Date: **Thursday 11 December 2003**

Venue: **Cothi Suite, Halliwell Centre, Carmarthen**

Title: **The Review of the Interface Between Health and Social Care - Welsh Local Government Response**

INTRODUCTION

1. The WLGA welcomes this opportunity to contribute to a review of the boundaries between Health and Social Care and how the NHS and local government currently work together.

2. It is important to re state that it is essential for the NHS and local government to co-ordinate their activities for people who need care and support; but we cannot achieve our aims alone. There are also other people and agencies that must be included appropriately in the planning and the delivery of services otherwise our ability to deliver what is intended can and is, adversely affected. In this context, social services is vulnerable when many of the other agencies and variables of the local context are not within the direct control of local government or social service departments.

3. Specifically we regard the independent and the voluntary sector as major contributors that need to work with local government and the NHS, and also very importantly with the people who receive services, carers and their families. Bringing all of these different interests together to agree a mutually beneficial way forward, within set resources is very difficult.

4. We must continue to acknowledge that as yet, neither the NHS nor local government fully operates in harmony within their own organisations. Progress is being made to break down poor communication but we need to take this into account and be realistic when setting our priorities and ways in which we aspire to work together. For example, there are different levels of autonomy between different parts of the same organisation, not everyone has the ability to make changes happen as quickly as they would wish and there are also tensions between securing the appropriate skills and workforce conditions across different agencies and localities. Recently, individual agencies, in isolation from the multi or as is often referred to as *the whole system* are either experiencing or settling into new organisational and

management arrangements which although is increasingly a common occurrence, nevertheless does have an impact on continuity and overall success.

5. The NHS and local government are funded and held to account in very different ways. Whlst this should not be viewed as a barrier to working together, it is important to recognise that local government sets its own spending regime accordingly to a mixture of central and locally derived funds. Councils are increasingly under pressure to deliver more and to keep the the level of council tax to a minimum. In providing services across the vast range of responsibilities charges need to be set which allow the totality of the councils responsibilities and intentions to be delivered within budget. Overall councils have to balance their accounts annually and in doing so make sound and tough judgements accordingly. This makes a very clear distinction between the NHS which is largely free to all who use it and which receives its income from central government without arguably the same degree of local accountability for financial management.

6. One result of these differences is that social services departments have increasingly needed to focus on people judged to be in greatest need. A lower percentage of prospective clients now receive services because their demands are greatest in a shrinking resource. The ability to invest in services that prevent future demand has been severely compromised and that is why we welcome this review and a more general willingness to redresses the balance between reacting to immediate pressures and investing in services and practices that will prevent or minimise expensive health interventions.

7. We acknowledge and welcome the growing importance of looking ahead and taking a longer term view of how best to provide for our communities. The future demands have been well documented and we will not go into detail here other than to remind ourselves, that whilst the mix of our society is changing, expectations are also changing so that we need to work far more closely with people to respond to their needs and we also need to provide a greater range of options for services which rely more on individuals and networks of support rather than expensive buildings and hospitals. The tradition of providing sheltered housing for example, may have been appropriate in the past will not meet the needs of our current fifty and sixty year olds.

8. We are aware that other work to review practice is ongoing or recently concluded. For example, the Wales Care Strategy review, the Review of Health and Social Care in Wales – The Wanless Review' and also the Social Services Inspectorate reviews. All of these need to be taken into account.

JOINT WORKING

9. Joint working across local government and health has continued to improve and for many vulnerable people they receive very good care. However, good practice is not consistent so that variation exists. People's experiences we acknowledge are very different.

10. Today there is great potential to move forward and rectify the situation. What is evident to us now is that from strategic planners right down to hands on care staff everyone demonstrates a greater

commitment to working more closely together. They appreciate that the current situation of working in isolation cannot continue and that we need to take more account of the impact of our actions on others. Old patterns of working are now longer automatically accepted but now subject to more robust challenge.

Partnership Working in Carmarthenshire

The Health and Social Care Partnership Board is the main overarching partnership that oversees all health, social care and well being related work in Carmarthenshire, for the purposes of Community Planning. It is the mechanism through which Carmarthenshire Local Health Board and Carmarthenshire County Council work together to drive forward a joint health and social care agenda, and secure the involvement of other key partners. Its work involves overseeing and co-ordinating service development arising from all health, social care and wellbeing planning activity, as well as committing resources, in particular those under the Health Act 1999. The HSCPB also sets up task groups that progress certain key areas of work such as Emergency Pressures, and Delayed Transfers of Care.

Joint Working with Children and their Families

There is a multi disciplinary family support team comprising of practitioners from social services, health and education. It has bases in Carmarthen and Llanelli. The team provides help and support to disabled children and their families. The team also works closely with other agencies to ensure that disabled children and their families receive appropriate respite services, financial support etc. They are presently in contact with approximately **800** children.

LOCAL HEALTH BOARDS

11. We applaud the bold step of this government to create Local Health Boards coterminous with local councils as a mechanism for joint planning and delivery of services that maximise the resources at the disposal of two vital public institutions- local government and the national health service.

12. The creation of the Local Health Boards on a co-terminus basis with local government represents a significant opportunity to joint working that is more responsive to local need. We in Local Government have consistently supported this bold approach to locality commissioning and service delivery. Whilst there may be some issues relating to the ability to interact on a regional basis and in terms of capacity of LHB's in negotiating with Health Trusts, in terms of the interface between Health and local government this is a significant step forward. However the new structures and ethos require strong leadership, time to demonstrate that 'the Welsh way' is the right way. A leap of faith by central government is needed to give local freedoms to the NHS as well as local government that will also deliver national priorities and outcomes.

13. The membership and responsibilities of Local Health Boards have raised the focus of health and social care in local government and is proving to be a powerful mechanism to engage a greater number of elected members.

14. Local government and social services are contributing considerable energy and scarce resources to building this important partnership. The demands upon maintaining service delivery whilst contributing to many partnerships and planning meetings should not be under estimated especially within a context of expanding remits of responsibilities and departmental roles within local government. This burden is particularly high within social service departments and elected members who are also significant contributors to Local Health Boards and sub committees.

HEALTH AND WELL BEING STRATEGIES

15. The requirement to produce Health and Well being strategies is significant in the development of health, social care and local government working together. For the first time it sets the planning framework for true joint working across health and local government. Its power and potential to enhance joint working at a local level is the strategic leadership that will arise from both local government and the NHS jointly assessing need and planning local solutions.

16. The WLGA acknowledges the non-prescriptive nature of the guidance for developing the Health, Social Care and Well Being strategies which allow the partners to develop an appropriate approach and concentrate on the partnership process as much as the publishing of any finished strategy. To concentrate on the latter at the expense of the former is a formula for yet another strategy shelf filler which impacts little on people's real life experience and is not what the government intends.

17. Arising from this partnership will be the need for joint priorities. We welcome this approach. However, in order for joint priorities to be meaningful they must operate in an overall context that rewards success, supports those areas that are failing and creates opportunities to improve through self assessment and embracing good practice from elsewhere.

GOOD PRACTICE

18. Examples of good practice and joint working are everywhere in Wales. What is needed is greater sharing of this knowledge and a wider understanding of what works and how obstacles have been overcome. People need to have more time to develop and share information and participate in learning networks.

19. We should foster more opportunities for people to transfer their skills to others and from different perspectives. More needs to be done to allow individual organisations to build capacity from within rather than from top down or external interventions.

20. The NHS and Local Government have their own programmes of promoting improvement but more could be done to align these activities for services which cross the health and social care boundary. We must also recognise the imbalance between resources within the NHS to promote improvement and those currently available to social care. Similarly, increasing and continuing staff shortages within

organisations diminishes the opportunities for learning and investment in research and development.

21. The WLGA are developing its Excellence Wales programme to allow debate around good practice within all Local Authority services. It should also be noted that Health is represented on the Local Government Improvement Board. We are also committed to the Public Sector Management Initiative that will promote greater learning across the different organisations and opportunities to break down barriers.

22. We have already stated that there are many examples of good practice across Wales. The WLGA is currently undertaking two important initiatives in this area. We are working on behalf of the twenty two leaders of councils and the chairs of Local Health Boards to collate two examples from each partnership area, of good practice and one example where a solution has yet to be found. These will be collated into a central source available in a variety of mediums to aid local development. I will quote a few already from this exercise.

Case study examples.

A joint project between Gwent Healthcare NHS Trust and Social Services is reducing hospital admissions among older people with mental health problems in most parts of Caerphilly county borough. The Home Treatment Team give support to people in their own homes and respond to psychiatric emergencies. Their work allows people to come out of hospital earlier and prevents some patients from having to enter hospital. The team have had lots of positive feedback from patients and hope to keep extending the services they offer.

Also in Caerphilly, the Occupational Therapy service in Caerphilly CBC and a parallel Occupational Therapy service within the Gwent NHS Trust has completely reviewed how they work together. Waiting times for people who need an assessment for home adaptations has reduced significantly. The results have improved customer satisfaction and the numbers of people going into hospital. It has also turned around declining morale and improved the retention of skilled practitioners.

23. The WLGA health and well being team, are mapping local authority contribution to health and well being in a wider sense than just social care. However, arising from this process will undoubtedly be many examples of closer working with health. The project will be completed in the first stage by end of the Spring 2004

RECOMMENDATIONS FOR IMPROVEMENT

24. Local government will continue to promote joint working with the NHS. We consider a number of actions are necessary to move forward.

Resources and funding mechanisms

25. Whilst the NHS receives funding from and is accountable for its expenditure directly to the Assembly, Local Authorities are accountable to their electorate for the statutory and discretionary services they provide. Local Authority net expenditure is supported by non hypothecated general revenue settlement, a share of non domestic rates and some specific grants. To this each Council raises it own income through charges, fees, interest and council tax. The Welsh Assembly government and each council enters into a policy agreement which sets a number of targets for achieving a range of national agreements locally. The policy agreements are being refined to reflect a more robust arrangement. Negotiation for next years policy agreements have yet to be finalised but will include targets to reduced the number of delayed transfers of care.

26. We believe that this arrangement should continue and be further developed. However, we have not yet finalised discussions with central government to agree an accountability framework for health and social care that does not undermine local governments non hypothecated funding arrangements but will meet the need for collaborative accountability reflected in the new ethos of partnership working with health. A move to jointly agreed targets agreed by the local strategic partnerships possibly the Local Health Board, that reflect priorities arising from the Health, Social Care and Well being strategy would be a possible way forward. This approach would be consistent with developing strategic partnerships that are capable of mutually agreeing how best to bring about improvement at a local level but are transparent and capable of providing monitoring information for both local and central government requirements.

27. The Welsh Assembly government has now issued the settlement for 2004 and each council will be shortly be setting the council tax. The general settlement will provide little scope for enhancing social services. Indeed once monies tied to priority education initiatives are reserved, the overall increase for Social Services is nearer the rate of inflation and will not be adequate for growth or investment in change. Limited additional funding may be available from specific grants.

28. We are very concerned that sufficient resources are available to local government to ensure that services can either be provided or commissioned. The capacity of local communities to keep people at home or enter appropriate care will continue to be compromised unless sufficient funds are available to develop other forms of support whilst also meeting rising need for complex care. In this context it is important to realise that the contribution of housing, transport and leisure services to supporting people in their communities should not be under estimated. All of these services must be prioritised and funded from within the overall resources available to local government.

29. Specifically regarding community care, since the funds for community care were transferred to local authorities, a number of key changes have occurred which has further eroded local government's ability to keep pace with demand. An older population is living longer and needs more complex care, market forces and the minimum wage have impacted upon the availability of good quality care homes together with a retracting workforce. Increased standards also require investment to comply and the changing local property market have constrained the projected growth of the independent sector. These changes have taken place at a time when social service departments have been encouraged to minimise provision

of direct care which is more under their control and concentrate on commissioning from a diverse market to improve the quality and use of resources.

30. Without appropriate funding, it is difficult to see how local government can play its vital role in minimising the demand on expensive hospital beds and increasing community alternatives. Research with the Joseph Rowntee Foundation conservatively estimates that an additional recurring sum of £50 million is required.

31. We also consider that for a defined time scale, resources to double fund existing services will be needed whilst the transition to alternatives are built up at a local level and the current difficulties are reversed.

32. We are aware that £25 million has been allocated for change as part of the Wanless implementation programme. Local Government is depending upon the local strategic planning process and the new partnership arrangements at the Local Health Board to ensure that the resources are spent in such a way that local government can play its full part in preventing admissions to hospital and supporting speedier discharge. In this context we are committed to working with our NHS colleagues to agree how best this money should be spent to alleviate local problems and maximise the impact of new monies. We would be concerned if this money is earmarked centrally for initiatives that undermine this basis for local partnerships.

Performance management

33. Joint targets need to be developed locally that enable both national and local priorities to be achieved. More work is needed to define a small number of national priorities together with skills to develop meaningful local indicators that are capable of monitoring progress and ensuring appropriate accountability at different levels.

34. The performance measurement initiative for Local Government will take into account joint targets and indictors as defined above and will collaborate with the NHS to ensure harmonisation of approach where appropriate.

35. Performance Management will continue to be compromised without significant investment in information management and technology that is meaningful for local government and the NHS. The investment needed in information management technology for social care will in our view, be significant above that which has been earmarked for implementing the strategy - *Informing Social Care*.

Commissioning arrangements

36. Expertise in joint commissioning needs to be strengthened. New ways of working need to be promoted and expertise in commissioning not just contracting needs to become more wide spread. Both health and local government need to combine their skills and expertise to establish joint commissioning

and ensure these are embedded in the new organisational arrangements and managers skills.

Research and Development

37. There has been a decline in investment in research and development which needs to be redressed. Good quality timely research for strategic managers and practitioners needs to be resourced. We support the proposals for greater multi agency research that endevours to promote a better understanding of what works and why within a non clinical setting.