

Leicestershire County Council LGA Green Paper response, September 2018

The LGA Green Paper for adult social care and wellbeing, 'The Lives We Want to Lead' contains 30 consultation questions, which are answered below based on the professional views of Leicestershire County Council officers. The submission date is 26 September 2018.

The document is available at <https://www.local.gov.uk/about/news/lga-launches-own-green-paper-adult-social-care-reaches-breaking-point>

Q no	Question	Leicestershire County Council response
1	<p>What role, if any, do you think local government should have in helping to improve health and wellbeing in local areas?</p>	<p>Local government has the responsibility for providing both universal and targeted services; it is the 'glue' that binds together different service offers. As democratically elected bodies, councils have accountability to local residents, and are the only bodies which have both place-based and population-based leadership. Local government is a core participant in the Health and Wellbeing Boards, and the production of a Joint Strategic Needs Assessment (JSNA) and the Joint JSNA and Joint Health & Wellbeing Strategy.</p> <p>Local authorities have a clear role as place makers for health improvement and the reduction of health inequalities (Marmot Review). However this needs to be achieved via a partnership approach – in Leicestershire, the health and social care Integration Executive is an example.</p> <p>The LGA Green Paper provides an opportunity for Leicestershire County Council to review its approach to addressing the wider determinants of ill-health, including the health improvement role of Public Health. A local authority's role should be defined by the outcomes desired for residents, the local issues and challenges and what change is required. The Care Act responsibilities have implications for a whole authority and not purely the adult social care function.</p> <p>A local authority has a remit to hold health providers to account regarding health outcomes in the area as the people's representatives. They have the ability to influence residents - to advocate self-care, planning ahead, supporting others and building resilience in family networks. They must promote wellness rather than treat illness. They provide an essential safety net for those that will always need some support.</p>

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		<p>In terms of public health, local government's role is central in delivering a range of services that directly (public health commissioned services such as lifestyle services, 0-19, local area coordinators, sexual health, health checks) and indirectly (wider determinants of health including social care, building communities / asset building, education, housing, supporting employment) influence health and wellbeing.</p> <p>More widely, councils have a history and tradition of promoting and delivering economic development, community development, individual protection, community cohesion and cultural services which all contribute to individual and community wellbeing.</p>
2	In what ways, if any, is adult social care and support important?	<p>Adult social care promotes independence and improves people's lives; it enables people to contribute to their community and promotes citizenship; it contributes to the sustainability of local NHS services; and provides protection for individuals and communities.</p> <p>It has a key role in the prevention and early intervention agenda which in turn can lead to reductions health care costs (demand management, timely discharges, and provision on community based step up/step down support). It promotes independence, personal control and wellbeing thereby complementing acute services/medical models and interventions.</p> <p>However, it is part of a wider system that includes health and social care, voluntary sector, communities, business, and carers. In addition, social care provides connections into the wider community services.</p>
3	How important or not do you think it is that decisions about adult social care and support are made at a local level?	<p>Decisions made at a local level ensure democratic accountability, and provide for local solutions to local issues that matter to local people, particularly because social care is predominantly funded through local taxation. As a design principle decisions should be made at a local level with democratic accountability and transparent decision making.</p> <p>Local decisions ensure connectivity between social care and local communities to promote asset-based care and align delivery of social care to other local strategic priorities, economic wellbeing, and infrastructure development.</p> <p>By devolving decision making to the lowest level, local government can empower communities. Local decision</p>

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		<p>making should be based on sound evidence of the challenges for the area alongside national priorities.</p> <p>It is important that local decisions about adult social care are made at a local level with the Health & Wellbeing Board, providing democratic accountability, and Scrutiny offering a check-and-challenge role to executive bodies.</p>
4	<p>What evidence or examples can you provide, if any, that demonstrate improvement and innovation in adult social care and support in recent years in local areas?</p>	<p>Leicestershire County Council can demonstrate recent improvement and innovation through development of reablement and enablement services, a reduction in long term care and delivery of alternative care models, housing solutions, asset-based and strengths-based approaches, increased choice and control through personalisation and direct payments, and more timely review which promotes people's independence and avoids people becoming dependent on services.</p> <p>More widely around communities, the authority supports a wide variety of community groups through Asset Based Community Development, promoting co-production, provision of small grants, and initiatives such as Local Area Coordinators and First Contact Plus. These aim to promote community well-being, self-help and resilience, reduce demand for services, and promote prevention. Case studies and examples are featured on the Leicestershire Communities website: http://www.leicestershirecommunities.org.uk/csi/</p> <p>There is current development of Integrated Locality Teams and use of care coordination model. Additionally, First Contact Plus is a single point of access for lifestyle, welfare and debt advice and social care support hub. This has evolved over the past few years to provide a wider range of prevention services that support adult social care services.</p> <p>Leicestershire County Council has improved delayed transfers of care (DTC) significantly in recent years. Monthly delayed days per 100,000 population have fallen from 11.53 on average in 2016/17 to 9.04 in 2017/18 and by the end of March 2018, even after a very difficult winter for health and care services, Leicestershire achieved a rate of 7.14 (albeit still short of the BCF target of 6.84). Several actions contributed to this reduction, including restructuring staff to focus on complex patients, piloting a discharge to assess process, focusing matrons on wards to look at Census data directly and reviewing all end to end processes to improve patient flow. A full report of the actions can</p>

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		<p>be located here -</p> <p>http://politics.leics.gov.uk/documents/s138157/4_June DTOCS%20Ends%20of%20Year%20Report%20final.pdf</p>
5	<p>What evidence or examples can you provide, if any, that demonstrate the funding challenges in adult social care and support in recent years in local areas?</p>	<p>Since 2010 the Council has made savings of £196m which includes savings in Adult Social Care of £60m.</p> <p>The proportion of the Council budget (£361m) which is spent on Adult Social Care is 36% and the largest service area. The Adult Social Care Precept has helped to maintain funding levels.</p> <p>Examples of the impact of the recent funding challenges in adult social care include a reduction in the number of people receiving care, a reduction in average care and support packages, an increase cost of care for those who receive it, and more service users having to contribute towards their care. An increased proportion of funding is spent on personal care, with corresponding reductions in funding to meet prevention services, social inclusion and wellbeing.</p> <p>The proportion of care packages which require personal and third party top ups alongside supplementary fee payments from the local authority is increasing year on year. The authority is also seeing a growing number of 'fund droppers', older adults who are funding their own care but who then reach the threshold for local authority funding, suggesting that an increasing number of individuals' personal wealth is being spent on social care.</p>
6	<p>What, if anything, has been the impact of funding challenges on local government's efforts to improve population adult social care?</p>	<p>There has been less funding available for prevention and for the voluntary and community sector, resulting in a reduction in localised and peer support for people. The ability to deliver a sustainable workforce to support the current and future needs of local residents is increasingly challenging, impacting on recruitment, retention, career development and relationship-based social care.</p> <p>The Council can no longer meet the needs of people who have moderate social care needs or commission services which promote social inclusion and combat loneliness.</p> <p>Although the important role of early help and prevention is widely recognised this is arguably the most difficult service element to protect when under increasing pressure to meet rising demand for critical care support. Life expectancy is no longer increasing due to the impact of austerity cuts nationally and on local services. In some areas of the County,</p>

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		<p>such as Oadby and Wigston, health inequalities are increasing between the most and least deprived communities.</p> <p>However, a strengths-based approach would highlight that, for example, older people are a large resource, potentially adding significantly to the local economy. However, in social care, older adults bear the burden of higher costs and fees to sustain the local care market and supplement the local authority's fee rates. More positively there is a greater focus on promoting independence, and investment in services which reduce and delay the need for social care services. The development of enablement and reablement services which are beneficial to individuals longer term outcomes, have to some degree been created as a consequence of funding challenges.</p>
7	<p>What, if anything, are you most concerned about if adult social care and support continues to be underfunded?</p>	<p>Continued underfunding will impact on the quality of support which can be provided due to an inability to attract and retain a competent workforce. Workforce capability and capacity will continue to be insufficient and there will be an impact on wider council services and discretionary services.</p> <p>The impact on other council services and partnership working, particularly with NHS, and capacity to meet demand are of concern if care and support continue to be underfunded. In the longer term, there will be an impact on health and wellbeing, life expectancy (including health life expectancy) and an increase in health inequalities. There will be poor outcomes for residents.</p> <p>At a more detailed level, deterioration will be seen in demand management, delayed transfers of care (DTC), and increased discharge to residential care to meet DTC targets. Cases will increase in complexity, and support to carers is likely to reduce. Inevitably there will be funding cuts to preventative services.</p> <p>The impact of Brexit is as yet unknown, and combined with funding challenges, may create unhelpful dynamics in progressing workforce issues.</p>

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8	Do you agree or disagree that the Care Act 2014 remains fit for purpose?	<p>Leicestershire County Council agrees in the main that the Care Act 2014 remains fit for purpose, with a good focus on prevention, reducing and delaying needs, links with health and improving overall wellbeing. However, failure to implement Part Two of the Care Act and address the related funding issues has not reduced the financial burden on individuals or local authorities.</p> <p>The authority would welcome research nationally into the effectiveness of the Care Act as comprehensive academic research has not yet been conducted to our knowledge. Duties described in the Care Act may be reaching too far to be realistic in the longer term, if the financial outlook continues to worsen.</p>
9	What, if any, do you believe are the main barriers to fully implementing the Care Act 2014?	<p>The main barriers to full implementation of the Care Act are the interrelated issues of adequate funding, workforce, and skills and expertise. The population is aging, living longer with multiple long term conditions and more complex needs.</p> <p>The integration of health and social care continues to be a difficult journey, so pooled budgets, lead commissioning and integrated provision remain challenging to implement at a local level if partners have competing priorities, regulations and compliance issues.</p> <p>Other challenges are the needs of young carers and young adult carers, which require further research, together with roles, responsibilities and demands on children and adult services.</p>
10	Beyond the issue of funding, what, if any, are the other key issues which must be resolved to improve the adult social care and support system?	<p>Key considerations to improve the care and support system for adults include:</p> <ul style="list-style-type: none"> • Workforce recruitment and retention and career development • Prevention and wellbeing services to reduce need in an aging population • NHS system improvement and clinical decision making <p>The current emphasis is on demand management, and working with people who have substantial needs, whereas authorities and their partners should be ensuring people's health and wellbeing through asset-based and preventative approaches, to save costs downstream. Resilience, prevention and life skills need to be prioritised and</p>

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		<p>embedded at an early age, as there is a currently a deficit in these areas which is leading to increased demand on statutory services.</p> <p>The definition of social care and support needs to adapt to a changing social and community climate and infrastructure, projecting forwards to foresee the care and support needs for those who will require it in 30 years' time. If the proportion of working age adults in relation to older adults continues to decline, as in Leicestershire, there will continue to be a fundamental shortage in workforce. Alternatives to present models of social care need to be built.</p>
11	Of the above options for changing the system for the better, which do you think are the most urgent to implement now?	<p>Options 1 (paying providers a fair price for care) and 2 (making sure there is enough money to pay for inflation and the extra people who will need care) are the most urgent to implement now, although these would need to reflect local and regional variations in cost and growth.</p> <p>Options 3 (providing care for all older people who need it) and 4 (providing care for all people of working age who need it) require further evidence to validate the levels of unmet and under-met need.</p> <p>All options would require additional funding and resolving funding issues is required now for the long term. A shift to prevention and early intervention is crucial in addition to investment in public health. Modelling and provision is required to ensure that there is adequate funding to meet inflation and rising demand.</p> <p>The resilience of the home care sector is a major risk, particularly in promoting independence and strategies to keep people at home for longer.</p> <p>Providers must be paid a fair price for care. However, in addition a concerted programme of skills enhancement, quality assurance and technological support is needed within the independent sector - this requires significant investment. Partners to this activity must be suitably skilled and the outputs must link to enhanced rates for quality care delivery.</p>

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12	Of the above options for changing the system for the better, which do you think are the most important to implement now?	<p>Option 6 (free personal care) provides the most transparent and fair system of funding. In addition, removing means testing could derive a further efficiency saving to local authorities. This may require a national tariff for care costs to be agreed, however implementation could be effected within a reasonably short time frame.</p> <p>Option 5 (cap and floor) would allow individuals to plan for the future more effectively and release an amount of individual assets to support the system in the medium term, whilst also ensuring individuals retained a level of personal wealth. As identified through the lead-up to Care Act implementation, substantially increased financial assessment activity would be required by local authorities to assess and arrange accounts for people who currently fund their own care would be required in addition to legislative change.</p> <p>The cap and floor approach would need additional regulation and safeguards for early work and implementation, to prevent qualifying assets from being protected or excluded by individuals and families.</p> <p>As stated, free personal care would be the most effective at reducing inequalities in care but also in promoting health and care integration (e.g. integrated with the NHS, with care free at point of use).</p>
13	Thinking longer-term, and about the type of changes to the system that the above options would help deliver, which options do you think are most important for the future?	<p>Transition between systems is a key issue and there need to be efforts to support the public to consider their risks in this regard, and how to mitigate these and plan ahead.</p> <p>Free personal care would be the most effective at reducing inequalities in care but also in promoting health and care integration (e.g. integrated with the NHS, with care free at point of use). If the long-term aim emerges as funding free personal care, a clear timescale could be set for any cap and floor programme as an interim policy position. There should be clarity for the public on how long this will run before review and closure, and help given to individuals and families so that they can plan for where they will fit, or not, into this system.</p>
14	Aside from the options given for improving the adult	<p>The goal should be to develop a comprehensive vision for public health and social care for the future. It must be a whole life, whole family approach with investment in young people and working age adults to reduce future demand. There should be funding for preventative services, and commitment from health organisations to invest in them.</p>

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	social care and support system in local areas, do you have any other suggestions to add?	<p>The policy framework for funding social care needs to keep pace with future changes to retirement age or pension policy, to ensure specific cohorts of people are not hit by multiple changes that are disadvantageous or create specific inequalities at given points in the future.</p> <p>Alongside a sustainable social care funding model, consideration should be made of a fairer funding formula for local government. The current funding formula has little link between spending power of local authorities and local need, so does not provide an equitable or reasonable distribution of funding to local authorities which results in an unequal spending power on all local authority services.</p> <p>Councils could offer incentives through their interactions with the public for citizens demonstrating greater engagement with wellbeing and prevention.</p> <p>The status of those from European countries who own or jointly own UK assets needs clarity in social care funding arrangements post-Brexit. In addition an assessment should be undertaken of the impact of Brexit on the delivery of social care, including direct and indirect workforce issues, provision of equipment, changes to health care provision and tendering / procurement issues.</p> <p>Better data, and data sharing between health and social care is key. There are still too many barriers to data sharing between health and social care at the planning and commissioning tier of analysis and this affects data sets on wellbeing and prevention, an area of key priority in terms of the policy framework in this green paper Infrastructure.</p> <p>Research is required to rapidly establish, for community design and housing design, new standards and smart technology needed to promote independence, wellbeing and prevent social isolation.</p>
15	What is the role of individuals, families and communities in	Self-care and personal responsibility play a crucial role in health, wellbeing and management of conditions to maximise quality of life. Social prescribing should be encouraged as ways of improving health and wellbeing. It should be noted that personal resilience is enhanced in a supported community environment especially for dealing

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	supporting people's wellbeing, in your opinion?	<p>with the consequences of loneliness and isolation, and can deliver better outcomes for people. Communities including the VCS can support and deliver prevention and early intervention approaches.</p> <p>Informal care from family and support networks is and will remain essential to the sustainability of social care.</p> <p>The views of service users (individuals and families) are critical to ensuring that services meet individual need, and the care and support offered is appropriate.</p> <p>Dahlgren and Whitehead's (1991) social model of health recognises that there are many determinants to health; there are individual factors, social and community networks to general socioeconomic, cultural and environmental conditions. These are interwoven and represent how social care and funding is required at a whole system level.</p>
16	Which, if any, of the options given for raising additional funding would you favour to pay for the proposed changes to the adult social care and support system?	<p>The LGA Green Paper does not propose a specific funding model; further detail is required, including on costs, in comparison with the projections for current delivery.</p> <p>National insurance and / or income tax rises provide the fairest and most sustainable solutions, spreading the cost of care through a wider public contributory system and delivering the level of funding required to meet current, future and unmet needs.</p> <p>Removal of universal benefits may impact on people's wellbeing who do not require social care, and potentially create demand downstream though reducing people's independence, asset base and ability to self-care.</p> <p>Council tax increases have a variable impact dependent on each local authority's ability to raise income and do not provide sufficient funds to deliver a sustainable solution in the longer term.</p> <p>There could be greater benefit or tax concessions for carers to encourage the unpaid or volunteer workforce.</p>
17	Aside from the options given for	Other suggestions include making partnership working with the NHS easier by reviewing financial management arrangements, in line with local government.

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	raising additional funding for the adult social care and support system in local areas, do you have any other suggestions to add?	<p>Removal of exemptions from prescription charges and the introduction of a universal small charge would reduce bureaucracy, make efficiency savings and generate income as detailed in the Barker Commission report.</p> <p>Local financial products could be an additional option to keep benefits in the local area; it will be necessary to stimulate private investment and private sector solutions.</p>
18	What, if any, are your views on bringing wider welfare benefits (such as Attendance Allowance) together with other funding to help meet lower levels of need for adult social care and support?	<p>There is a disparity, lack of transparency and unfairness about how Attendance Allowance is currently used to support people with care needs. Having a single funding pot would be beneficial; however, there would need to be sufficient funding to cover existing and future growth due to demographic change. However non means tested allowances of this type do promote individuals' ability to personalise their care and retain a level of control over their care arrangements, which is beneficial to their individual wellbeing. The County Council is open minded to combining funding but needs more detailed proposals to comment on very risky potential transfers. Any transfer of responsibilities to the Council would have to be matched by an equivalent spending power.</p> <p>If simplification of the benefits system is progressed, access to benefits must remain equitable and must not breach human rights.</p> <p>A small contribution could be made by means testing winter fuel and TV licenses in the older population, however as noted above this could be detrimental to individual wellbeing.</p>
19	What are your views on the suggested tests for judging the merits of any solution/s the Government puts forward in its green	<p>Affordability for the local authorities and individuals is key to ensuring any funding arrangements are fair and equitable.</p> <p>Leicestershire County Council supports the tests suggested by the LGA – however they mix policy prioritisation criteria with financial elements and they should be split into separate tests.</p> <p>Some solutions may require investment yet not raise savings in the short term.</p>

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20	In your opinion, to achieve a long-term funding solution for adult social care and support, to what extent is cross-party co-operation and/or cross-party consensus needed?	<p>All parties need to co-operate to achieve consensus on these significant and long-term challenges which have a lengthy lead-in to resolve.</p> <p>The provision of a sustainable social care system supports the delivery of a sustainable health system, contributes to economic growth and cohesive communities. This requires a unified political vision to ensure individuals and families can have confidence that social care reform can be delivered in the longer term.</p>
21	What role, if any, do you think public health services should have in helping to improve health and wellbeing in local areas?	<p>Public health's remit is in strategic, place-based and health needs assessment, early intervention and prevention services, universal prevention offer, information advice and guidance, addressing wider determinants of health, and leadership to Health & Wellbeing Boards. This is conducted through mandated and non-mandated functions.</p> <p>Public Health needs to act as a leader, partner and advocate in helping improve health and wellbeing in local areas. Examples of this include:</p> <ul style="list-style-type: none"> • Lead: commissioning and delivering a range of evidenced based, high quality public health services (including 0-19 years service, sexual health, substance misuse, lifestyle services, tier 0 prevention services). • Partner: working with partners to commission and deliver services. An example is providing public health intelligence on a range of determinants to support health and social care to commission the appropriate services for the local population – this is achieved through Joint Strategic Needs Assessments, needs assessments, health equity audits, and so on. Public health also jointly commissions some services with partners, such as for substance misuse. • Advocate: using a 'Health in All Policies' approach to ensure that health is considered comprehensively - for

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		<p>example completing health impact assessments on new housing developments. Public health also advocates for national policy changes such as for minimum wage or the smoking ban.</p>
22	<p>What evidence or examples, if any, can you provide that demonstrate the impact of other local services (both council services outside of adult social care and support, and those provided by other organisations) on improving health and wellbeing?</p>	<p>Leicestershire has many examples of other services that have a positive impact on improving health and wellbeing that are outside of the social care and health budget. These include (but are not limited to):</p> <ul style="list-style-type: none"> • ‘Lightbulb’ housing related support, which has been rolled out across Leicestershire since October 2017 and supports vulnerable people to ensure they can live in their homes as safely as possible. The project has already seen a reduction in accident and emergency attendances and emergency admissions. Reported benefits include reduced waiting times for housing adaptations, fewer people involved in each case and a reduction in delivery cost. • Trading standards where they manage and monitor services to combat financial abuse • Social care transport services • Heritage and cultural services to support people with dementia and increase individual wellbeing • Country parks, which provide green space and promote physical and emotional health <p>Housing services and appropriate accommodation are key to individual health and wellbeing. A social model of public health has been developed to provide community capacity building services that help people help themselves. These include:</p> <ul style="list-style-type: none"> • Local area coordinators (LAC) - a complex community based intervention, that aims to increase individual and community capacity while reducing demand for costly primary and acute services, as well as other public services, by working with beneficiaries who are vulnerable and often experiencing a range of multi-layer complex challenges. LAC is designed to have an impact on three levels: individual, community, and health and social care integration. • First Contact Plus - a single point of access for lifestyle, welfare and debt advice and social care support hub. This provides a digital and telephone triage service offer that supports individuals into a range of prevention services.

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		<ul style="list-style-type: none"> Time4Leicestershire - a time banking scheme that allows participants to voluntarily trade time and skills across the population.
23	To what extent, if any, are you seeing a reduction in these other local services?	<p>The County Council has seen significant decreases in funding since 2010. This has impacted services across the council and in many cases, a disproportionate impact has been felt in non-social care services in order to ensure statutory social care provision. The authority has had to make difficult decisions about the use of its available budget in order to protect adult social care, such as a 70% funding reduction in heritage and cultural services. There have been savings from the authority's early intervention and prevention services, including those targeted at substance misuse, sexual health, health checks, domestic violence, and homelessness.</p> <p>To help mitigate the cost pressures, the County Council has also redesigned several service offers to deliver them in different ways. This includes community managed libraries, and reviewing the social care transport policy.</p>
24	What principles, if any, do you believe should underpin the way the adult social care and support service and the NHS work together?	<p>There are several principles that should underpin the way social care and health should work together such as personalisation, local accountability and transparency, integrated commissioning, the continued ability for local scrutiny and oversight, a clear governance model and clear decision making.</p> <p>It would be helpful to consider how existing frameworks could help with this (such as the Integrated Commissioning for Better Outcomes document https://www.local.gov.uk/icbo, the King's Fund Principles for Integrated Care and the SCIE outcomes framework) - could they be amalgamated into one consistent and consolidated toolkit for this purpose for local systems to use? It also might be helpful to consider principles relating to finance, culture, structure and governance. These headings address some of the key barriers as noted in the LGA consultation document.</p> <p>In terms of governance the following principles are suggested:</p> <ul style="list-style-type: none"> • Transparency and accountability • Ability for scrutiny and oversight • Clear governance model • Clarity on decision making

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		<ul style="list-style-type: none"> • Equal Partnership
25	<p>In your opinion, how important or unimportant is it that decisions made by local health services are understood by local people, and the decision-makers are answerable to them?</p>	<p>Leicestershire County Council believes that it is important that there needs to be a mechanism for the public to hold decision-makers to account over the spending of taxpayers' money and the outcomes being achieved for local residents.</p> <p>The wording of this question seems at odds with strategic and policy direction, should this question not be about how decisions are made, about health and care, for the place, not just about decisions related to health services, as currently worded? The current fragmentation of health and care organisations means that communication and engagement with the public is coming from multiple channels, perspectives and rationales and can seem uncoordinated or duplicative, especially to the public, as a result.</p> <p>Communication, engagement and consultation challenges have been identified and experienced through the Sustainability and Transformation Plan / Partnership approach which has demonstrated that the NHS has some key challenges with the expectations of the public and local authorities, which still need to be resolved when approaching the public jointly on matters affecting the health and care system.</p> <p>This speaks to the need to address the democratic deficit in health and the difficulties in positioning both local NHS bodies and local politicians to be jointly accountable for decisions about health and care services (see later questions on Health and Wellbeing Boards).</p>
26	<p>Do you think the role of health and wellbeing boards should be strengthened or not?</p>	<p>The Health and Wellbeing Boards' role must remain a place leader. Their function and funding for them must be strengthened if they are to achieve their objective to lead the integrated assessment of local needs to inform both NHS health and local authority social care commissioners. An audit process for local health and social care cooperation would be beneficial; local democratic accountability is essential.</p> <p>A more robust mandate concerning leading integration at a local (place) level would be helpful (see comments on Sustainability and Transformation Partnerships), but the role and functions of Health and Wellbeing Boards are due</p>

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		<p>for review, at this stage of policy development nationally.</p> <p>Given that it is not possible for all partners to devolve decision making to the Health and Wellbeing Board as a committee of the council, a parallel track of other governance would always be needed.</p> <p>The introduction of Sustainability and Transformation Plan footprints complicated the position for Health and Wellbeing Boards and created a tension about where system leadership should or could be placed. If Plan footprints are to remain, there needs to be a clearer definition of respective roles and decision making arrangements at sub regional tier, place and neighbourhood levels, with delivery and accountability for health and care defined more robustly in each part of the system.</p> <p>In defining which parts of the health and care agenda the Health and Wellbeing Board should truly be responsible for, the areas of wellbeing, the wider determinants of health and prevention in the local place could be the focus, rather than attempting to encompass the whole of the health and care system, services and agenda. However, improved democratic accountability must be structured into the governance arrangements for the rest of the health and care agenda, and funding for prevention should be prioritised and devolved to maximise the impact of Health and Wellbeing Boards.</p>
27	Which, if any, of the options for strengthening the role of health and wellbeing boards do you support?	<p>This authority mainly supports option 2 (i.e. that Health & Wellbeing Boards could be given a statutory duty and powers to lead the integration agenda at the local level). Option 3 (i.e. that Health & Wellbeing Boards could assume responsibility for commissioning primary and community care) does not seem possible. The Health and Wellbeing Board is a Council Committee (although a partnership) and it seems inappropriate for it commission, for example, core GP services which are a Clinical Commissioning Group statutory function.</p> <p>The opportunity to pool and jointly commission more aspects of place based services with other public sector partners including the NHS is however an important consideration, especially for delivering on the wider determinants of health and wellbeing (such as prevention, integrated housing services, integrated personal budgets, packages of care for those with a combination of health and care needs).</p>

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		<p>The Sustainability and Transformation Partnership tier and Health and Wellbeing Board membership is similar – if the Partnership is required to engage the Board in plan development, is this a conflict of interest?</p> <p>Governance arrangements would need to be clearly thought through. Whatever the formal governance and decision making arrangements, there is a need to engage all councillors in the planning and delivery of health and care, not just those who sit on the Board.</p> <p>In order for the Board to lead integration at a local level, appropriate decision making powers and suitable funding are required.</p>
28	Do you have any suggestions as to how the accountability of the health service locally could be strengthened?	<p>The role and workplan of health scrutiny is key to this. Some suggestions for strengthening the accountability of the health service include an option for local government to commission out of hospital services as well as –</p> <ul style="list-style-type: none"> • Elected Member involvement at all tiers of governance and decision making (e.g. neighbourhood, place, system) • The devolving of more power to the local (place) level would require appropriate oversight and accountability; • Clarity around where decisions are made – see previous comments on STP/Place tiers • Opportunities to invest further in Healthwatch and add scale • With a strengthened role for elected members and a strengthened role for Healthwatch, could the health scrutiny function triangulate these inputs more effectively into their lines of enquiry and work plan? • Could there be a more direct requirement for the Health and Wellbeing Board to enact Healthwatch recommendations via the partnership? This may only be feasible on the basis of having a more scaled up Healthwatch service that can commit more resource to external independent analysis and challenge.
29	Which, if any, of the options for spending new NHS funding on the adult social care	Leicestershire County Council supports all the investment options for the additional NHS funding put forward by the LGA. Investment in prevention to reduce the burden of disease in the longer term is sensible, however the current underfunding of community health provision also needs to be addressed. Deficits in district nursing services, intermediate care and therapy services have a direct impact on the delivery of social care and the outcomes for local

Q no	Question	<i>Leicestershire County Council response</i>
	and support system would you favour?	<p>people.</p> <p>The development of integrated health and social care such as multidisciplinary teams and integrated commissioning requires significant transformation and strategic resources which are currently not funded sufficiently within the NHS.</p> <p>Not included in the list of options but something which this authority would support includes supporting individuals to help themselves, such as through more digital service offers. The 'stop smoking' service is a good example of this.</p> <p>A single assessment and delivery of individual personal budgets for health and social care personalisation should be prioritised to deliver integrated care at the point of delivery overseen by integrated locality teams and care coordinators.</p>
30	Do you have any other comments or stories from your own experience to add?	<p>This LGA paper covers many issues that Leicestershire is supportive of.</p> <p>Leicestershire has been the lowest funded county for many years. If it was funded at the same level as Surrey, it would be £104 million per year better off, or £350 million, compared to Camden. Current funding models do not share resources fairly; they do not match funding and are out of date. Leicestershire would like to see the Government implement a fairer funding system based on need.</p> <p>In addition, equality, diversity and human rights issues need to be fully reflected in any new model or approach.</p>