Frequently asked questions – on health and social care

Introduction

These questions arose at the Ageing Well in Devon Seminar on 12th September 2008.

We have included questions answered on the day, as not everyone could be there, to assist in the process of the dialogue on "Ageing Well in Devon".

QUESTIONS ABOUT THE STATEMENT OF STRATEGY AND THE PROCESS OF DIALOGUE

What is the role of the Senior Council in this?
The role of the SCfD is to represent the views, aspirations and concerns of the over 50s in Devon. The Council will use its membership and network of interfaces with other groups to gather experiences of service users and close associates and to represent important issues to the overview and decision making panels to which the SCfD has access. It can also raise likely responses by older people to any proposals in Health and Social Care service provision**.** Members of SCfD can also look to solutions that they can take forward themselves for some issues, and how they can be part of addressing issues not just raising problems.

The document is a lot of fine words with no detail.

The document is intended to lay out our strategic intentions in terms of the development of services for older people. It is an opportunity for older people to tell us whether they think our plans are in line with their needs and aspirations. We need to take these views on board first but then certainly the next stage is to develop an action plan that provides more detail and provide a time frame for change.

What difference will it really make?

It is very important that the plan feeds into ACS business and budget planning for the coming years. That's why it is so important to get the views of older people as soon as possible. It is our actions that we will be judged upon and consequently the priority areas of the plan once consulted upon need to be costed to ensure resources are available to make them a reality. In some situations changes may release resources for reinvestment. But of course ultimately the plans have to be affordable. So it is important that we are open about our plans but also how these are matched by budget provisions.

It does not appear to have any focus on rural issues.

We would recognise that there are challenges with providing services in rural communities. The strategy is clear in recognising the need to ensure equity of access and outcomes of services. But might need to be clearer on specifically how rural issues need to be addressed. Accepting that all Devon residents should receive the same outcomes may mean that services need to be arranged in slightly different ways in rural areas. Involving local communities in the design of those services is therefore really important

We need finite dates, with 2-3 years, for positive improvements (quantifiable) relating to main concerns raised

I think I answered that earlier in recognising that the next stage is an action plan with dates.

What if things go wrong? Can SC protest?

The SCfD can use its access (usually by its membership of standing committees)to ensure the opinions and responses of older people are well understood and stress the importance of taking those representations under serious consideration. **This is a position of strength.** Also – SCfD can seek solutions itself to difficult issues – sometimes solutions are in our own hands, not always those of local public bodies.

We are moving away from Central Government services to a more local autonomy BUT THIS INCREASES THE POST CODE LOTTERY

That doesn't have to be the case. In developing new services and in modernising existing services we need to make sure we have a Devon-wide approach that ensures equity in terms of access and outcomes. Having said that there may well be times when we prioritise and target our approach based on our understanding of population-level needs .The Senior Council will have an important role to play in helping us ensure that our services are available wherever you live in Devon.

What is the cut off date for responses?

There is no cut off date for responses as this is not a consultation in the old-fashioned sense in which views are collected and a conclusion reached once and for all. Obviously the sooner we receive responses the earlier we can consider them. Our planning has an annual as well as longer term cycles, and planning for each new financial year starts in November of the year before, to allow budget setting before the legal deadline for Local Authorities. However, we are hoping to have a continuous dialogue from this point on.

QUESTIONS ABOUT PARTNERSHIPS

How does the PCT talk to Devon Partnership Trust (DPT)?
DPT has been fully involved in the development of clusters and complex care teams. The complex care teams include staff from DPT, the PCT and Adult & Community services. The PCT commissioners have a contract with DPT to provide mental health and learning disability services. The contract is monitored by the PCT. The PCT and ACS work together to plan and develop mental health and learning disability services.

How will Partnership Working be developed at local levels?
We discussed at the conference how we want to work with service users and partners in localities. Devon has a very strong history of effective partnership working at all levels – with the voluntary sector, independent providers and service users and carers. Cluster Managers will be developing local networks

Partnership with Voluntary Sector - how does that work?
Again, this happens at all levels. Voluntary sector representatives are full members of every Complex Care Team. They will help us link even more closely with the voluntary sector within localities. We have a number of contracts with the voluntary sector – for example day services from Age Concern, local befriending from Help schemes, footcare from a range of voluntary sector providers. Devon County Council is committed to the Voluntary Sector Compact which sets out the principles for working together..

If Adult Community Services and Health Services are "Joining up" what about other organisations/agencies? (housing, District Councils)
Whilst we have integrated management arrangements with our health colleagues we also have other formal arrangements with our other partners for example our older person's strategic partnerships, Health and Wellbeing Boards and our Local Strategic Partnerships. These boards and partnerships formally engage partners in housing, district councils, voluntary and private providers ensuring that both ours and their strategies are supported by one another.

We need active engagement of all Stakeholders, including Senior Council in local development.
We agree. To achieve this at the County strategic level we are reviewing the membership and remit of the Older People's Strategic Partnership. Locally, Cluster Managers have a responsibility to develop involvement arrangements. More broadly, the County Council is looking to develop local boards with its partners. The shape of these is yet to be determined, and the Senior Council can play a part in doing this.

We need full information of how questions pass from discussion by Senior Council onto the agenda of meetings where decisions about policy and finance get taken.
The SCfD has a written constitution that can take opinions and experiences from any member via the local groups or the Assembly structures or direct via interface with area board members. These can be the members own views or those of other older people where he has direct knowledge of their views or experience. It is then the duty of each delegate at any appropriate forum, to raise the issues as a SCfD question requiring a recordable response. (answered by the Senior Council)

QUESTIONS ABOUT STRATEGY

Can you explain whether there are inequalities in access to services across the County, for example respite care, and what you are doing about it?
Devon has consistent eligibility criteria which are set nationally to ensure everyone has fair access to care services. Individuals have different needs, so people may appear to receive different services when they have in fact been arranged to meet their individual needs. We are aware, however, that services have developed differently around the county. Our new way of working through Clusters and Complex Care Teams across Devon health and social care will help us to ensure that people experience more consistent outcomes. This will of course need to be balanced with our wish to provide services which are developed flexibly to meet the different needs of local populations.

The recent government white paper 'Our Health Our Care, Our Say' has also set the direction for the NHS. This direction is very much along the lines of Health promotion and prevention as well as a significant emphasis on giving patients choice and greater opportunities to manage their own health care. You can see how both of these are being developed in Devon in 'The Way Ahead'.

Why is the NHS focus on reacting to illness rather than the promotion of wellness?
It has been recognised nationally that the NHS needs to focus more resources and attention on health improvement. We are working in Complex Care Teams to identify people before they have acute medical or social needs so that we can support them better. We are also working much more closely across health and social care with Public Health colleagues. Devon County Council and the Devon PCT have a joint Director of Public Health and we agree that it's important we work together to prevent illness. There are a range of initiatives underway to tackle obesity and smoking, and improve health through walking and cycling schemes for example.

Why do so many organisations appear to look after the same issues?

That may have been the case in the past but we are working hard to join up what we do across the voluntary sector, and our integrated health and social care teams (known as complex care teams). We are also working closely with public health colleagues and beginning to work to better support intergenerational work Because, at the end of the day,we have a public sector which has been divided up in different ways by successive Governments in attempts to join-up services, and every time you join organisations together on one level this has implications elsewhere. They all realise that issues are inter-linked so lots of people end up working on the same thing, e.g. health promotion is undertaken by social care, the NHS, schools etc etc.

The agenda is complicated - achieving a balance and handling choice, empowerment, personalisation and managing the "market" alongside safeguarding/protecting people, safeguarding the public purse, and avoiding unnecessary stress!! How will the balance be achieved? Where does decision making rest?

It is true that achieving the balance we need is not an easy task. There are sometimes difficult choices to be made, and improvement sometimes means leaving behind something known to achieve something better. We also have to work within the finite resources voted by Parliament and the Council tax payer through their elected representatives. However we always want decisions to be made as close as possible to the people who are most affected, and if possible by them. Our experience is that when people make decisions for themselves they tend to make better use of the resources available.

Can you explain clearly the implications of health inequalities in Devon and how they are going to be addressed?

Our information gathered during our joint strategic review of health and social care showed that babies born in one part of Devon could expect to live significantly longer than those born in other parts of the county. As well as this, people living in deprived areas are more likely to die from, or be admitted to hospital for a range of conditions, or have unnecessary operations.

Differences in people's housing, income, education and lifestyle can all have an impact on health. We recognise that to make a real impact we need to work closely with our partners in other agencies and our plans for the future put greater emphasis on health inequalities.

We are focusing efforts to ensure every child gets the best possible start in life, and shifting more funding into prevention and efforts to keep people healthy. Because we now have a detailed picture of people's needs across the county, we going to be able to target our efforts where they will make most differences.

Devon PCT and Devon County Council Annual Public Health Report 2007 – 2008, provides a great deal more information on health inequalities in Devon and the positive actions we intend to take. This is available on our website at:
http://www.devonpct.nhs.uk/default.asp?pg=150

How are you going to help Community Hospitals meet the new demands on them?
The newly appointed cluster managers are responsible for managing Community Hospitals within the Clusters. We have recently appointed additional matron posts so that every hospital has a community matron. They are supported by a strong professional leadership structure and linked into national hospital development schemes. Devon's Community Hospitals are amongst the most advanced in the country in terms of the provision of day surgery and outpatient work. We are developing diagnostic facilities, and urgent care centres. In addition we are working in partnership with acute hospital providers and have just completed a satellite renal unit. We are building a new hospital at Newton Abbot, and see them as a critical part of providing locally based health and social care services

There is an emphasis on keeping people at home when some want to go into residential care and are unable to do so.
We are committed to enhancing choice for older people not taking choices away. The reality for a lot of older people is that they may not have available a range of services that give them a real choice to remain at home for as long as they can. We are committed to developing the range of services available to older people. However for some elderly people it becomes impossible to remain at home. At that point they want the reassurance of knowing that their needs can be met in a care home of the highest quality. Devon ACS is also therefore committed to working with Care Home providers to ensure an adequate supply of good quality care homes.

Why are there differences between what home owners get and what people in social housing get? Home owners seem to have to do more for themselves.

One of the reasons for the strategic review we are undertaking of sheltered housing services is because they are only currently available to people living in social housing. This is unacceptable to us given that approximately 74% of older people are home owners (please see response to question on Resident Wardens).

Social housing tenants have their home maintained and repaired by their landlord as a condition of their tenancy. Devon County Council, the District/City Councils and Devon Primary Care Trust jointly commission a home repair and major adaptation service for older and disable people who are home owners or private sector tenants. Devon Care and Repair (DCR) service is run by Devon & Cornwall Housing Association and directly provides a handyperson service available to older people to undertake small repairs and odd jobs in the home; offers advice and information to older people, including contractors who have been accredited by DCR to help avoid rogue traders taking advantage of old people; and acts as a key worker on behalf of older people when seeking to access Disabled Facilities Grant to undertake a major adaptation in their home (any adaptation over £1,000 in value), including the provision of technical officers who will draw up plans for building works and contracting with accredited builders on behalf of the resident.
(Social Housing is housing for rent provided by a "registered social landlord", usually a Housing Association)

Are these changes permanent? Do I have a choice?
The broad changes in health and social care that we have described are not pilots or experiments. We have, for example, already extensively piloted Complex Care Teams. Other features of personalisation, for example Individual Budgets and user-controlled care, have been trialled elsewhere. We expect that national policy will continue to evolve and change, and that we will continuously improve as we gain experience and get feedback from people using the services.

However, we do intend that you will have a choice about the kind of control you want over your social care services, and that you can continue to receive services provided for you if you so wish.

QUESTIONS ABOUT ACCESS TO SERVICES

Where do we access social care services? What are they - and what are the pertinent questions to ask?

Telephone Care Direct which operates as a single point of access: 0845 155 1007. To get a clearer picture of what you may want to ask, read the leaflet 'Social Care for Adults Explained'.

We would still like to know how entitlement work to social service and what assessments are based on and whether there are appeals. It seems very complex.

It can be complex because it is personal. We are working on a number of initiatives around the way in which we do assessments and determine someone's eligibility for services to make it simpler. The whole point is that the approach we finally adopt should be transparent and the assessment approaches proportionate and not unnecessarily complicated. We are looking to engage older people in helping us to design approaches which are straightforward, led by older people themselves and which are clear and understandable about entitlements.

How do we get access to Hospital transport? Where is the information about it?

From Care Direct 0845 155 1007

Eligibility Criteria for High Dependency needs - Can we have an explanation of what constitutes High Dependency, Moderate Dependency, Low Dependency?

Devon follows national guidance on Fair Access to Care Services.
You can read about this on our website at:
www.devon.gov.uk/index/socialcare/assessment-and-eligibility/facs-policy

The descriptions we use are as follows:

Critical: The risk of major harm / danger to a person or major risks to independence.
Substantial: The risk of significant impairment to the health and well being of a person or significant risk to independence
Moderate: The risk of some impairment to the health and well being of a person or some risk to independence.
Low: Promoting a person's quality of life or low risk to independence.

These criteria apply to everyone, not just older people. We understand that they are not necessarily very easy to understand or user friendly. We hope we will be able to improve this over time with the input of the Senior Council and others.

What about people with low or medium dependency needs?

Currently the threshold for services has been set at substantial. This is not to say that social services do not provide services to address the needs of individuals falling into low or moderate categories. However, the services we offer to people whose needs fall into these categories are largely focussed on preventing greater levels of need and risk and are often services provided in partnership with the voluntary sector. We recognise that these services are crucial in preventing the need for more intensive services and are committed to expanding our provision in this area. The services commissioned under My Life My Choice (POPPS) would be examples of this.

Telephone Assessment – older people often make light of their problems – how will a telephone assessment pick this up?

Our assessors are fully trained and very competent to pick up issues. Wherever there is an uncertainty, they will refer on to the Complex Care Team for a face to face assessment.

Having the same pathway to services for everyone is not practical.

We have made access to health and social care simpler, with fewer phone numbers to call. However, we still adopt the principle that ‘no door is the wrong door’.

Income of Older People influences social care needs. Must not lose sight of the connection.

We would agree; our strategy here is two fold. Firstly to enable older people to maximise their income through benefit take up, and secondly to ensure that lack of income is not a barrier to access good quality services.

What are/What were the waiting lists and times for assessments locally?

We are still moving into new ways of working, so people still have to wait for some assessments. However, our new way of working has already improved waiting times for initial assessments and the setting up of services.

Is Case-Finding realistic?

Yes. This work is based on evidence from testing the process. It has resulted in less hospital admissions, long term care admissions and a range of benefits for people at home.

What about the role of the MP and political influences?

National and local elected representatives have important roles in deciding such matters as the financial resources we have as a local authority, and approving important policy changes. They have a different role in relation to governing the NHS, mainly at national level. However, Overview and Scrutiny Committees of Local Authorities have extensive powers to examine the policies of NHS bodies and make recommendations. As individuals, they also have a legitimate role in representing the interests of their constituents, particularly when it may be that they have not been treated fairly. The Government is also looking to Councillors to take a broader view of community leadership, and we hope that this will also contribute to the wellbeing agenda.

QUESTIONS ABOUT SERVICES

Why are resident wardens being taken away?

A strategic review of sheltered housing services was undertaken by the County Council in 2007. The review highlighted that:

- Often people moved into sheltered housing who had no need of the resident warden service for many years, but who had to pay regardless as the warden cost is often a generic charge met by all tenants in a scheme.
- When people's needs grew as they became older and more frail, the low level warden service couldn't meet their needs and they often had to move – thus defeating the objective of sheltered housing as a 'home for life'.
- Older people living in the owner occupied or private rented sector often had no access to housing related supported services as resources were all tied up in warden services in sheltered housing.

The review concluded that the best option for future service commissioning was to move from a generic warden service tied to sheltered accommodation, to a more flexible support service able to meet an individual assessed need, regardless of where they live. This strategic shift in service commissioning will lead in some instances to wardens no longer being resident in sheltered housing schemes. The changes will also be supported by the commissioning of new services to support people in their homes; such as a Rapid Response service to help people stay at home in time of crisis and avoid having to go into hospital wherever possible, and a Mobile Response service to provide a face to face response to the use of a community alarm, for example, if someone has fallen at home.

Why is there no redress if services are not up to scratch?

There can be redress if issues are raised via the Complaints process.

Why is there lack of uniformity of services across Devon at GP level e.g. appointment times?

GPs are independent contractors and have developed their services as they have considered necessary to meet their patients' needs. We work with them to ensure that, as far as appropriate there is a uniformity of service.

In a recent survey of patients, general practices in Devon were once again rated very highly, particularly in relation to the ease with which patients could get appointments.

If there are specific examples of services which patients do not feel are available to them, please let the PCT know.

Practical help is now available e.g. aids and adaptations but who helps with emotional well-being? Older people have a right to emotional well-being. How is the new system set up to improve the diagnosis and treatment of depression - this condition is common and debilitating yet not mentioned. Are preventative measures in place?

We have increased the number of social workers as part of our new way of working as we recognise that emotional well being is critical. We recognise that depression and other similar conditions adversely impact on older people's mental health. We work closely with DPT colleagues to ensure services are available, but recognise this as an area requiring more development and resource in the future. We are looking to the development of community mentoring to see whether the early indications that it can help are borne out.

Treatment and waiting times are a mystery!

Waiting times are from the day your GP refers you for possible treatment, to the time you receive it. Devon PCT is reducing these waiting times. Patients also have a choice, through the Choose and Book system, of where to go for their treatment.

There are fast-track clinics available for serious conditions such as a maximum two week wait for patients being referred with suspected cancers.

Additionally, the PCT have given an undertaking to reduce 'hidden' waits that are not measured nationally (for such things as electric wheelchairs and assessment for young people with special needs.)

The "Ageing Well in Devon" pack refers to the preventative measures and taking 50-65's into account but I haven't heard about any funding for gym/swim.

Public-health funded activities are under review and more detail should be available soon.

The Government recently announced a free swimming programme for people aged over 60. District Councils were given an indicative amount of the grant they would receive if they offered this, and were invited to express an interest. Exeter City and the District Councils within the County Council's area have expressed an interest, except East Devon Council. However, each Council has more work to do, and there are no guarantees at this stage, and no firm date for introduction.

Access to service over the weekend when coming out of hospital on a Friday.

Services need to be available to meet people's needs at the right time. We already set up care packages at the weekends so that people can be discharged from hospital at weekends, bank holidays etc but this isn't always easy – particularly in very rural communities. We work closely with domiciliary care providers to make sure we can do this whenever needed. In addition we are rolling out rapid response services to make sure people have speedy access to care when required.

QUESTIONS ABOUT INFORMATION

We would like more information about access to a broad range of health services. Where can we find this?

A search on the internet for Devon Healthcare Services will return access to nearly 1million websites but some of the main ones are:

- Devon PCT website – www.devonpct.nhs.uk
- NHS Direct – www.nhs.uk

In addition, you can find information through:

- PALS, our patient advice and liaison service, telephone 0845 111 0080
- Your GP
- Hospitals
- Pharmacies
- Citizens Advice Bureaux
- Public Libraries

Why is there not more information in GP surgeries?

General practices usually have vast amounts of information but if there is specific information that patients feel should be available in their practice, they should ask the practice manager or their GP.

If there is information people would like to be more easily available across Devon then let please let the PCT know by contacting:
Devon 'way ahead' programme office; the Annex; County Hall; Topsham Road, Exeter, EX2 4QR or e-mail: d-pc.strategicreview@nhs.net

Can there be more information in libraries?

We are pursuing this with the new head of the library service.

Can health information be added to Care Direct?

We have to be careful not to duplicate the health information on NHSDirect

How can we make the Care Direct number more generally known?

We are doing our best with postcards, adverts and leaflets etc, but SCfD can help us by adding it to their publicity material too…

The picture of what is available is confusing and puzzling – how can you make it simpler and easier to understand?

What's available is confusing! We do our best to simplify things but it's a tall order. Our leaflets and fact sheets are written in as near to Plain English as we can get them and we have put the Care Direct number into place so people can just ring one number for info & advice.

People don't know what is available – how can they know what to ask for if they don't know what is available? People suggesting solutions to their own problems is difficult when they don't know the full extent of services available

That's why we have Care Direct advisers and the Disability Information Service also available on the same number.

QUESTIONS ABOUT FINANCE

What resource constraints are you working with?

The Government determines how much money it will allocate to each local authority by specific grants and by formula grant. It also limits the amount which can be raised by council tax, so that any local authority must operate as efficiently as it can within a resource constraint.
PCT finance is determined by a different mechanism (insert …)

Our total spending on joint health and social care delivery in the community, is £218 million (as explained by Jan Ingram at the launch event on September 12th). This covers a wide range of services, not just those most likely to be used by older people. (insert or add anything else you feel relevant)

How does rationing work behind the scenes?

Please see answer on eligibility criteria

The strategy is very fine, but how will it be paid for? Will there be adequate resources?

The Government gives no guarantee of future income for any public authority, and year on year there is an in-built expectation that efficiency savings will be made.

The government has announced total grant figures for Local Authorities until March 2011. The increase in grant is lower each year than the preceding year.

The council and the PCT will prioritise expenditure on essential activities and seek ways of making better use of the money they have at all times. The input of the Senior Council is important in assisting with this process.

The county council must set its budget no later than 1 March before the start of each financial year. In practice, we aim to finalise budgets no later than mid February. Provisional budget targets will be proposed by the county council's Executive at the beginning of January, which will be subject to public consultation. Public feedback can help to shape the size of the total budget, the way that budget is divided between services, and how the budget for Adult & Community Services is allocated to different forms of social care. (Tim Golby)

How long will the funding last and is it taxpayers' money?

The Government rarely allocates any grant funding for more than three years, and often allocates funding one year at a time. Each year's grant funding is subject to annual confirmation.

All NHS spending is funded by national taxation. Local authorities are funded by a combination of charges for services - where the council is permitted to charge and has adopted such a policy - and taxation. The taxpayers' contribution to local authorities is either directly from Council Tax, or indirectly from national taxes - which pay for grants from central government and council tax benefits paid to individual householders. Non-domestic rates are collected locally, but passed on to central government: the money raised pays for a large proportion of the grants to local government. Council Tax is also set for one year at a time.

What affect will this have on my Council Tax?

The intention of the strategy is to move resources "upstream". This means we are trying to reduce the requirement for intensive services, such as avoidable acute hospital admissions, and move finance to services that support people in other ways, helping them avoid becoming so ill, or helping them closer to home when they need help.

Council Tax represents 27% of the County Council's income (the total expenditure of the County Council is £1,113 million). Since the income from Council Tax and many of the Government grants is not linked to specific services but to the size of the total budget, the effect that this strategy will have on local tax levels is not straightforward. Broadly speaking, every £1 million spent over and above the increase in Government grant increases Council Tax by 0.3% and every 1% increase in Council Tax raises £3 million.

Will merging NHS and community services release more resources - or will there be redundancies?

We **will always** seek to operate at the best cost to obtain high quality and safe services. In reorganising services we will always seek to minimize redundancies and act in conjunction with staff so that the reasons and options are understood and so that we minimise any adverse impact on individuals. However, redundancies cannot be **entirely** ruled out in any reorganisation of services.

Role of the Voluntary Sector - is it a cheap option?

The voluntary sector has a unique and valuable contribution to make to the well-being agenda which cannot be replicated by the statutory sector. Sometimes, because they have greater freedom of action just as the private sector does, they can produce some services at a better price than the statutory sector can. However, they are not being used as a cheap substitute.

Are these changes sustainable?

We believe that doing nothing is the unsustainable option. Carrying on as we are – without integration of services, without putting people in control of the services they need, without sustained action to reduce inequalities in health and prevent deterioration to the point that emergency hospital admission is needed – these are unsustainable.

Other things we need for the dialogue to be successful

Contact details for Cluster Managers

Details of local group's cluster managers have been given to the Senior Council. This and other information you have asked for will be produced in a standard pack as soon as possible:

Examples of Good practice/success stories which can be used to describe how the strategy should work

There are numbers of these in the Ageing Well in Devon document, and also in "The Way Forward".

Can you give confirmation that services will reach the genuine needy and proud elderly living in isolated areas?

There are a number of key features of our reforms that we believe will help this:

- Basing services around primary care
- Using state of the art case finding techniques to try to identify people at high risk who have not come forward
- Integrating the voluntary sector into our work – they often have better contacts, and some people prefer to deal with someone who is not "official"

Clearer detail on process for engagement at local level - Clusters? Market Towns?

The Cluster Managers have been tasked with meeting their local DSC reps and agreeing how they'll work together in future. They will be setting up (or maintaining) local involvement networks that include a range of people – including DSC members. They will also want to discuss how they link into the local DSC meetings – they probably won't have capacity to attend all meetings, so this will be for local discussion. It may be that a front line CCT worker attends the DSC meetings for example – or that they attend as and when the agenda requires. It is for local agreement and negotiation, taking people's capacity into consideration.

As the agenda on Local Government Reorganisation becomes clearer, other arrangements for local engagement will also be clarified.