

Community Wellbeing Board

Agenda

Thursday, 16 February 2017
11.00 am

Rooms A&B, Ground Floor, Layden House,
76-86 Turnmill Street, London, EC1M 5LG

To: Members of the Community Wellbeing Board
cc: Named officers for briefing purposes

www.local.gov.uk

Guidance notes for members and visitors

Layden House, 76-86 Turnmill Street, London, EC1M 5LG

Please read these notes for your own safety and that of all visitors, staff and tenants.

Welcome!

Layden House is located directly opposite the Turnmill Street entrance to Farringdon station, which is served by the Circle, Hammersmith & City, and Metropolitan lines as well as the Thameslink national rail route.

Security

Layden House has a swipe card access system meaning that a swipe enabled security passes will be required to access the lifts and floors 1-5.

Most LGA governance structure meetings will take place on the **ground floor** of Layden House which is open access and therefore does not require a swipe enabled security pass. **Access** to the rest of the building (floors 1-5) is via swipe enabled security passes.

When you visit Layden House, **please show your Local Government House security pass to reception** and they will provide you with a temporary pass which will allow you access to floors 1-5 if required. **Please don't forget to sign out at reception and return your security pass when you depart.**

If you do not have a LGH Security Pass, please email [member services](#) with your name and a recent photo and a pass will be made for you. You can pick this up from the Layden House reception desk on your next visit.

Fire instructions

In the event of the fire alarm sounding, vacate the building immediately via the nearest fire exit onto Turnmill Street and take the next turning on your left – Benjamin Street to St John's Gardens.
DO NOT USE THE LIFTS.
DO NOT STOP TO COLLECT PERSONAL BELONGINGS.
DO NOT RE-ENTER BUILDING UNTIL AUTHORISED TO DO SO.

Soft Seating Area

There is a small soft seating area on Floor 2 which will also operate as an 'Open Council' area for visiting members and officers from member councils. Please note however that unlike Open Council, this area does not have tea and coffee facilities, nor access to computers.

Toilets

There are accessible toilets on the Ground Floor, 2nd and 4th floors.

Accessibility

If you have special access needs, please let the meeting contact know in advance and we will do our best to make suitable arrangements to meet your requirements.

Parking is available at the rear of the building for Blue Badge holders, accessed via the Turks Head Yard, North underpass. Disabled WCs are situated on the ground and 4th floors. An induction loop system is available in the 5th floor conference venue. For further information please contact the Facilities Management Helpdesk on 020 7664 3015.

Guest WiFi in Layden House

WiFi is available in Layden House for visitors. It can be accessed by enabling "Wireless Network Connection" on your computer and connecting to LGA-Free-WiFi. You will then need to register,

either by completing a form or through your Facebook or Twitter account (if you have one). You only need to register the first time you log on.

Further help

Please speak either to staff at the main reception on the ground floor, if you require any further help or information. You can find the LGA website at www.local.gov.uk

Why have the LGA's Headquarters moved?

The LGA has temporarily relocated from Local Government House (LGH) in Smith Square to Layden House in Farringdon, effective from Monday 31 October 2016. This is to allow extensive refurbishment work to be carried out to LGH.

The refurbishment works will see the ground floor conference centre and all meeting rooms fully refurbished. Floors 1, 2 and 3 will be upgraded and released for commercial letting to enable the LGA to maximise the income from this building as part of its drive for financial sustainability. A new and larger Open Council will be located on the seventh floor. The refurbishment is expected to last for nine months and we expect to be back in LGH by September 2017.

We appreciate your understanding and flexibility during this time.

LGA Community Wellbeing Board

16 February 2017

There will be a meeting of the Community Wellbeing Board at **11.00 am on Thursday, 16 February 2017** Rooms A&B, Ground Floor, Layden House, 76-86 Turnmill Street, London, EC1M 5LG.

A sandwich lunch will be available after the meeting.

Attendance Sheet:

Please ensure that you sign the attendance register, which will be available in the meeting room. It is the only record of your presence at the meeting.

Political Group meetings:

The group meetings will take place in advance of the meeting. Please contact your political group as outlined below for further details.

Apologies:

Please notify your political group office (see contact telephone numbers below) if you are unable to attend this meeting.

| | | |
|--------------------------|-----------------------------|---|
| Conservative: | Group Office: 020 7664 3223 | email: lgaconservatives@local.gov.uk |
| Labour: | Group Office: 020 7664 3334 | email: Labour.GroupLGA@local.gov.uk |
| Independent: | Group Office: 020 7664 3224 | email: independent.grouplga@local.gov.uk |
| Liberal Democrat: | Group Office: 020 7664 3235 | email: libdem@local.gov.uk |

Location:

A map showing the location of Layden House is printed on the back cover.

LGA Contact:

Alexander Saul
0207 664 3232 / alexander.saul@local.gov.uk

Carers' Allowance

As part of the LGA Members' Allowances Scheme a Carer's Allowance of up to £7.20 per hour is available to cover the cost of dependants (i.e. children, elderly people or people with disabilities) incurred as a result of attending this meeting.

Social Media

The LGA is committed to using social media in a co-ordinated and sensible way, as part of a strategic approach to communications, to help enhance the reputation of local government, improvement engagement with different elements of the community and drive efficiency. Please feel free to use social media during this meeting. **However, you are requested not to use social media during any confidential items.**

The twitter hashtag for this meeting is #lgacwb

Community Wellbeing Board – Membership 2016/2017

| Councillor | Authority |
|----------------------------------|---|
| Conservative (7) | |
| Izzi Seccombe (Chairman) | Warwickshire County Council |
| David Coppinger | Windsor & Maidenhead Royal Borough |
| Graham Gibbens | Kent County Council |
| Keith Glazier | East Sussex County Council |
| Liz Mallinson | Cumbria County Council |
| Vic Pritchard | Bath & North East Somerset Council |
| Ernest White | Leicestershire County Council |
| Substitutes | |
| Linda Chilton | Derbyshire County Council |
| Judith Wallace | North Tyneside Council |
| Sue Woolley | Lincolnshire County Council |
| Labour (7) | |
| Linda Thomas (Vice-Chair) | Bolton Council |
| Jonathan McShane | Hackney London Borough Council |
| Lynn Travis | Tameside Metropolitan Borough Council |
| Carole Burdis | North Tyneside Council |
| Phil Bale | Cardiff Council |
| Jackie Meldrum | Lambeth London Borough Council |
| Rachel Eden | Reading Borough Council |
| Substitutes | |
| Maureen Cummings | Wakefield Metropolitan District Council |
| Azhar Ali | Lancashire County Council |
| Robin Moss | Bath & North East Somerset Council |
| Independent (2) | |
| Mayor Kate Allsop (Deputy Chair) | Mansfield District Council |
| Mark Ereira-Guyer | Suffolk County Council |
| Substitutes | |
| Helen Grant | Richmondshire District Council |
| James Moyies | Southend-on-Sea Borough Council |
| Liberal Democrat (2) | |
| Richard Kemp CBE (Deputy Chair) | Liverpool City Council |
| Doreen Huddart | Newcastle upon Tyne City Council |
| Substitutes | |
| Lucy Nethsingha | Cambridgeshire County Council |

LGA Community Wellbeing Board Attendance 2016-2017

| Councillors | 7/10/16 | 1/12/16 |
|---------------------|----------------|----------------|
| Conservative | | |
| Izzi Seccombe | Yes | Yes |
| David Coppinger | Yes | Yes |
| Graham Gibbens | Yes | Yes |
| Keith Glazier | Yes | Yes |
| Liz Mallinson | Yes | Yes |
| Victor Pritchard | Yes | Yes |
| Ernest White | Yes | Yes |
| | | |
| Labour | | |
| Linda Thomas | Yes | No |
| Jonathan McShane | Yes | No |
| Lynn Travis | Yes | Yes |
| Carole Burdis | Yes | No |
| Phil Bale | No | No |
| Jackie Meldrum | Yes | Yes |
| Rachel Eden | Yes | Yes |
| | | |
| Independent | | |
| Kate Allsop | Yes | Yes |
| Mark Ereira-Guyer | Yes | No |
| | | |
| Lib Dem | | |
| Richard Kemp CBE | Yes | Yes |
| Doreen Huddart | Yes | Yes |
| | | |
| Substitutes | | |
| Robin Moss | Yes | Yes |
| Maureen Cummings | Yes | Yes |
| James Moyies | Yes | |

Agenda

Community Wellbeing Board

Thursday 16 February 2017

11.00 am

Rooms A&B, Ground Floor, Layden House, 76-86 Turnmill Street, London, EC1M 5LG

| Item | Page |
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| 1. Apologies and Declarations of Interest | |
| 2. LGA Mental Health Report | 1 - 6 |
| 3. Future of personal care packages | |
| Cllr Anne Whitehead, Bernie Flaherty and Chris Greenway will attend from the London Borough of Harrow to give a presentation on the use of technology to support personalisation of care through their Community e-Purse project and take part in a discussion with Board Members. | |
| 4. Allocation of funding from the Soft Drinks Industry Levy | 7 - 10 |
| 5. Review of Appropriate Adult provision for vulnerable adults | 11 - 16 |
| 6. Update on Other Board Business | 17 - 20 |
| 7. Minutes of the last meeting | 21 - 27 |

Date of Next Meeting: Thursday, 27 April 2017, 11.00 am, Room D&E, Ground Floor, Layden House, 76-86 Turnmill Street, London, EC1M 5LG



Community Wellbeing Board

16 February 2017

LGA Mental Health Report

Purpose

For discussion and direction.

Summary

This paper sets out the proposed purpose, objectives, scope, structure and launch of an LGA report on mental health and the role of local government.

Recommendation

That the members of the Community Wellbeing Board give further direction on the purpose, objectives, scope and methodology of the LGA mental health report proposed.

Action

Officers will undertake the direction in the development of the report.

Contact officer: Abigail Gallop
Position: Senior Adviser
Phone no: 0207 664 3245
Email: Abigail.gallop@local.gov.uk

LGA Mental Health Report

Background

1. The mental health of our communities and individuals is a priority for local government. Councils have statutory duties on mental health. Under the Mental Health Act 1983 councils must provide step-down support to individuals with a mental health condition moving out of hospital, and they must employ Approved Mental Health Practitioners (AMHPs) under the 2007 amendments to the Act to provide community-based mental health support.
2. Councils also have broader interactions with those experiencing mental health illness and suicide and drugs and alcohol issues within their services such as social care, housing, and public health. Councils also have an influence on the wider determinants of wellbeing and mental wellness, such as the design of homes, spaces, and leisure facilities.
3. The Prime Minister in her [announcement](#) on 9 January stated that one in ten children in the country has a diagnosable mental health condition, and that children with behavioural disorders are four times more likely to be dependent on drugs, six times more likely to die before the age of 30, and 20 times more likely to end up in prison.
4. Mental health is estimated to account for a quarter of the country's 'burden of disease', whilst it receives 11 per cent of NHS funding. [BBC Panorama](#) reported on 6 February 2017 that deaths in NHS Trusts have increased by 50 per cent over the last year, a change in how the data is recorded according to NHS England. According to the 2016 '[lightning review](#)', waiting times for children and young people to access mental health services can be up to 200 days.
5. The MIND-led 2016 [Mental Health Taskforce NHS 5-year-forward-view report](#), states that "the quality of local mental health commissioning is variable. We found a twofold difference in apparent per-capita spend by CCGs, a more than threefold difference in excess premature mortality in people with mental health problems in England and a fourfold variation in mortality across local authorities. For children and young people there is wide variation in spend in both the NHS and local authorities. Detentions under the Mental Health Act continue to rise steadily year on year. Similarly, we know that many adults cannot get the right care locally, a clear demonstration of poor quality commissioning and a lack of investment to meet local need. Reductions in local authority budgets are also leading to rising pressures on important components of mental health care e.g. social care and residential housing."
6. Recent initiatives, reports and Government announcements have failed to fully recognise the statutory role that councils have, the support services they provide, or how they contribute to the wider determinants of mental wellness. For example, the aforementioned Mental Health Taskforce NHS 5-year-forward-view report deemed councils as out of scope, as it was a NHS report, except where Public Health England (PHE) could be held to account for local government action. As such, PHE were given the following targets:

- 6.1. The Department of Health, PHE and NHS England should support all local areas to have multi-agency suicide prevention plans in place by 2017, reviewed annually thereafter and **supported by new investment**.
- 6.2. PHE should develop a national Prevention Concordat programme that will support all Health and Wellbeing Boards (along with CCGs) to put in place updated Joint Strategic Needs Assessment (JSNA) and joint prevention plans that include mental health and co-morbid alcohol and drug misuse, parenting programmes, and housing, by no later than 2017, with the target of every council having a suicide prevention strategy by the end of 2016, and all councils signing up to a mental ill-health prevention concordat by the end of 2017.
7. Responding to the NHS 5-year-forward-view report on mental health, funding of up to [£1 billion until 2020](#) was announced for the NHS.

Issues

8. Council members and officers have expressed concern that the role of local government is not being acknowledged nationally. There are fears that the outcome of the silo-approach to mental health and wellness is that the system is becoming more fragmented, that collectively we are not giving the help and support a person experiencing mental illness needs, that we are not intervening early enough to prevent mental ill-health from escalating, and that we are not creating the conditions for mental wellness.
9. Additionally there is the concern that with the on-going pressure on local government finances, particularly the £2.6 billion shortfall for Adult Social Care and the 10 per cent reduction to the public health grant to 2020, that councils will not be able to utilise their position in the system.
10. MIND's December 2016 FOI-based announcement that local authorities [spend on average less than one per cent of their public health budget](#) on mental health has also received much press attention, even though this only takes into account public health spend specifically identified as for mental health, rather than the suite of statutory and non-statutory services provided by public health and all council services.
11. As a result, the LGA is intending to develop a report that sets out the key role of local government in the landscape of mental health. The **purpose** of this report is to address the under-representation of the local government sector in national discussions, to address misconceptions about council spend on mental health and set out the case for adequate national investment to strengthen the local role.
12. The **objectives** of the report are to:
 - 12.1. Set out a vision of what a 'mentally well' place is;
 - 12.2. Articulate what councils do on mental health;
 - 12.3. Highlight examples of good practice;
 - 12.4. Set out the inter-dependencies between the health sector and local government on mental health; and
 - 12.5. Set out a case to Government for investment.

13. It is intended to include in the **scope**:

- 13.1 Statutory social care duties on mental health – as well as general social care support, carers' mental health support, supporting people complex needs and the links with learning disabilities, dementia, etc;
- 13.2 Crisis care and the Mental Health Crisis Care Concordat;
- 13.3 Public health – suicide prevention, loneliness, obesity, drinking and alcohol services, smoking cessation, wellbeing;
- 13.4 Housing – the role of housing officers, supported housing and step-down housing, as well as issues around homelessness;
- 13.5 Schools and education – early intervention as well as life-long learning;
- 13.6 Design of place – green spaces, noise, transport connections, telecommunication infrastructure, places to meet other people, activities, events, etc; and
- 13.7 Culture, leisure and local identity.

14. Other areas being considered within the scope are links with employment and growth, planning, community safety, community resilience, children in care and young carers.

15. The aim is to launch the report at the **LGA Annual Conference in early July 2017**. The timescales will in-part dictate the methodology we will be able to use to develop the report.

16. We will need to sign off the report four to six weeks before the Annual Conference in order to secure adequate design and print time, which allows for around 14 weeks development time.

17. It is proposed that the **structure** of the report has:

- 17.1 Contributions from key organisations similar to the format adopted in the [State of the Nation report for adult social care](#).
- 17.2 A core narrative developed by LGA officers in consultation with member authorities, ADASS and ADCS.
- 17.3 Some quantitative analysis to articulate the contribution that local government makes to the mental health landscape, and how councils save other organisations money.
- 17.4 Examples of good practice.
- 17.5 Proposals for future ways of working, including a call for a comprehensive whole-system review of mental health.

18. **Organisations** that we would seek to engage with and contribute to the report include:

- 18.1. MIND
- 18.2. Mental Health Foundation
- 18.3. Centre for Mental Health
- 18.4. Young Minds
- 18.5. Member Mental Health Champions
- 18.6. Rethink Mental Illness
- 18.7. Royal College of Psychiatrists
- 18.8. National Suicide Prevention Advisory Group
- 18.9. Public Health England

- 18.10. ADASS
- 18.11. ADCS
- 18.12. Kings Fund
- 18.13. West Midlands Combined Authority Mental Health Commission
- 18.14. Forces in Mind Trust
- 18.15. Woodland Trust

19. Public Health England are also developing a **‘mental ill health prevention concordat**, in accordance with the recommendation in the NHS 5-year-forward-view which “aims to help areas across England plan for how they best prevent mental illness and promote good mental health.” This practical guide seeks to set out:

- 19.1 what we mean by ‘preventing mental illness and promoting good mental health’;
- 19.2 a range of actions and interventions local areas can take to improve mental health in their area;
- 19.3 a framework of five domains for effective planning for better mental health all local areas should consider;
- 19.4 a framework for how local areas can improve, regardless of their starting point, along and across these five domains; and
- 19.5 a range of case studies and further resources which local areas should seek to draw on in putting together their plans locally.

20. The LGA is on the steering group set up to help PHE develop this ‘guidance’. The guide is due for publication in April 2017, and we have been asked to consider how to make the LGA report and the PHE guide ‘complementary’.

21. It is the intention to also hold an LGA conference on mental health during the 2017/18 year.

Implications for Wales

22. The WLGA will also be invited to contribute to the report.

Financial Implications

23. The quantitative analysis to articulate the contribution that local government makes to the mental health landscape, and how councils save other organisations money, may require commissioning and LGA expenditure.

Next steps

24. Members are asked to:

- 24.1 Identify if there are other organisations the LGA should engage with on this report.
- 24.2 Consider the purpose, objectives, scope, structure and launch of the mental health report as set out above and to provide officers with any comments.

Allocation of funding from the Soft Drinks Industry Levy

Purpose

For discussion and direction.

Summary

Our members continue to press for further support to tackle child obesity in their local areas. At the January 2017 Community Wellbeing Lead Members Meeting, lead members requested a paper exploring how local government should influence government policy in relation to the allocation of funding from the soft drinks industry levy.

Recommendation

Members are asked to;

- (a) To provide thoughts and comments on how local government should influence government policy in relation to the allocation of funding from the soft drinks industry levy.
- (b) To note the report.

Action

Officers to develop key lines subject to Members' comments.

Contact officer: Paul Ogden
Position: Senior Adviser
Phone no: 02076643277
Email: paul.ogden@local.gov.uk

Allocation of funding from the Soft Drinks Industry Levy

Background

1. In the 2016 Budget, the former chancellor, George Osborne announced the introduction of a levy on soft drinks. The levy would apply to manufacturers and importers of sugar added soft drinks and would be implemented in April 2018. There would be exemptions for fruit juices and milk based drinks and for small producers. The proceeds of the Levy would be used in England to increase spending on PE in schools, after school clubs and breakfast clubs.
2. The Government have said that the expected revenue for this levy will be £520 million in the first year. The Office for Budget Responsibility (OBR) have said that this revenue is likely to decrease due to reformulation and the promotion of lower sugar alternative. They have estimated that income in 2019/20 will be £500 million and in 2020/21, will be £455 million.
3. The Government have said that income from the Soft Drink Industry Levy will be spent on school PE and sport provision and breakfast clubs in England. The 2016 Budget document provided more information about this investment:
 - **double the primary school PE and sport premium from £160 million per year to £320 million per year** from September 2017 to help schools support healthier, more active lifestyles. This funding will enable primary schools to make further improvements to the quality and breadth of PE and sport they offer, such as by introducing new activities and after school clubs and making greater use of coaches.
 - **provide up to £285 million a year to give 25 per cent of secondary schools increased opportunity to extend their school day** to offer a wider range of activities for pupils, including more sport.
 - **provide £10 million funding a year to expand breakfast clubs** in up to 1,600 schools starting from September 2017, to ensure more children have a nutritious breakfast as a healthy start to their school day.
4. The Devolved Administrations will receive money from the levy through the Barnett formula.

Childhood obesity and physical activity

5. The National Child Measurement Programme reports that in 2015/16 22 per cent of 4-5 year olds in England were overweight or obese, and in Year 6 (age 10-11) that proportion increased to over a third.
6. Children living in deprived areas are substantially more likely to be obese. Among Reception (age 4-5) children, 5.5 per cent of those in the least deprived areas are obese compared with 12.5 per cent of those in the most deprived areas. In Year 6, 11.7 per cent of children in the least deprived areas are obese, compared with 26.0

per cent in the most deprived areas. So in both age groups, children in the most deprived areas are more than twice as likely to be obese.

7. Local authorities spent approximately £25 million last year delivering the National Child Measurement Programme (NCMP). Last year 1,169,941 children were measured in Reception and Year 6, the largest number of children measured since NCMP began in 2007. 93,000 more children measured compared with 2012/13 (the year before transfer).

Issues

8. Councils are doing everything they can to curb obesity at a local level and will have spent more than half a billion pounds tackling obesity since they took over responsibility for public health in April 2013. We welcomed a number of elements within the Child Obesity Plan, including the introduction of the soft drinks industry levy, a target for primary school children to undertake an hour of physical activity each day and a pledge to introduce clearer food labelling.
9. There is a considerable added value having the Soft Drinks Levy distributed through local authority public health/children's services. Local authorities would locally distribute according to need but would also be able to add value for instance requiring every school that receives the grant from the fund to become a Healthy School according to the National Healthy Schools Standard.
10. Local government is uniquely placed to bring together a broad coalition of partners required to tackle obesity, and the Levy when it comes into force should play its part in a whole systems approach to tackling obesity and physical inactivity, rather than have it sit outside the public health system locally and allocated directly to schools with little or no involvement from local public health teams. Our overarching concerns are the vagueness of the proposals at this stage and the potential lack of accountability in delivery. If the Levy is to have the desired impact, clear outputs and outcomes should be identified, backed up by evidence for the financial intervention.
11. Many local authorities have set up school improvement systems to support schools and it would be good to see the Levy tied into this, as you will be aware councils carry broader responsibilities for sport, clubs and other infrastructure beyond schools and we believe government has not given sufficient thought to how they would tie these things together. Our concern is that if schools see the levy in isolation they may think of it in an insular way and not capitalise on the wider links.
12. To ensure the Levy is targeted appropriately at those communities with the greatest challenges, an allocation based on deprivation or some other proxy measure to give more to schools with poorer health and wellbeing outcomes should be considered.
13. Councillor Izzi Seccombe, Councillor Richard Kemp and Councillor Graham Gibbens met with Jane Ellison MP, Financial Secretary to the Treasury on 16 December to explain our concerns and propose a suitable way forward.

14. Councillor Izzi Seccombe, Councillor Jonathan McShane and Councillor Richard Kemp met with Nicola Blackwood, Public Health Minister at the Department of Health on 12 December to share with her the LGA's concerns.

Implications for Wales

15. The Devolved Administrations will receive money from the levy through the Barnett Formula.

Financial Implications

16. All work can be carried out using existing LGA resources. There are no financial implications for the LGA.

Next Steps

17. Members are asked to;

17.1 To provide thoughts and comments on how local government should influence government policy in relation to the allocation of funding from the soft drinks industry levy.

17.2 To note the report.

Review of Appropriate Adult provision for vulnerable adults

Purpose

For discussion and decision.

Summary

A recent review commissioned by the Home Office from the National Appropriate Adult Network (NAAN) raised concerns with the availability of Appropriate Adults for adults who are mentally vulnerable, in particular, how provision is determined, administered, directed and funded.

How Appropriate Adult services are provided varies across England. Adult Social Care is, in some places, a supplier of Appropriate Adults, mainly qualified social workers. A number of councils also commission Appropriate Adult services from independent providers. The funding generally comes from the Adult Social Care budget though provision is not a statutory duty.

The Home Office are making recommendations for the future supply of Appropriate Adults, and this paper seeks a decision from members on how the LGA will make representation on this issue.

Recommendation

That the Board reviews the seven future options for the provision of Appropriate Adults and decides on which option the LGA will be supporting *or* the Board agrees and proposes an alternative option.

Action

LGA officers will make representation to the Home Office in line with our agreed position.

Contact officer: Kevin Halden
Position: Adviser
Phone no: 0207 665 3879
Email: kevin.halden@local.gov.uk

Review of Appropriate Adult provision for vulnerable adults

Background

1. The Appropriate Adult (AA) role was created alongside the Police and Criminal Evidence Act (PACE) 1984. An AA is responsible for protecting or safeguarding the rights and welfare of a child or 'mentally vulnerable' adult who is either arrested, detained by police or is interviewed under caution voluntarily.
2. People can be vulnerable because of a learning disability, mental health, autism or other issues. NAAN found that 11- 22 per cent of people detained are deemed vulnerable, though police data suggests only 3 per cent of people detained receive the support of an AA. This suggests that as many as 235,000 police detentions and interviews of mentally vulnerable adults are being conducted without an AA each year. Interestingly, police are around five times more likely to identify vulnerability and secure an appropriate adult in areas where there are organised schemes (Source: NAAN). This could suggest that police are motivated by the availability and awareness of the AA scheme to request AA support.
3. AA's are independent - they do not work for the police. An AA can be a parent, another family member, a social or care worker or a volunteer. The role of an AA is to:
 - Support, advise and assist the person while in detention, including during any interview;
 - To ensure that the person understands their rights and that the AA has a role in protecting their rights;
 - To observe whether the police are acting properly, fairly and with respect for the rights of the person and to tell them if they are not; and
 - To assist with communication between the person and the police.
4. There is a legal duty for local authorities to provide AA provision for children and young people through their Youth Offending Teams. However, **there is no legal duty on any agency to provide an AA for mentally vulnerable adults. However the police have a legal duty to request one.**
5. AA's should be called by the Custody Officer for any person who seems vulnerable. Though this varies in practice - Police officers are often faced with a difficult judgement call when detainees refuse the assistance of an AA. Police officers have to weigh up the PACE requirements with the understanding that a detainee cannot be forced to use the AA service.
6. AA's are different from other supporters a person might have, such as solicitor, interpreter or mental health worker. They have specific rights and responsibilities that are largely detailed in the PACE Codes of Practice.
7. Although there is no specific legislative requirement for **local authorities to take the lead on AA provision historically many local authorities have always viewed this as part of their overall 'care responsibility'**. Therefore, in many local authorities AA services exist that are provided in a variety of ways.

Issues

8. The Home Office is reviewing the supply of AA's. As Adult Social Care currently provide Social Workers to act as AA's or commission the majority of AA schemes (see Appendix A), even though it is not a statutory duty, any decision or direction from the Home Office Working Group on this issue will have an impact on councils.
9. Councils are in the difficult position of seeing the value in providing an AA for a vulnerable person, in terms of their interaction with other council services and council oversight, but also seeing their budgets reduce and their ability to provide non-statutory services dwindle.
10. A Home Office working group was established following the publication of the NAAN research report ['There to Help'](#) in 2015. The focus of this research was to ensure the provision of AA's for mentally vulnerable adults detained or interviewed by police. The NAAN research looked at provision in 174 local authorities in England and Wales and 43 police forces. They found that there is a varied provision of AA's across the country.
11. The main finding of the NAAN research was that there are significant shortcomings in current AA provision for mentally vulnerable adult suspects, particularly in terms of:
 - 11.1 Inadequate police practices with respect to identification of suspects' vulnerabilities and the need for AAs, and the recording of relevant data;
 - 11.2 Limited availability of AAs; and
 - 11.3 Variable quality of AAs.
12. The research found that many vulnerable adults do not receive the support of an AA, or receive it only for part of the custody process. The research raised concerns that this undermines their welfare, inhibits the exercise of their legal rights, risks miscarriages of justice and lengthens custody times potentially increasing the risk of self-harm.
13. It is not clear what the **costs to local authorities**, and adult social care in particular, are of providing a dedicated AA service. NAAN estimated that the annual cost of ensuring full provision of trained AA's from commissioned AA schemes (**not** provided directly by Social Workers) across 174 principal authorities across England and Wales, is £19.5 million. However, local authority areas that use social workers to deliver AA services were **not** been picked up by the NAAN survey. NAAN calculated that the unit costs of a Social Worker being used as an AA would be considerably more than a commissioned provider - but where this happens these costs are likely to be born within the existing service costs.
14. In response to the evidence presented by NAAN and concerns over shortcoming in provision of AAs, the Home Office commissioned two pieces of research in 2016 – both are yet to be published. One paper looked at AA coverage, delivery models and emerging themes. This showed a small number of local authorities and police force areas appear to have no AA provision at all. However, this research was desktop and further information is needed to identify whether this is the case. Further research may be useful to get a clearer picture of provision.

15. A further unpublished research paper in 2016 from the University of Bristol on 'The role of Adult Social Care in the provision of AA for vulnerable adults in police custody' showed that adult social services **had very limited capacity to play a direct delivery role in AA provision.**

Options for consideration

16. In the context of current pressures on Adult Social Care and the LGA's call for additional funding, **the Board is asked to agree an LGA position on the future supply of Appropriate Adults.** The options under consideration by the Home Office Working Group on Appropriate Adults are:
- 16.1 **No change to current arrangements.** AA provision is not made statutory and that any model of provision is delivered based on local authority priorities and decision. Many local authorities commission local voluntary organisations to deliver the service, but not all do. No change would mean that issues of variability of service provision would continue and with current pressures on adult social care are likely to reduce in availability.
- 16.2 **Local authorities are given a new statutory duty to provide the AA service directly through adult social care.** This presents an opportunity to clarify and manage the provision of the AA service. However this commitment would present a real risk of capacity for adult social care teams to deliver the service effectively. The full demand of AA support is not known but likely to be considerable. Social Workers already have significant service demand pressures and this would add to that. Costs of direct provision will need to be determined via a new burden assessment.
- 16.3 **Local authorities are committed via statute to commission AA services from a third party provider.** This would present an opportunity for councils to shape and have more understanding of the local AA needs. The risks to this approach are that costs will need to be determined via a new burden assessment and new local delivery partners would need to be identified in some areas.
- 16.4 **Local authorities commit to an informal agreement, similar to the mental health concordat, to provide AA services for mentally vulnerable adults.** This approach would provide more of a formal framework for local authorities to operate within. The risk would that provision would need to be funded by existing budgets. To note, the Home Office are currently looking at developing a toolkit in best practice on delivery of AA schemes. They will ask for input from local government.
- 16.5 **The Home Office commissions a third party provider, or a number of third sector providers.** There may be a divergence of opinion between the Home Office, the third sector and councils on the purpose of an AA. The Home Office's main concern has been the robustness of a court case, whilst social services have focussed on issues around protection of vulnerable people.

- 16.6 **An alternative mechanism to the provision of Appropriate Adults is developed.**
- 16.7 **Police and Crime Commissioners (PCC) commission AA services from third party provider.** A number of police forces already fund AA schemes and this is highlighted by the diagram in Appendix A.
17. The current position for providing AAs is unsatisfactory. Local authorities are keen to ensure that the interests of vulnerable adults are protected, but budgetary pressures mean that different areas take different decisions on what contribution they can make to funding AA services, resulting in variations in the level of provision. At the same time there is a question about whether local authorities are the right bodies to be providing a service which is fundamentally about the integrity and smooth operation of the criminal justice system. Placing a statutory duty or requirement on councils to either commission the service directly or through other organisations will have an impact on adult social care budgets. The LGA's position is also to resist new statutory duties being imposed on councils unless there is a good reason for one being introduced. As the core of the AA role is to protect the rights of vulnerable adults while they are being interviewed as part of a police investigation it might be more appropriate for the Home Office or PCCs to fund AA services.
18. **On balance the Board is asked to consider option 16.7 as the LGA's preferred way of providing AA services going forward.** Although the option may raise an issue of perceived independence of the AA, the role of Appropriate Adult is fundamentally about ensuring the integrity of the criminal justice system, and it would fit clearly under PCC responsibilities.
19. **The Board is asked to decide which of the above options the LGA should support. If the Board is not minded to support any of the options outlined in paragraph 16, they are asked to indicate a preferred alternative position.**

Next Steps

20. Members are asked to discuss and agree the LGA position on the future supply of Appropriate Adults.

Implications for Wales

21. The briefing reflects findings from the National Appropriate Adult Network report and unpublished reports that apply to both England and Wales.

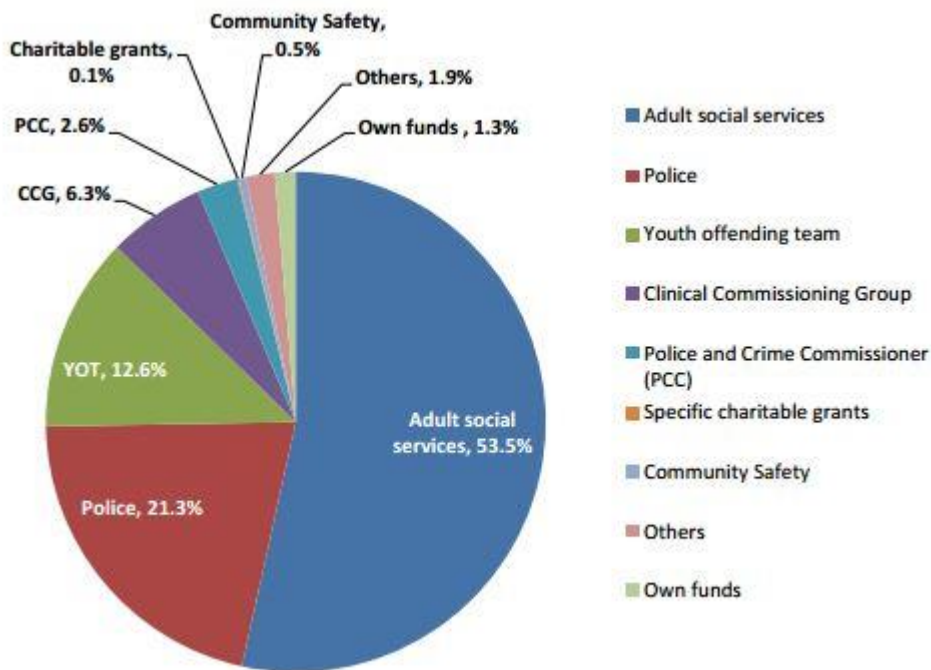
Financial Implications

22. There are no implications for the LGA arising from this report. However if responsibility is given to councils for providing AAs there will need to be a new burden assessment if it is made a statutory duty for local authorities to provide Appropriate Adults for mentally vulnerable adults.

Appendix A

Diagram of Funding of AA Schemes

Funding. Adult social services remain the largest funder of provision but in many areas police have been forced to fund provision, raising questions around independence. The diagram below shows a breakdown of known AA funding arrangements.



[Source: [There to help: Ensuring provision of appropriate adults for mentally vulnerable adults detained or interviewed by police](#). The Home Secretary’s Commission on Appropriate Adults. NAAN & ICPR (2015)]

Update on Other Board Business

Purpose of report

For information and comment.

Summary

Members to note the following updates:

- Prime Minister announces reforms on mental health
- Special Meeting on Children and Young People's Mental Health 23 February
- Publications on children's health

Recommendations

Members of the Community Wellbeing Board are asked to:

1. **Provide oral updates** on any other outside bodies / external meetings they may have attended on behalf of the Community Wellbeing Board since the last meeting; and
2. **Note** the updates contained in the report.

Action

As directed by members.

Contact officer: Mark Norris
Position: Principle Policy Adviser
Phone no: 020 7664 3241
Email: mark.norris@local.gov.uk

Update on Other Board Business

CWB Update on outside bodies

1. Prime Minister's Dementia Challenge 2020 Group - Cllr Graham Gibbens
This group and the associated task and finish groups have been reviewed, and the Alzheimer's society are in the process of developing a new oversight structure.
2. Dementia Action Alliance - Cllr Graham Gibbens
This group is continuing to meet.
3. National Learning Disability Board – Cllr Rachel Eden
This group is part of a pan-Department of Health review into its Boards. There are currently no scheduled meetings and we are awaiting a decision from the Department on its future.
4. Autism Ministerial Programme Board – Cllr Jackie Meldrum
This group is part of a pan-Department of Health review into its Boards. There are currently no scheduled meetings and we are awaiting a decision from the Department on its future.
5. Think Local Act Personal Programme Board – Cllr Keith Glazier
This group met on 11 January 2017. Priorities for TLAP have been set for 2016/2017 with contributions from the LGA. The next meeting dates are Wed 8 March and Wed 10 May 2017.
6. Mental Health Crisis Care Concordat – Cllr Doreen Huddart
This group is scheduled to meet twice a year and chaired by the Department of Health and the Home Office respectively. MIND is no longer providing the secretariat, which should be being picked up the Department of Health and NHS England, However, we have not received minutes to the last meeting and no future meetings have been scheduled.
7. Missing Children and Adults Roundtable – Mayor Kate Allsop
This group last met on June 2016 and an annual roundtable is planned by the Home Office. Though no future meeting has been scheduled yet. The associated steering group is ongoing and will be attended by an LGA Officer.
8. Disability Action Alliance Steering Group - Cllr Liz Mallinson
Cllr Mallinson has had an introductory meeting with the chair of the group. She was unable to attend the last meeting, and was substituted by an LGA officer. The next meeting is scheduled for 9 May 2017.

Prime minister announces reforms on mental health

9. In January 2017, Theresa May announced a comprehensive package of measures to transform mental health support in schools, workplaces and communities. The package of reforms includes:

- 9.1 New support for schools with every secondary school in the country to be offered mental health first aid training and new trials to look at how to strengthen the links between schools and local NHS mental health staff. There will also be a major thematic review of children and adolescent mental health services across the country, led by the Care Quality Commission, to identify what is working and what is not and a new green paper on children and young people's mental health to set out plans to transform services in schools, universities and for families
- 9.2 A new partnership with employers to improve mental health support in the workplace. The Prime Minister has appointed Lord Dennis Stevenson, the long-time campaigner for greater understanding and treatment of mental illness, and Paul Farmer CBE, CEO of Mind and Chair of the NHS Mental Health Taskforce, to drive work with business and the public sector to support mental health in the workplace. These experts will lead a review on how best to ensure employees with mental health problems are enabled to thrive in the workplace and perform at their best.
- 9.3 Further alternatives to hospital to support people in the community with the government building on its £15 million investment to provide and promote new models of community – based care. The initial £15 million investment led to 88 new places of safety being created and the government now plans to spend up to a further £15 million to build on this success
- 9.4 Plans to rapidly expand treatment by investing in and expanding digital mental health services. The government will speed up the delivery of a £67.7 million digital mental health package so that those worried about stress, anxiety or more serious issues can go online, check their symptoms and if needed, access digital therapy immediately rather than waiting weeks for a face-to-face appointment – with further follow up face-to-face sessions offered as necessary
- 9.5 A formal review of the mental health debt form, which means that currently hundreds of mental health patients are charged up to £300 by their GP for a form to prove they have mental health issues
- 9.6 Support to NHS England's commitment to eliminate inappropriate placements to inpatient beds for children and young people by 2021 – a practice which currently sees hundreds of children being sent halfway across the country to access mental health services.

Special Meeting on Children and Young People's Mental Health 23 February

10. Lead members of the Community Wellbeing Board and Children and Young People Board will attend a half-day session on the 23 February to learn more from a number of speakers on key issues for children and young people's mental health. The session includes an opportunity for members to hear from a number of speakers including Norman Lamb MP, young people who have experience of mental health and wellbeing services and Pooky Knightsmith, Vice Chair of the Children and Young People's Mental Health Coalition. The session will give members an opportunity to determine next steps and activities in relation to children and young people's mental health across both Boards for this year, which will include an LGA campaign to raise awareness of key issues.

Publications on children's health

11. Whilst all children have health needs, and local authorities now have a major role in meeting these, looked after children and young people have higher levels of health needs than their peers, and these are often met less successfully – leading to poorer outcomes. In recognition of the work that is already underway in many local areas, the publication [Healthy futures: supporting and promoting the health needs of looked after children](#) highlights seven case studies of positive initiatives in local authorities around the country. These provide a useful starting point for local councils to take practical action in their own areas.
12. Over the years, councils have focused primarily on helping children. Whilst that is clearly still important, it's time to do more to help parents as well. Councils are working with families and supporting parents, to equip them to deal with some of the challenges of daily living and overcome the hurdles that get in the way of building safe, stable and nurturing environments that all children can thrive in. The publication on [Working to support positive parenting and relationships. What can councils do?](#) Sets out six case studies to show how councils are working to support positive parenting and relationships.

Response to the Supported Housing Consultation

13. The LGA held a very successful consultation engagement event with 60 councils on 11 January that helped inform our response to the supported housing consultation. We successfully submitted our response to the consultation, which will be on our website shortly. We are continuing to engage with DCLG and DWP on the development of the proposals to reform the supported housing sector, and Cllr Izzi Seccombe was invited by the Minister Marcus Jones to chair a DCLG task and finish group on 'roles and responsibilities'. We are expecting a Green Paper on the reforms in the spring.

Note of last Community Wellbeing Board meeting

| | |
|---------------|---|
| Title: | Community Wellbeing Board |
| Date: | Thursday 1 December 2016 |
| Venue: | The Museum of the Order of St John, St John's Gate, St John's Lane, Clerkenwell, London, EC1M 4DA |

Attendance

An attendance list is attached as **Appendix A** to this note

Item Decisions and actions

1 Apologies and Declarations of Interest

The Board noted the apologies listed at **Appendix A**. There were no declarations of interest.

2 Discussion with Professor Sir Malcolm Grant (Chairman, NHS England)

The Chairman introduced Professor Sir Malcolm Grant, Chairman of NHS England, who had been invited to attend the Board to address Members on NHS England's priorities for the forthcoming year and to present views on the health and care agenda.

Sir Malcolm provided the Board with background information on the history of NHS England, who lead the NHS and encourage and inform the national debate on how to improve health and care, and the current national picture in terms of funding and provision of services. NHS England allocated £106 billion in funds and held organisations such as Clinical Commissioning Groups (CCGs), Primary Care Trusts, pharmacies and dentists surgeries to account for spending money effectively. They had a level of independence which was underpinned by a model to look at outcome and not process. NHS England had a good working relationship with local government, but Sir Malcolm commented that there remained a certain amount of silo working, particularly over funding from the Government.

He highlighted that demand must be controlled and reduced; attendances at A&E, and general admittance to hospitals, was increasing, the GP workforce was struggling to meet demand, and the country had an ageing population. It was anticipated that an additional £30 billion in funding was required by 2020/21 to keep the current service, with additional money required for improvements.

On STPs, Sir Malcolm explained that NHS England were seeing profound results. The focus was on pathways of care and moving away from silo funding to pooled funding, enabling local leaders to think about population health in the round and how funding flows could be redirected in more efficient ways. NHS England hoped that STPs would provide a better service to patients with limited budgets. They presented a unique opportunity to bring about change and, although there had been challenges, all STPs would be published by the end of December 2016. Good local leadership was required,

and all STPs had some level of local authority engagement, although there was huge variety across the country and some would require a significant review of services. The STPs would not include full financial modelling, but it was hoped they would start the process of communities and local leadership coming together to improve services.

In the discussion with Sir Malcolm which followed Members raised the following points:

- A number of councils had agreed to move to an accountable care model, although geography was still an issue in some areas. One Member highlighted that his council had agreed to run this as a shadow for a year and that all local Trusts were involved. It was hoped that this would help to improve local services and allow partners to have a larger amount of funding to spend collectively. Public engagement on STPs was important, but the discussion should focus on structured principles and how a better package of care could be delivered.
- Members highlighted that STPs should be transparent, democratically accountable and person-centred, and this was unfortunately not the case in all localities. There was a cultural difference between local government and the NHS around democratic accountability, and accountability and responsibility were essential to meet local need. Sir Malcolm agreed that there was a strong case for local government political leadership of STPs, but that getting the right balance between local government and the NHS was vital.
- In response to a question on recruitment and training in ambulance services, Sir Malcolm commented that they were a victim of demand, and it should be possible to prioritise prevention so that ambulance crews were not put under undue stress. Recruitment and retention of staff in the service was an important issue, but there was no easy answer.
- It was highlighted that many STPs focussed mainly on institutions, and there was little focus on public health. More funding should be transferred to primary care and pre-care. Sir Malcolm praised local authorities' work on prevention, highlighting the dramatic drop in adult smoking over the last 40 years and current campaigns around childhood obesity and the sugar tax.
- Sir Malcolm agreed with Member comments on calling for full funding for Adult Social Care from the Government. He explained that NHS England would work closely with the Treasury on this, and would continue to emphasise the importance of social care funding.
- Regarding housing, Sir Malcolm commented that a major determinate of health was poverty and poor living conditions. This had an impact on mental as well as physical health. He highlighted that mental health was a major theme in STPs.
- In response to a question on CCGs, Sir Malcolm stated that many CCGs were resistant to mergers, and NHS England would only endorse a merger if it was justified.

Decision

The Community Wellbeing Board **noted** Sir Malcolm's comments and thanked him for his attendance at the Board.

3 Integration and Better Care Fund Policy Framework 2017-19

Alyson Morley, Senior Adviser, introduced the report and explained that it provided a summary of the LGA's key messages on the forthcoming policy framework for the Better Care Fund (BCF) 2017-19, graduation from BCF, and the achievement of integration of health and social care by 2020. She explained that it had been

anticipated that the BCF policy framework would have been published prior to the meeting, but this was still awaited from the Government.

It was highlighted that the Board Chairman had made a statement following the Autumn Statement that the LGA was disappointed on the lack of announcement on additional funding for adult social care, but it was now anticipated that announcements on BCF and the publication of the policy framework would be released alongside the Local Government Finance Settlement. The policy framework would be circulated to the Board in due course following publication.

In the discussion which followed Members raised the following points:

- Members welcomed the fact that the LGA had released clear policy messages ahead of the publication of the BCF policy framework. In particular, Members emphasised the need for Government to publish the minimum CCG allocation for transfer to adult social care services as soon as possible, in order for this to be included in the budget making process for councils.
- It was expected that an announcement on adult social care funding in the Finance Settlement would be through an increase in local taxation.
- Future BCF work should focus on sustainable community health and social care in order to realistically reduce demand, which would prevent more people going into hospital.
- Funding for people with learning disabilities was included in the BCF and would be a large cost pressure.

Decision

The Community Wellbeing Board **noted** the report.

Actions

BCF Policy Framework to be circulated to the Board when published.

David Mowat, Minister for Health and Care, to be invited to attend a future meeting of the Board.

4 Sector Led Improvement for Care and Health Programme

Andrew Hughes, Head of Implementation for the Care and Health Improvement Programme (CHIP), introduced the report which included the programme for the LGA's sector led improvement for care and health for 2017/18 to 2019/20.

The CHIP's objective was to use sector led improvement to support local systems leaders to develop resilience in adult social care, effective care and health systems, and to fulfil the role of local government in the Transforming Care Programme. This was undertaken through local and regional support and engagement, and regional networks of support. The CHIP team would continue to develop the adult social care self-assessment risk awareness tool with strengthened social care financial risk assessment and links with corporate financial risk management.

Members noted the model of integrated self-assessment, which had been well received by councils and Clinical Commissioning Group partners. They would also continue to ensure funding was transferred to local government to support people at the local level.

In the discussion which followed Members raised the following points:

- The Programme for 2017/18 – 2019/20 was supported as a positive means of working with health colleagues.
- Sharing of data was a potential barrier to success, and it was important that meaningful data was shared so that individuals could find the right care pathway. There should be a monitoring standards framework led by the local authority which could be used to ensure people were placed in the best care setting for their need. The Head of Implementation confirmed that data sharing would be undertaken in a more person-centred way from 2017.
- Digital solutions were important, and new approaches to tele-care presented good methods of monitoring social care. However introduction of technological solutions was challenging in a social care setting as some people were not computer literate.
- The adult social care market was under great pressure nationally and more should be done to increase the resilience in adult social care and adult safeguarding.
- Members commented that peer support had been very helpful in improvement work for local authorities and, although not mandatory, all authorities should take part for the benefit of the whole sector.

Decision

The Community Wellbeing Board **noted** the sector led improvement of care and health programme 2017/18 – 2019/20.

5 Consultation on Future Funding for Supported Housing

Abigail Gallop, Senior Advisor, introduced the item which set out the current Government position on the future funding of supported housing and outlined key questions in the consultation for the Board's discussion.

Members noted that the Government had previously announced proposals in the 2015 Spending Review to introduce a limit on the amount of housing benefit that could be claimed for supported housing to the level of the local housing allowance (LHA) cap. Following representations from the LGA, as well as a number of other organisations, that this would present a risk, particularly to elderly residents, the Government subsequently announced that it intended to supplement the amount of funding above the LHA cap via a local top up fund to councils.

The Government had recently published a consultation on the implementation of the local top up fund and future funding for supported housing. Measures which had been announced by the Government were detailed in the report, but included a ring-fenced grant to meet costs through a commissioning model. The consultation would impact all areas of supported housing, including homelessness, domestic violence and veterans housing.

In the discussion which followed Members raised the following points:

- Members welcomed the introduction of ring-fenced funding for supported housing, which had previously been in place in the past, but highlighted that more needed to be done to help vulnerable people from all levels of society find housing. Funding should be set at a realistic level and implemented in a person-centred way.
- Enabling local authorities to have an advanced role in the commissioning of supported housing was also welcomed, particularly in relation to housing for

vulnerable people.

- The consultation proposes making the top-up funding available to other organisations, such as health. Members raised concerns about any requirements to make the ring-fenced funding available to other organisations, if the responsibility for provision was with councils. Members agreed that decisions on collaboration or joining up funding should be made at the local level.
- It was suggested that councils should work together to find more ways to develop supported housing and house people across local authority borders.
- Members supported the proposal to develop a national commissioning framework, which would provide transparency and value for money for residents. Officers advised that the LGA's current view was that if the framework was useful then councils would use it, but the full consultation response was still being prepared.
- Regarding the list of types of people who were eligible for supported housing it was explained that councils had a statutory instrument to make sure all groups of vulnerable people were covered. A broad spectrum of cover was in place and the consultation response would include information on eligible groups.
- Members agreed that it was important that the consultation response call for local top-up funding to be implemented in an accountable way, and so should be retained by local government. Councils could also be trusted to allocate funding locally according to local need.
- It was highlighted that some local authorities had supported housing stock and some did not, and councils were developing extra care housing assets. It was important that the consultation response be evidence based, as there was a lot of evidence on supported housing and the subsequent need for social care.
- Members noted that a consultation event would be held for Member councils on 11 January 2017 to help develop the LGA's position on the issue and inform Member councils' concerns about the policy.

Decisions

The Community Wellbeing Board:

- 1) **Noted** the updates and key issues on the supported housing consultation identified in the report; and
- 2) **Agreed** that the views expressed by Members feed into the preparation of the consultation response.

Action

The Views of the CWB Board to be included in the supported housing consultation response to the Government.

6 Pre-Exposure Prophylaxis (PrEP) - National Aids Trust v NHS England, Local Government Association and Secretary of State for Health

Paul Ogden, Senior Adviser, introduced the report which provided an update to the Board on the Court of Appeal's judgement on the legal action between the LGA, National Aids Trust and NHS England over who would fund the service to block Human Immunodeficiency Virus (HIV) infection and who had the power to commission pre-exposure prophylaxis (PrEP).

Members welcomed the news that the appeal by NHS England had been dismissed by the Court of Appeal, and that all legal costs would also be paid for by NHS England. Letters would be sent to all local authorities who had pledged money toward the legal

costs to explain that this would no longer be required.

NHS England were due to shortly make an announcement on PrEP, and the LGA would work with them on implementation. The Chairman and Members congratulated officers for their hard work and success in the legal case.

Decision

The Board **noted** the update provided in the report and **welcomed** the Court of Appeal's judgement.

7 Update on Other Board Business

Mark Norris, Principal Policy Adviser, introduced the report, which presented updates on various areas of the Board's work which were not included as part of other items on the agenda.

The Chairman drew particular attention to the LGA's response to the Chancellor's Autumn Statement which had been delivered the previous week. Members agreed that the LGA's 'on the day brief' on the day of the Autumn Statement had been very useful, but that it was disappointing that no additional funding for adult social care had been announced. A letter from the Chairman of the Board to the Secretary of State for Health regarding this issue would be sent out later in the week.

Decision

The Board **noted** the updates contained in the report.

8 Minutes of the Previous Meeting

Decision

The Board **agreed** the minutes of the previous meeting held on 7 October 2016.

Appendix A -Attendance

| Position/Role | Councillor | Authority |
|-----------------|--|--|
| Chairman | Cllr Izzi Seccombe | Warwickshire County Council |
| Vice-Chairman | | |
| Deputy-chairman | Mayor Kate Allsop Cllr Richard Kemp CBE | Mansfield District Council Liverpool City Council |
| Members | Cllr David Coppinger Cllr Graham Gibbens Cllr Keith Glazier Cllr Liz Mallinson Cllr Vic Pritchard Cllr Ernest White Cllr Lynn Travis Cllr Jackie Meldrum Cllr Rachel Eden Cllr Doreen Huddart | Windsor & Maidenhead Royal Borough Kent County Council East Sussex County Council Cumbria County Council Bath & North East Somerset Council Leicestershire County Council Tameside Metropolitan Borough Council Lambeth London Borough Council Reading Borough Council Newcastle upon Tyne City Council |

16 February 2017

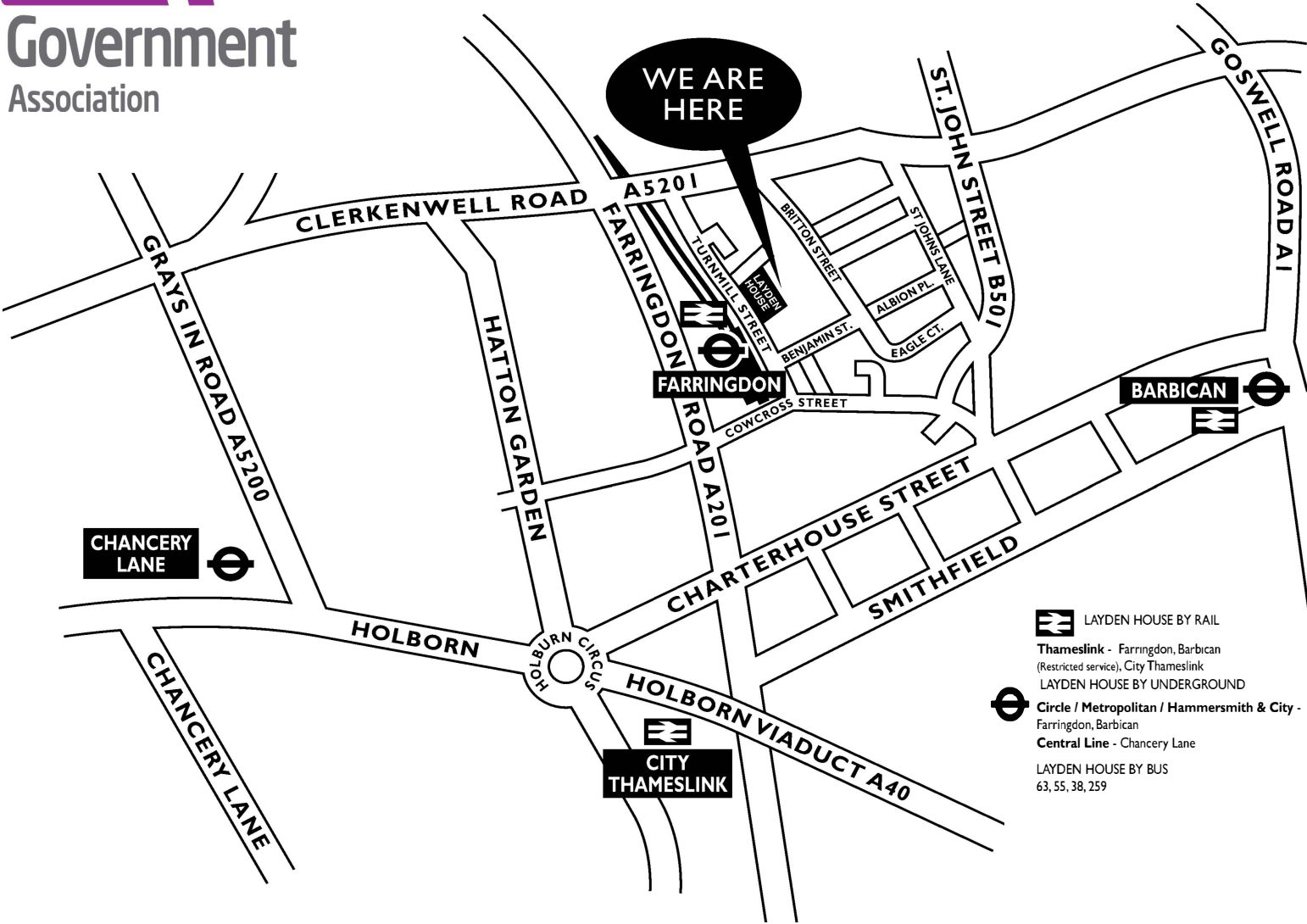
Apologies

Cllr Linda Thomas
Cllr Jonathan McShane
Cllr Carole Burdis
Cllr Phil Bale
Cllr Mark Ereira-Guyer

Bolton Council
Hackney London Borough Council
North Tyneside Council
Cardiff Council
Suffolk County Council

In Attendance

LGA Officers



Layden House

76-86 Turnmill Street,
 London
 EC1M 5LG

Tel: 020 7664 3000 Fax: 020 7664 3030

**The Local Government Association will be based at Layden House whilst refurbishment takes place at their offices in Smith Square.*

Public Transport

Layden House is served well by public transport. The nearest mainline station is **Farringdon** (Circle, Hammersmith & City and Metropolitan Lines. It also has Overground lines)

Bus routes - Farringdon Station

- 63 - Kings Cross - Crystal Palace Parade (**Stop A/B**)
- 55 - Oxford Circus -High Road Leyton (**Stop E/K**)
- 243 - Redvers Road - Waterloo Bridge (**Stop E/K**)

Cycling Facilities

The nearest Santander Cycle Hire racks are on Theobold's Road.
 For more information please go to www.tfl.gov.uk

Car Parks

- Smithfield Car Park - EC1A 9DY
- NCP Car Park London Saffron Hill - EC1N 8XA