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Health and Social Care Scrutiny Board (Scrutiny Board 5)  
Cabinet  
Council

15 December 2010  
4 January 2011  
11 January 2011

**Name of Cabinet Member:**

Cabinet Member (Community Services) – Councillor O'Boyle

**Director approving the report:**

Director of Community Services

**Ward(s) affected:**

All

**Title:**

Transparency in outcomes: a framework for adult social care – consultation response

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**Is this a key decision?**

No

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**Executive summary:**

This report details the City Council's response to the public consultation on 'Transparency in outcomes: a framework for adult social care', a consultation document published by the Department of Health on 16 November 2010. The document consults on a strategic approach to quality and outcomes in adult social care. Published alongside the consultation document is 'A Vision for Adult Social Care: Capable Communities and Active Citizens', a policy document setting out the overarching principles for adult social care and giving context for future reform. In addition, four best practice guidance documents have been published to support practical approaches to market and provider development, to safeguarding and personalisation, to co-production and to improving the lives of disabled and older people through building stronger communities.

The documents set out the Coalition Government's new agenda for adult social care in England, and its aim to make services more personalised, preventative and focused on delivering the best outcomes for those who use them. The proposals under consultation present a new framework for adult social care that places outcomes at the centre of social care, commits to improving the quality of services, and makes steps to ensure that citizens are empowered to hold their councils to account for the services they provide.

A commitment is made that the proposals contained in the document will be developed and co-produced with partners in an effort to create a system that re-designs top-down programmes and performance management and develops mechanisms for transparent local accountability to empower local people.

As such, the current arrangements for performance management of Adult Social Care are reviewed with immediate effect. There will be no requirement for Council's to produce an Annual Performance Assessment of adult social care for 2010-11 and all data requirements placed on councils are under review. Until the new framework is developed and implemented, and to avoid additional collection and reporting burdens on councils, a proposed set of outcome-focused measures for 2011-12 are presented, based on data that will already be nationally available.

**Recommendations:**

Scrutiny Board 5 is asked to note the consultation response and forward any comments to Cabinet.

Cabinet is requested to consider any comments from Health and Social Care Scrutiny Board (Scrutiny Board 5) and approve the consultation response.

Council is requested to consider any comments from Cabinet and approve the consultation response.

**List of Appendices included:**

Consultation response

**Other useful background papers:**

Transparency in outcomes: a framework for adult social care – a consultation on proposals (Department of Health) 2010. Available at:  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_122037.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_122037.pdf)

A Vision for Adult Social Care: Capable Communities and Active Citizens (Department of Health) 2010. Available at:  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_121971.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_121971.pdf)

Practical approaches to improving the lives of disabled and older people through building stronger communities (Department of Health) 2010. Available at:  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_121668.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_121668.pdf)

Practical approaches to co-production (Department of Health) 2010. Available at:  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_121669.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_121669.pdf)

Practical approaches to safeguarding and personalisation (Department of Health) 2010. Available at:  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_121671.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_121671.pdf)

Practical approaches to market and provider development (Department of Health) 2010. Available at:  
[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/@ps/documents/digitalasset/dh\\_121670.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_121670.pdf)

**Has it or will it be considered by scrutiny?**

Yes, Health and Social Care Scrutiny Board (Scrutiny Board 5) – 15 December 2010.

**Has it, or will it be considered by any other council committee, advisory panel or other body?**

No.

**Will this report go to Council?**

Yes – 11 January 2011.

**Report title:**

Transparency in outcomes: a framework for adult social care – consultation response

**1. Context (or background)**

- 1.1 The Government is seeking views on the proposals contained in the consultation document 'Transparency in outcomes: a framework for adult social care – a consultation on proposals'. Alongside, 'A Vision for Adult Social Care: Capable Communities and Active Citizens' significant emphasis is placed upon ensuring the best outcomes for those needing social care, their families and carers, and the wider community, whilst improving the quality of services themselves and developing a level of transparency within the system which allows for public accountability as the safeguard. The consultation seeks views on what 'high quality' services in adult social care look like; how to develop a fair and consistent data set which is less onerous for councils and easier for citizens to access and understand; how incentives, including financial incentives could be used to reward quality; and how to ensure that the essential standards of quality and safety remain constant and effective throughout the transition period and into the future.
- 1.2 Some of the longer term elements of this strategy will be subject to further engagement and, where relevant, will be included in the Care and Support White Paper, to be published at the end of 2011. The White Paper will be preceded by the publication of the Law Commission's review of adult social care legislation (expected in Spring 2011) and the report of the Commission on the Funding of Care and Support (expected in Summer 2011).

**2. Options considered and recommended proposal**

- 2.1 The City Council welcomes the opportunity for local authorities and partners to build a framework for adult social care that is focused on quality care and support and the outcomes achieved.
- 2.2 The proposals contained within the consultation document are based around five core elements which are designed to embed the themes of transparency, quality and outcomes. The first core element is 'Build the Evidence Base', a commitment to being clear about what high quality looks like and building the supports for evidence-based best practice. The proposals include the expansion of the role of the National Institute for Health and Clinical Excellence (NICE), subject to legislation, to include adult social care. This would allow NICE to take on an independent role as the centre of social care evidence and Quality Standards and allow NICE to approach issues that impact and affect the pathway between NHS and social care services.
- 2.3 The second core element sets out proposals for demonstrating progress. The proposals include no plans for national performance management, targets nor league tables and for the current annual performance assessment of councils as commissioners of adult social care to be replaced with a more proportionate, sector-led approach. The proposals suggest the development of a Quality and Outcomes Data Set (QODS) that will bring together all routine adult social care data requirements. The City Council welcomes the opportunity to co-produce a set of data requirements that will reduce the current data collection and reporting burdens and identify and eliminate areas of duplication.
- 2.4 In order to support the data set, the proposals include the development of a set of outcome-focused measures. Gathered from existing and available data, these measures should make it easier for local citizens to judge the progress of their council. Four 'adult

social care domains' have been identified. There is a focus on safeguarding, the promotion of personalisation, early intervention and enablement, and the importance of user and carer experiences of care and support services. These overarching domains align with the priorities for Adults Social Care in Coventry.

2.5 'Supporting transparency' is the third core element of the proposals. It is proposed that the agreed social care data and outcome-focused measures would be published annually and in a consistent format through a single information portal. In order to further support the publication of this data, councils are asked to consider how the publication of a local account on priorities for quality and outcomes in social care would assist the principle of transparency and encourage local accountability. The City Council welcomes the opportunity to demonstrate performance at a local level to the citizens of Coventry. It is recognised that citizens would like to be able to understand, in a clear way, whether their local authority is performing well, and how they are doing in comparison with other local authorities. Having a simple-to-understand measure would make this easy for citizens as well as for the media to understand and communicate.

2.6 The fourth core element of the proposed framework gives consideration to rewards and incentives for providers. A new 'excellence' rating for social care providers is currently in development by the Care Quality Commission (CQC) and the Social Care Institute for Excellence (SCIE). The aim of the rating would be to act as an accredited marker of best practice, incentivise providers to provide high quality services and act as a tool for citizens who are making choices between providers. The City Council considers that this may be a positive proposal but would require additional financial resources that the authority does not currently have access to, or would require the current resource base to be significantly restructure in order to support this initiative.

2.7 The consultation seeks views on how direct financial incentives could be used by councils to reward providers who demonstrate improvement in quality. This is already a system that is in use within the authority in the form of "quality payments" and the City Council welcomes the recognition of this effective aspect of our commissioning methodology.

2.8 The core social care principle of protecting the most vulnerable members of society is emphasised through the final core element of the proposed framework. The role of the CQC would be based in ensuring essential standards for quality and safety, through registration, compliance and inspection. Working alongside local government, the CQC would be required to develop a new, proportionate and risk-based system of inspection for councils. The council considers this to be a positive way forwards, but it will be important to ensure that the CQC is adequately resourced in order to deliver its proposed future role.

### **3. Results of consultation undertaken**

3.1 The consultation response is from the City Council and therefore wider consultation has not been undertaken.

### **4. Timetable for implementing this decision**

4.1 Responses to the proposals under consultation are required by 9 February 2011. The response to the consultation and the agreed development programme for new social care data requirements is expected in March 2011. The first Quality and Outcomes Data Set will be launched in April 2011, with the first 'local accounts' on quality and outcomes to come into effect for 2011-12. Subject to the successful passage of

legislation, the National Institute for Health and Clinical Excellence (NICE) will assume responsibility for adult social care and will aim to publish the first social care Quality Standards during that year.

## **5. Comments from Director of Finance and Legal Services**

### **5.1 Financial implications**

There are no direct financial implications arising from this report. Whilst there may be indirect costs arising from any changes to current processes or systems, until the revised framework has been developed these costs will not be known

### **5.2 Legal implications**

Compliance with any future information and reporting framework is likely to be a statutory requirement, and therefore any failure or limit on our ability to comply with it will expose the authority to national government intervention.

## **6. Other implications**

### **6.1 How will this contribute to achievement of the council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / LAA (or Coventry SCS)?**

Any changes to the performance management framework for Adult Social Care will need to be integrated into the council and city's overall performance management framework as it emerges from central government consideration and revision as part of the national exercise of examining all performance frameworks.

### **6.2 How is risk being managed?**

The new requirements will require completion and failure to do so would result in the City Council's failure to comply with statutory reporting requirements, and may lead to poor ratings or the withdrawal of authorisation for the council to undertake its statutory functions. This risk is being managed by ensuring that the council is participating in regional and national preparation for the new reporting requirements, and updating our reporting routines within the council to reflect the likely direction of travel, as well as ensuring that our ICT systems are sufficiently flexible to respond to changing requirements.

### **6.3 What is the impact on the organisation?**

This is likely to have a moderate impact on the organisation, as a range of front line, managers and information staff are required to change information collection methodology, whilst maintaining business as usual.

### **6.4 Equalities / EIA**

An Equalities Impact Assessment is included within the Government's proposals.

### **6.5 Implications for (or impact on) the environment**

N/A

### **6.6 Implications for partner organisations?**

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The information, performance and reporting regime required of Social Care will have implications for a number of partners, statutory and non-statutory, requiring them to coordinate existing systems and information processes with the final revised proposals

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This report is published on the council's website:

[www.coventry.gov.uk/cmis](http://www.coventry.gov.uk/cmis)

## Appendix:

# Transparency in outcomes: a framework for adult social care – a consultation on proposals

## Consultation Questions and Responses

### Build the evidence base

- Develop a consistent definition of what 'high quality' means in adult social care.
- Expand the role of the National Institute for Health and Clinical Excellence and develop Quality Standards for adult social care.

#### 1. How should Quality Standards in social care balance guidance on service practice, cost-effectiveness, what matters to people and outcome expectations?

Citizens are at the heart of Coventry's social care system. Therefore the focus should be on what matters to people themselves, their experience and outcomes that been achieved following their contact with adult social care. It is important that standards are not process based but focus on experience and the citizen. It is also important that quality standards are not developed with a clinical health approach and that NICE has social care focus and experience. Quality standards should state legal duties and requirements of service providers, set out in straightforward language and state what citizens should expect from providers of support. It is important that more information is provided on how these quality standards will be monitored.

#### 2. How can we categorise Quality Standards in adult social care, and what should be the topics for the first Quality Standards?

Topics for the first quality standards could include

- information and advice available,
- involvement of citizens in outcome focused reviews and
- partnership working such as
  - effectiveness of avoiding delayed transfers of care
  - effective reablement provision.

#### 3. How can Quality Standards be developed to support service users as commissioners, and local people in their role to hold councils to account?

Coventry would recommend that quality standards are produced in plain, clear English, appropriate for their intended audience, in order to enable citizens to



understand that commissioners and councils are able to be held to account. If they are unclear, then this would be difficult to ensure. For example there has been some concern raised with colleagues in different authorities that the current NICE dementia quality standards are difficult to understand.

### **Demonstrate progress**

- Develop a single co-produced Quality and Outcomes Data Set.
- Develop a set of outcome-focused measures to support the QODS and tell the full story.
- Four domains proposed – Promoting personalisation and enhancing quality of life for people with care and support needs; Preventing deterioration, delaying dependency and supporting recovery; Ensuring a positive experience of care and support; Protecting from avoidable harm and caring in a safe environment.

#### **4. Do you agree with the proposal for a single data set for adult social care, supported by a single collection and publication portal?**

The proposal for a single data set (rather than the current multiple data sets) for adult social care is supported by the City Council. This proposal should reduce the burden for local authorities in removing superfluous data and outdated performance indicators nationally and allow for resources to be realigned to reporting on the local key performance areas.

It will be important that software providers of adult social care client based recording systems are able to provide this dataset, and that all local authorities have a consistent, robust approach to this dataset. There may be issues when information is maintained by organisations other than the local authority (e.g. NHS partners, DWP, voluntary sector etc), and therefore they will need to be fully engaged and involved to ensure the success of this proposal.

#### **5. Do you support the case for a set of consistent outcome-focused measures, which combine the best available data on social care outcomes?**

The City Council supports this proposal in principle, whilst recognising that the current set of outcome-focused measures are limited due to constraints of adult social care client based recording systems, and recognising that user surveys undertaken are costly to undertake in terms of staffing and finance. The City Council recognises that measuring outcomes for citizens can be subjective, identifiable at an individual level, resource intensive as well as expensive, and can take a lengthy period of time to 'track' individuals over a number of years to provide a meaningful measurement. It is recognised that with current limited resources that the outcome focused measures could be quite limited in comparison to what ideally would be achieved. It is important that local

measures are used to supplement these national measures and may in time supersede them.

**6. Do the four domains and outcome statements proposed adequately capture the breadth of outcomes which are relevant at the highest level to adult social care?**

The City Council supports the four domains and outcome statements proposed and views them as adequate and effective measures.

**7. Do you have any further views on how adult social care outcomes should align with other sectors to support integrated working? How might this be put into practice?**

The City Council recognises the requirement for all partner organisations to share information at a local level to ensure that joined up support is provided to the citizens of Coventry. As part of these joined up working arrangements, it is important that information systems are adequately resourced and in place for all organisations which have a unique identifier to ensure that all information can be shared and used appropriately. The consultation document identifies the "Indicator of Relative Need" Tool as a possible methodology on reporting on outcomes. This methodology may be quite limiting and not representative or supportive of the current approach being taken across the country. Universal use of the (new) NHS Number, and reference to the national NHS spine by all information systems within social and health care would significantly reduce errors, duplication and would ensure more easily joined up and seamless provision.

**Support transparency**

- Local accounts on priorities for quality and outcomes in social care to be published by councils.

**8. Do you support the proposal to replace annual assessments of councils conducted by the regulator with public-facing local accounts on quality and outcomes in adult social care?**

The proposal to replace annual assessments of councils with public-facing local accounts on quality and outcomes in adult social care is supported by the City Council. This proposal provides the City Council with an opportunity to realign resources, to demonstrate at a local level our performance to the citizens of Coventry, rather than existing resource-intensive central performance regimes which have limited outcomes for the citizens of Coventry. Coventry challenges the assertion that this change will reduce the burden, and provide cost-savings to the local authority, as this is a realignment of existing resource to providing more informative localised analysis which better serves the citizens of Coventry.

It is recognised that citizens would like to be able to understand in a clear way whether their local authority is performing well, and how they are doing in

comparison with other local authorities. Having a simple-to-understand measure would make this easy for citizens as well as for the media to understand and communicate.

There is concern that Poorly performing local authorities may not want to engage or may continue “gaming” on indicators as a defence against scrutiny. It is important that Performance management staff as well as management staff need to play a full role in peer review which could be resource intensive. There is also concern about the politicisation of member-led reviews or insufficient depth of scrutiny. Finally, there is concern that this proposal may reduce national accountability for performance across social care, and that a lack of detailed and nationally consistent assessment may limit elect members and the public's ability to make meaningful comparisons across authorities and health and social care economies.

**9. Do you have any local examples and evidence of the benefits of a local account-type approach?**

As part of the existing APA arrangements, we have used Self Assessment and Evidence Bank systems as a route for providing elected members, partner agencies and interest groups, the public and wider care community with an understanding of our performance and support across the city during a given period. This, combined with the JSNA and the LAA & SCS, have provided a comprehensive picture of the care economy across Coventry. On a regular basis.

**10. What is your view on the balance between requiring standard elements in reports, and allowing freedom to fit to local circumstances?**

The City Council supports the view that it is important to have some standard elements in reports, to allow for benchmarking with our neighbouring authorities, similar councils and benchmarking groups. However, it is important that these elements are limited to a key number of national requirements, or else localism will be limited and there will be no real change from previous Care Quality Commission Self Assessment & APA process.

**11. The proposed accounts would only apply to council commissioners. What further action, if any, might be considered to promote transparency amongst service providers?**

The application of the same standards and requirements to providers, and the requirement for their compliance as part of their registration. This requirement should apply to all health and social care providers.

**12. Would you support an assurance role for the local HealthWatch in the production of accounts?**

The City Council supports this proposal in principle, however there is currently a lack of information about their role and use as a trigger for CQC inspections. There has been mixed experience with LINKS, its predecessor nationally which has not been necessarily engaged, representative of the population as a whole or taking a sufficiently wide perspective. There is a concern that HealthWatch could

be focussed on single issues and be limited to a health focus, rather than a wider health and social care focus.

**13. We would also be keen to receive views on whether user and carer-led assessments could support transparency and empower local people?**

Inevitably, user and carer-led assessments would support improved transparency, but would need to be sufficiently well resourced and focussed in order to ensure an effective role and function.

**Reward and incentivise**

- Developed by CQC and SCIE, the new 'excellence' rating for social care providers would act as an accredited marker of best practice.

- Direct financial incentives for providers based in rewarding quality improvement.

**14. What role is there for 'payment by results' or other financial incentive on providers or commissioners at a national level to support the focus on quality and outcomes?**

Payment-by-Results (PBR) would be an interesting direction of travel, but would effectively require an entirely standardised financial framework and model across social care nationally, both provision and commissioning which would need to include the RAS, and would also require consistent coding with NHS activity and would need to be integrated into the ICD10/HRG/SUS and HES Data systems. If implemented, it would offer a significantly enhanced activity tracking capability, as well as allowing "unbundling of tariffs" to occur across health and social care, whilst at the same time supporting cross sector provision and partnership between organisations, and could promote quality and outcome improvement by ensuring focus on outcomes rather than price, once standardised frameworks for quality are implemented.

**Secure the foundations**

- Role of the Care Quality Commission strengthened and refocused as an effective quality inspectorate.

- New, risk-based system of inspection for councils.

**15. How should the CQC ensure that future service inspections are risk-based and proportionate?**

Coventry would support a registration of social care providers and monitoring compliance with requirements and a more proportionate, triggered inspection system, whereby it can highlight risks to safety arising from council

commissioning.

**16. Does the regulatory model of registration, compliance and inspection provide sufficient safeguards for ensuring minimum quality standards across adult social care?**

No

**17. How best might independent monitoring of local council arrangements for managing services be secured?**

Through improved partnership arrangements between the CQC and local authorities and significantly improved resourcing of the current CQC arrangements.

#### **Available outcome measure from 2011-12**

- It is essential that measures are: relevant and meaningful to the public; relevant to the work of adult social care; offer comparison between areas and over time; be a measure of a social care-related outcome.

- It is desirable that measures are: able to be broken down to support a focus on inequalities; and, currently collected and available from an existing data source.

**18. Are these the most appropriate criteria for assessing measures? Should other areas be considered?**

The City Council agrees with the proposed criteria for assessing measures.

#### **Introducing the measures**

**19. Throughout the outcome domains, we would be grateful for views on the particular measures proposed, in particular:**

- their fit within the relevant domain and how they affect the balance of the set of measures as a whole;
- how they support joint working with the NHS and other partners;
- what interventions you think contribute towards the improvement in outcomes in each domain, and what evidence there may be locally on their cost-effectiveness; and,

- what further proposals which may be available from 2011-12.

The City Council has the following comments on three of the proposed measures:

**Measure: Proportion of adults with learning disabilities in employment**

The City Council understands that the NIS 146 indicator provides a limited view of the support the Council is providing to help people with learning disabilities into employment. There are also different interpretations of the guidance across local authorities and we therefore regard it as not adequate, and until further guidance is received, we are unable to indicate or understand if these issues have been resolved with a consistent approach. This measure does not include joint working with the NHS or other partners. Further work is required to capture all people who have contact with adult social care, not just those who are eligible for support, and also about the timing of when the count is made.

**Measure: Proportion of people using social care who receive self-directed support**

The City Council has undertaken work regionally to challenge and provide support and guidance towards a revised indicator of NI130. In principle, the proposed revised indicator seems appropriate, however this will be based on any specific guidance issued.

**Measure: Older People discharged from hospital to rehabilitation or intermediate care, who are living at home 91 days after discharge**

This indicator (NIS125) appears to be a good example of an outcome indicator which is good in principle; however in practice it is difficult to collate and report on it in a consistent manner across all local authorities. This is one example of a measure that would benefit from Health and Social Care using a single data system. This would enable this indicator to be populated more efficiently and in a timely manner.

**Other considerations**

- The Carers' Survey to be conducted every two years.
- Develop standard models for capturing objective outcome information in order to develop benchmarkable data.

**20. What are your views on the proposal to repeat the Carers' Survey every two years to provide a more regular comparable source of data on outcomes for this group?**

The City Council supports the proposal that a regular survey is undertaken biennially to capture a small amount of key data on outcomes for this group nationally. It is important that the statutory questions are kept to a small amount, so that more meaningful local questions can be asked and reported on. In Coventry local data on carers in relation to outcomes will be captured and measured and reported upon in the process of evaluating Coventry's Promoting

Independence Framework.

**21. What are your views on designing common models for capturing outcome information at the local, which would be adopted on a standard basis?**

At this stage, the City Council would require further information before reaching a view regarding the use of standard models for capturing outcomes. There would be concern about using a national model and about how local models might interact.