeing Strategy Review Group Report October 2012

www.milton-keynes.gov.uk/scrutiny

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Introduction

The Council has a statutory duty to have a properly constituted Health and Wellbeing Board in place by 1 April 2013. As part of their remit Health and Wellbeing Boards must publish both a Strategic Needs Assessment and a Health and Wellbeing Strategy.

The Health and Wellbeing Strategy was out for public consultation from 24 May to 23 August 2012. During this period 32 responses were received from the online consultation. In addition members of the Health & Wellbeing Strategy Team attended various committee / group meetings to provide background information, a summary of the draft strategy and to request feedback. Meetings attended include:

- Milton Keynes Clinical Commissioning Group Shadow Board;
- Children & Young People Select Committee;
- Health & Adult Social Care Select Committee;
- Milton Keynes Youth Conference;
- Milton Keynes Disabilities Action Group;
- Milton Keynes Youth Cabinet;
- Responsible Authorities Group; and
- Civil Society organisations.

The nature of the responses ranged from unequivocal support to requests for additional specific areas to be included. There were no dissenting responses in respect of the identified priorities and objectives.

The draft Strategy has now been revised following feedback from the consultation process.

The final draft was presented to the Shadow Health and Wellbeing Board on 27 September 2012 and to the Milton Keynes Clinical Commissioning Group on 2 October 2012.

The Children and Young People Select Committee and the Health and Adult Social Care Select Committee requested the establishment of a Review Group in order to have an opportunity for a final scrutiny of the Strategy before it is presented to Cabinet on 17 October.

The Review Group met on 11 October 2012 and this report is the result of their deliberations.

Councillor Robin Bradburn
Chair, Health & Wellbeing Strategy Review Group
October 2012

Membership and Terms of Reference

The Health and Wellbeing Strategy Review Group was established by the Overview and Scrutiny Management Committee at its meeting on 9 July 2012 with a membership of 2:2:2 from the main political groups on the Council.

The following councillors were nominated to serve on the Review Group:

- Councillor Robin Bradburn (Chair)
- Councillor Alice Bramall
- Councillor Margaret Burke
- Councillor Gerald Small
- Councillor Elaine Wales
- Councillor Christine Zealley

At its meeting on 11 October the Review Group appointed Councillor Robin Bradburn as Chair and agreed the following terms of reference:

1. To Review and comment upon Health and Wellbeing Strategy prior to its approval by Cabinet on 17 October 2012;
2. To prepare a report on the Health and Wellbeing Strategy for Cabinet.

Review Group Summary and Recommendations

Due to the limited timescale associated with the development of the Health and Wellbeing Strategy the Review Group only had a small window of opportunity to meet and carry out the scrutiny of the strategy.

Following the closure of the consultation period the Strategy Development Group met, considered the received responses and amended the strategy where appropriate.

The revised Strategy was presented to the Shadow Health and Wellbeing Board on 27 September 2012 and to the Milton Keynes Clinical Commissioning Group on 2 October 2012.

The Review Group, therefore, met on 11 October 2012 to consider the final draft of the Health and Wellbeing Strategy. The minutes of the meeting are included as Annexe A of this report.

Following its deliberations, the Review Group agreed that subject to the following amendments being made to the Strategy, the Review Group was happy to recommend the Health and Wellbeing Strategy to Cabinet for approval on 17 October 2012:

- That Strategic Priority 1 be reworded from “Improve Wellbeing” to “Ensuring the best start for children and improving Wellbeing for all”;
- That measures relating to the welfare of children be listed as the first item(s) under each Objective;
- That the measures listed under each objective be checked for clarity and consistency of terminology;
- That the final paragraph of the Strategy be amended from “...but will aim to review progress...” to “...and will review progress...”;
- That the numbering of the sections was not necessary and could be removed. The headings for each section were clear and easily understood.
- That the phrase “Taking Action” before the lists of Objectives under each priority was unnecessary and detracted from, rather than enhanced, the clarity of the document.

The Chair of the Review Group would present its recommendations to Cabinet orally at the meeting of the Cabinet on 17 October 2012.

Annex A

Minutes of the meeting of the HEALTH AND WELLBEING STRATEGY REVIEW GROUP held on THURSDAY 11 OCTOBER 2012 at 6.30 pm

Present: Councillor Bradburn, M Burke, Miles (Substituting for Councillor Wales), and Zealley

Officers: M Hancock (Assistant Director [Joint Commissioning]), E Richardson (Overview and Scrutiny Officer),

Also Present: Mr A Hastings, Milton Keynes LINK

Apologies: Councillors Bramall and Wales

HWRG01 ELECTION OF CHAIR

RESOLVED -

That Councillor Robin Bradburn be elected as Chair of the Review Group'

HWRG02 TERMS OF REFERENCE

1. To Review and comment upon Health and Wellbeing Strategy prior to its approval by Cabinet on 17 October 2012;
2. To prepare a report on the health and wellbeing strategy for cabinet

HWRG03 HEALTH AND WELLBEING STRATEGY

The Review Group expressed unanimous concern at the lack of emphasis on children in the draft Strategy. The Council prided itself on the commitment of elected Members to children and felt that this commitment should be emphasised in the Strategy as the welfare of children needed to be at the centre of everything the Council did.

Although it was explained that the term "Improve Wellbeing" used for Priority 1 had been used as a catch-all phrase to include both children and adults, the Review Group felt that the term lacked definition and needed to be more specific. A sample review of Health and Wellbeing Strategies from other local authorities showed that the welfare of children received a priority emphasis which was currently lacking in the Milton Keynes Strategy. The Review Group felt that this could be rephrased to meet the Council's commitment to child welfare.

The Review Group were happy with the measures in the Strategy relating to children but felt they lacked prominence and that the information had to be teased out of the Strategy. Although the lists of measures under each Objective were not in a priority order the Review Group suggested that the measures relating to children be listed as the first bullet point(s). Where there was more than one measure relating to children under the same Objective, it made sense to list them together.

The Review Group noted that there was no mention of Maternity Services as from April 2013 these would come under the remit of the Milton Keynes Clinical Commissioning Group (CCG) and would not be the responsibility of the Health and Wellbeing Board. Only those measures where the Health and Wellbeing would have influence had been included in the strategy.

The Review Group considered some of the items such as the reduction in the number of people living in fuel poverty to be too aspirational as the Council may not be in a position to influence or progress them. However, it was agreed that these could be a useful measure for the public in holding the Health and Wellbeing Board to account in the future. The Health and Wellbeing Board accepted that some of the aspirations in the Strategy may never be met.

The Review noted from the report of the Assistant Director (Joint Commissioning) on the preparation of the draft Strategy that 32 responses to the on-line consultation had been received. Although the responses had all been supportive of the Strategy the Review Group expressed its regret that they had not been included in the circulated paperwork as they felt this would have aided the scrutiny process.

The Review Group noted that the recommendation made by the Children and Young People Select Committee at its meeting on 4 July that specific age ranges be included when referring to the old (over 65) and the young (0-5) had been included in the Strategy.

The Review Group noted some inconsistencies in phraseology in the objectives and suggested that the same terms, such as 'recommended limits of alcohol' be used throughout.

The Review Group considered that the final section 'How do we know we are making a difference?' needed to be more definite about reviewing progress and recommended that it be made clear that although a major review was scheduled to take place after 3 years, this was an ongoing process and that regular reviews would be undertaken annually.

Following some minor suggestions relating to style and presentation, the Review Group commended the Strategy for its conciseness; it was short, clear and easy to read. Starting each section on a new page added to the clarity of the document and gave it definition.

It did what the Council needed in order to have a Strategy in place for the commencement of the Health and Wellbeing Board in April 2013.

Once the Strategy had been approved by Cabinet, the next stage would be to map out which Council departments and other agencies would pick up which measures.

RESOLVED –

1. That subject to the following amendments being made, the Review Group was happy to recommend the Health and Wellbeing Strategy to Cabinet for approval:

- That Strategic Priority 1 be reworded from “Improve Wellbeing” to “Ensuring the best start for children and improving Wellbeing for all”;
 - That measures relating to the welfare of children be listed as the first item(s) under each Objective;
 - That the measures listed under each objective be checked for clarity and consistency of terminology;
 - That the final paragraph of the Strategy be amended from “...but will aim to review progress...” to “...and will review progress...”;
 - That the numbering of the sections was not necessary and could be removed. The headings for each section were clear and easily understood.
 - That the phrase ‘Taking Action’ before the lists of Objectives under each priority was unnecessary and detracted from, rather than enhanced the clarity of the document.
2. That a report be prepared on the work of the Review Group to be presented orally by the Chair at the meeting of the Cabinet on 17 October 2012.

THE CHAIR CLOSED THE MEETING AT 7.50 PM

Acknowledgements

The Health and Wellbeing Strategy Review Group would like to thank Mr Alan Hastings from Milton Keynes LINK and Mick Hancock, Assistant Director (Joint Commissioning) for their assistance during this review.

Background Papers

'Joint Health & Wellbeing Strategy 2012-15':
Report to the Shadow Health & Wellbeing Board
Author: Mick Hancock, Assistant Director (Joint Commissioning)
27 September 2012

'Milton Keynes Health and Wellbeing Strategy 2012-15':
Final Draft

Democratic Services

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