Local Government Association

# Community Wellbeing Board

Agenda

## Wednesday, 9 May 2018
## 11.00 am

Westminster Room, 8th Floor, 18 Smith Square, London, SW1P 3HZ

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

www.local.gov.uk

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**LGA Community Wellbeing Board**
9 May 2018

There will be a meeting of the Community Wellbeing Board at **11.00 am on Wednesday, 9 May 2018** Westminster Room, 8th Floor, 18 Smith Square, London, SW1P 3HZ.

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 18 Smith Square is printed on the back cover.

**LGA Contact:**
Alexander Saul
0207 664 3232 / alexander.saul@local.gov.uk

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The twitter hashtag for this meeting is #lgacwb

Local Government Association

# Community Wellbeing Board – Membership 2017/2018

| Councillor | Authority |
|---|---|
| | |
| **Conservative ( 8)** | |
| Cllr Izzi Seccombe OBE (Chairman) | Warwickshire County Council |
| Cllr Nigel Ashton | North Somerset Council |
| Cllr Gareth Barnard | Bracknell Forest Borough Council |
| Cllr Liz Fairhurst | Hampshire County Council |
| Cllr Liz Mallinson | Cumbria County Council |
| Cllr Sue Woolley | Lincolnshire County Council |
| Cllr Jonathan Owen | East Riding of Yorkshire Council |
| Cllr Graham Gibbens | Kent County Council |
| | |
| ***Substitutes*** | |
| Cllr Elaine Atkinson OBE | Borough of Poole |
| Cllr Olivia Sanders | Brentwood Borough Council |
| | |
| **Labour ( 7)** | |
| Cllr Linda Thomas (Vice-Chair) | Bolton Council |
| Cllr Jonathan McShane | Hackney London Borough Council |
| Cllr Lynn Travis | Tameside Metropolitan Borough Council |
| Cllr Shabir Pandor | Kirklees Metropolitan Council |
| Cllr Paulette Hamilton | Birmingham City Council |
| Cllr Jackie Meldrum | Lambeth London Borough Council |
| Cllr Rachel Eden | Reading Borough Council |
| | |
| ***Substitutes*** | |
| Cllr Mohammed Iqbal | Pendle Borough Council |
| Cllr Robin Moss | Bath & North East Somerset Council |
| | |
| **Liberal Democrat ( 2)** | |
| Cllr Richard Kemp CBE (Deputy Chair) | Liverpool City Council |
| Cllr Doreen Huddart | Newcastle upon Tyne City Council |
| | |
| ***Substitutes*** | |
| Cllr Rob Rotchell | Cornwall Council |
| | |
| **Independent ( 2)** | |
| Mayor Kate Allsop (Deputy Chair) | Mansfield District Council |
| Cllr Claire Wright | Devon County Council |
| | |
| ***Substitutes*** | |
| Cllr Neil Burden | Cornwall Council |
| Cllr Ian Cruise | Birmingham City Council |

Local Government Association

# LGA Community Wellbeing Board Attendance 2017-2018

| **Councillors** | **28/9/17** | **29/11/17** | **21/2/18** |
|---|---|---|---|
| **Conservative** | | | |
| Izzi Seccombe OBE | Yes | No | Yes |
| Nigel Ashton | Yes | Yes | Yes |
| Gareth Barnard | Yes | Yes | Yes |
| Liz Fairhurst | No | Yes | Yes |
| Liz Mallinson | No | Yes | Yes |
| Sue Woolley | Yes | No | Yes |
| Jonathen Owen | No | Yes | No |
| Graham Gibbens | Yes | Yes | Yes |
| | | | |
| **Labour** | | | |
| Linda Thomas | Yes | Yes | No |
| Jonathan McShane | No | Yes | Yes |
| Lynn Travis | No | Yes | Yes |
| Shabir Pandor | Yes | Yes | Yes |
| Paulette Hamilton | Yes | Yes | Yes |
| Jackie Meldrum | Yes | Yes | Yes |
| Rachel Eden | Yes | Yes | Yes |
| | | | |
| **Lib Dem** | | | |
| Richard Kemp CBE | Yes | Yes | No |
| Doreen Huddart | Yes | Yes | Yes |
| | | | |
| **Independent** | | | |
| Mayor Kate Allsop | Yes | Yes | Yes |
| Claire Wright | Yes | Yes | Yes |
| | | | |
| | | | |
| **Substitutes/Observer** | | | |
| Olivia Sanders | Yes | | |
| Rob Moss | | Yes | Yes |
| | | | |
| | | | |

Local Government Association

# Agenda

**Community Wellbeing Board**

Wednesday 9 May 2018

11.00 am

Westminster Room, 8th Floor, 18 Smith Square, London, SW1P 3HZ



**Date of Next Meeting:** Tuesday, 19 June 2018, 11.00 am, 18 Smith Square, London SW1P 3HZ

Community Wellbeing Board

09 May 2018

# A Consultation on Extending Legal Rights to Have Personal Health Budgets and Integrated Personal Budgets

## Purpose of report

For discussion.

## Summary

On 6 April the Department of Health and Social Care (DHSC) and NHS England launched a consultation on extending legal rights to have personal health budgets and integrated personal budgets. The closing date is 8 June. We have invited the Association of Directors of Adult Social Services (ADASS) and the Association of Directors of Children's Services (ADCS) to feed their views into our response. This report summarises the consultation questions and invites Members to comment upon emerging key messages.

### Recommendations

That the Community Wellbeing Board comments upon the emerging key messages in paragraphs 16-36 and agrees that officers submit a draft consultation response to Lead Members for clearance by 8 June.

### Actions

1. Draft a consultation response that reflects steers from the Community Wellbeing Board, the Children & Young People Board, ADASS, ADCS and any further feedback from councils.
2. Submit a draft consultation response for clearance with Lead Members by 8 June 2018.

**Contact officer:** Laura Caton

**Position:** Senior Adviser

**Phone no:** 0207 664 3154

**Email:** laura.caton@local.gov.uk

Community Wellbeing Board

09 May 2018

# A Consultation on Extending Legal Rights to Have Personal Health Budgets and Integrated Personal Budgets

## Background

1. On 20 March, the Secretary of State for Health and Social Care, Jeremy Hunt MP, outlined the seven key principles that will guide the Government's thinking ahead of the social care green paper, to be published later in 2018.

2. The third principle was “control.” The Secretary of State said that “Personalisation isn’t new, and there is a strong consensus that it is the right path to follow, but progress has often been slower for older people than for working age adults with disabilities…So I want to turbo-charge progress on integrated health and care budgets, making them the norm and not the exception when people need ongoing support.”

3. As part of the second principle “whole person integrated care”, the Secretary of State announced new pilots in Gloucestershire, Lincolnshire and Nottinghamshire. Over the next two years every person accessing adult social care will be given a joint health and care and support plan and will also be offered an integrated health and care personal budget.

4. This was followed on 6 April by the publication of a consultation on extending legal rights to have personal health budgets and integrated personal budgets. The closing date is 8 June. The LGA’s response will be joint with the Association of Directors of Adult Social Services (ADASS).

5. Personal budgets are relatively new in the NHS, but local government social care has a long history of personal budgets stretching back to the 1970s. There is a huge amount of learning and experience that we hope will be drawn upon in taking forward the current proposals.

## Overview of Personal Health Budgets and Integrated Personal Budgets

6. A personal health budget is one mechanism to allow people to have greater control and choice over the health services they receive. It is an amount of money to support an individual’s identified healthcare and wellbeing needs, planned and agreed between them, or their representative and the local NHS team. A personal health budget can be used for a range of things to meet agreed health and wellbeing outcomes, including therapies, personal care and equipment.

7. Since October 2014, adults in receipt of NHS continuing healthcare or children receiving continuing care have had a specific right to have a personal health budget. Since March

2015, adults with long-term conditions have had the right to ask for a personal health budget. Nearly 23,000 people currently receive a personal health budget; NHS England has a target of between 50,000 and 100,000 people receiving a personal health budget or integrated personal budget by March 2021.

8. A personal health budget or an integrated health budget can be managed in one of three ways:

   8.1. Notional budget – the council or the NHS manages the budget and arranges the care and support.
   8.2. Third party budget – an independent organisation manages the budget and works with the individual, family and/or carers to ensure the right care is put in place and outcomes achieved.
   8.3. Direct payment – the budget holder has the money in a bank account or equivalent account and takes responsibility for purchasing care and support.

9. A person with an integrated health budget will have all their health and social care needs considered during one, single assessment. They will have a single personalised care and support plan designed with them, not for them, and one, integrated budget that meets their needs.

10. There are multiple areas across the country looking at how personal health budgets and personal budgets in social care can be joined together into a single integrated personal budget wrapped around the individual's health and social care needs.

11. Evidence from the evaluation of the personal health budget pilot programme showed that personal health budgets can support a move from unplanned, emergency care to planned care, and that they are cost effective in comparison to conventional services. More generally, there is recognition that while there is a good evidence base in support of the benefits of personal budgets, more use could be made of this.[1]

**Summary of the Consultation**

12. The consultation proposes the following groups who could benefit from having a 'right to have' a personal health budget, or where appropriate, an integrated personal budget:

    12.1. People with ongoing social care needs, who make regular and ongoing use of relevant NHS services.
    12.2. People eligible for Section 117 aftercare services, and people of all ages with ongoing mental health needs who make regular and ongoing use of community

[1] https://www.thinklocalactpersonal.org.uk/_assets/Resources/CareAct/GatheringTheEvidence.pdf

based NHS mental health services. (Section 117 of the Mental Health Act sets out people who are eligible for free care and support after they have been in hospital.)

12.3. People leaving the Armed Forces, who are eligible for ongoing NHS services.

12.4. People with a learning disability, autism or both, or are eligible for ongoing NHS care.

12.5. People who access wheelchair services whose posture and mobility needs impact their wider health and social care needs.

13. Within this, the consultation also proposes where DHSC and NHS England believe an explicit right to receiving a personal health budget or integrated personal budget via direct payment, would benefit certain groups. The consultation stresses that direct payment is not the only method available; rather, it is about ensuring the system is in place so that people can receive the budget in that way if they so wish.

14. Views are sought on the following:

14.1. Whether you agree that the groups DHSC and NHS England have identified should be prioritised.

14.2. Whether you believe these groups would benefit from a personal health budget and/or an integrated personal budget or not.

14.3. Whether there are other groups, or areas of the system not identified, who you believe a personal health budget and/or an integrated personal budget could benefit.

15. In addition, views are sought on whether there are other funding streams that could be incorporated into integrated personal budgets. The consultation documents highlights potential opportunities to join-up health, work and disability funding through a single, holistic assessment and plan, focussing purely on that individual's needs.

**Emerging Key Messages**

16. Members are invited to comment upon the following key messages, which are based upon local government's experience of personal budgets, and will be developed further in the light of the Board discussion, feedback from our national partners and feedback from individual councils.

17. **The proposals are a significant opportunity to further catalyse health and social care integration**. Bringing together health and social care has been a constant and dominant policy theme for many decades. Extending integrated personal budgets is one way in which we can further help the shift towards meeting people's complex needs in a more holistic way.

18. **A person centred approach is the most important driver of better joining-up health and care services to meet individual's needs.** Personal budgets and integrated health

budgets are important mechanisms for personalisation, but they are just one approach and will not be right for everyone. Personalisation encompasses a wide range of approaches, including self-directed support, co-production, self-management, empowering information and community capacity building.[2] It is essential that an individual's care and support is organised to reflect that person's, and their families/carers', needs and wishes.

19. We welcome the level of ambition of the proposals but the opportunities may be greatest for those with long term conditions who use integrated health and social care services already and where services could be "unbundled" to create meaningful choice.

20. In relation to how the consultation proposals affect children and young people, we need to understand the links to Education, Health and Care Plans. Potentially there is a significant opportunity to integrate the Education, Health and Care Plan within a personalised care and support planning approach, bringing all the resources together around the individual.

21. We also need to aim for consistency in entitlement during the transition from children and young people to adults. Adult services need to respect and understand that a young person might have had more choice and control over a larger budget than is the case once they move to adult services. If there is a change in entitlement, then this needs to be managed through a shared framework that continues to support independence and better outcomes.

22. **Personal health budgets and integrated personal budgets must lead to meaningful choice for individuals that improves their outcomes – they are not an end in themselves**. The mere act of extending the right to a personal health budget or integrated personal budget will not automatically make a difference to a person's wellbeing. The policy rationale must be to increase choice and outcomes through a holistic look at people's needs with personal budgets used to divert or delay need. It also needs to be underpinned by a market and information that supports choice and a workforce that can respond to the expected increase in take-up of personal budgets.

23. Breaking down care pathways to identify care and support that is suitable for personal budgets can be very challenging. In addition, the prevalence of block contracts in the NHS for purchasing care and support can significantly reduce people's choice and this could affect progress. It can be challenging to remove money from block contracts without impacting on the sustainability of NHS providers. We might want to suggest some creative ways to overcome this. For example, some mental health services carve out alternatives out of their own block amounts of money.

[2] It's Still Personal, ADASS, June 2017 https://www.adass.org.uk/media/5950/its-still-personal-june-2017.pdf

24. Furthermore, in many areas there is not a diversity of providers within the voluntary and community sector to provide choice. The voluntary and community sector social care market is already very fragile. Careful consideration will need to be given to how commissioners can support providers to develop the market, so that it offers genuine choice and is able to respond to care pathways.

25. People also need clear information and advice to navigate their way through the care and health system and make good quality decisions about the services and support they purchase. One issue is the lack of feedback from service users and we might want to recommend this is addressed so that people can make informed purchasing choices.

26. There are around 500,000 people using personal social care budgets, but take-up varies between places and groups of people. Barriers to taking up personal budgets include finding the process challenging, a lack of information and support and perceptions about complexity. Think Local Act Personal (TLAP) have produced a suite of resources to help councils ensure that personal budgets are nimble and effective.

27. Finally, we will need to ensure that the workforce is sufficiently developed so that there are the right people with the right mix of skills in the right places to support a greater take-up of personal budgets, particularly personal assistants. The National Audit Office recently highlighted the importance of a sustainable social care workforce.[3]

28. A key next step after the consultation will be mapping the practical steps that need to be taken so that the extension of legal rights leads to a reality of increased choice and better outcomes for people.

29. **We need to recognise that people's motivations are different; not everyone wants a direct payment or the responsibility of being an employer**. Extending the option of a direct payment will give more people the opportunity to exercise greater control and flexibility over their personal health budget or integrated personal budget, provided it is accompanied by appropriate support. But with greater control comes greater responsibility and not everybody wants a direct payment with which to arrange and purchase their own care and support. In particular, take-up of direct payments has been lower amongst older people. While this partly reflects difficulties with the process, which councils have worked hard to improve, Age UK has highlighted that some older people in the last years of their life just want to access high-quality and safe care without the additional complexity of managing a personal budget or directly employing carers and assistants.

[3] https://www.nao.org.uk/report/the-adult-social-care-workforce-in-england/

30. In addition, the sleep-ins crisis risks undermining the personalisation agenda. Direct payment recipients who paid personal assistants a flat rate for overnight care shifts, in full compliance with National Minimum Wage (NMW) legislation, now find themselves personally liable for 6-years back-pay due to a change in Government policy which requires the NMW to be paid for the duration of sleep-in shifts.

31. **We are keen to further explore the possibility of bringing other appropriate funding streams within an integrated personal budget.** People with complex health conditions are often eligible for a range of other benefits and support, particularly for housing and employment. This can mean that people receive money from a number of different places and deal with multiple professionals and processes. Integrating other appropriate funding streams within an integrated personal budget has the potential to further align and join-up person-centred care to address health and wellbeing needs. However, not all funding streams will be suitable for integration, and the consultation proposals are already very ambitious, so we might want to suggest this aspect is explored further down the line.

32. **Further progress of the personalisation agenda could be put at risk by the financial challenges facing adult social care**. Discussions about taking personalisation further are happening in a very difficult financial climate. Our analysis shows that the funding gap for adult social care will be £2.2 billion by the end of the decade. In addition, an immediate £1.3 billion is required to stabilise the provider market. While there is strong support for personalisation, the scale of the funding pressures combined with demographic changes, means that there will be less money to support people's choices. When asked about the impact of financial savings in the 2017 ADASS Budget Survey, 36 per cent of respondents agreed that personal budgets are getting smaller. This increased to 54 per cent when respondents were asked to anticipate the impact of savings over the next two years. ADASS is leading work to explore how a strength or asset based approach might help to sustain progress in personalisation during austerity. In order to continue the progress of the personalisation agenda, adult social care must be sustainable funded.

33. **There is an opportunity to build upon local government's extensive experience of personal budgets**. The 2014 Care Act makes it clear that all people eligible for council funded social care will receive a personal budget, but local government's experience of personal budgets stretches back over 20 years. There is a huge amount of learning which we hope DHSC and NHSE will fully utilise when further developing their proposals. While significant progress has been made, with many people benefitting from greater choice and control, it has taken time, expertise and resources to unlock those benefits. There has to be a strong commitment from NHS system leaders to change organisational culture and behaviours, so that the needs of the person are paramount, including in the relationship between clinicians and the people they are treating.

34. In relation to children and young people, the Department for Education similarly needs to embrace cultural change and a commitment to review how it organises funding so that when relevant it can be brought within a personal health budget or integrated personal budget.

35. Our consultation response will include a number of case studies that demonstrate innovative approaches to personal budgets and the improved outcomes that can be achieved for people.

36. In particular, the Integrated Personal Commissioning Programme (IPC) is a partnership between the LGA and NHS England which over the last three years has supported areas across the country to develop a personalised model of integrated care for adults, children and young people with high and ongoing needs. The final report from the Programme will be published in September 2018 and should inform how the DHSC and NHS England consultation is taken forward. We will also want to ensure that the three integration pilots recently announced by the Secretary of State, the IPC and this consultation are all linked together.

**Implications for Wales**

37. Health is a devolved policy responsibility and the consultation applies to England only.

**Financial Implications**

38. There are no financial implications for the LGA.

**Next steps**

39. Draft a consultation response that reflects steers from the Community Wellbeing Board, the Children & Young People Board, ADASS, ADCS and any further feedback from individual councils.

40. Submit a draft consultation response for clearance with Lead Members by 8 June 2018.

Community Wellbeing Board

09 May 2018

# Autism Strategy Update

**Purpose of report**

For information.

**Summary**

Cllr Meldrum represented the LGA at the Government's annual Autism Strategy accountability meeting on 26 March 2018. This report summarises recent changes to the governance structures that oversee the implementation of the strategy and key points from the accountability meeting.

**Recommendation**

Members are invited to note the feedback from the annual Autism Strategy accountability meeting and to offer any further comments to shape the LGA's ongoing engagement.

**Action**

LGA will continue to represent councils' interests at the Autism Strategy Board and Task and Finish Groups and will work with the Association of Directors of Adult Social Services to influence next year's refresh of the strategy, drawing upon the latest self-assessment.

**Contact officer:** Laura Caton

**Position:** Senior Adviser

**Phone no:** 0207 664 3154

**Email:** laura.caton@local.gov.uk

Community Wellbeing Board

09 May 2018

# Autism Strategy Update

## Background

1. Cllr Jackie Meldrum recently attended the Government's annual Autism Strategy accountability meeting chaired by Caroline Dinenage MP, Minister of State for Care. The Minister invited senior level representatives from organisations taking part in the work of the Task and Finish Groups who are leading the implementation of the Autism Strategy.

2. The LGA is working with key national organisations to support delivery of the Transforming Care programme, aimed at improving care and support for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

3. The LGA has published a series of case studies that share how councils are supporting people on the autistic spectrum.

## Think Autism Strategy

4. The Government's strategy 'Think Autism' was published in 2014. It updated the 'Fulfilling and Rewarding lives' strategy published in 2010. The strategy's vision is that:

   4.1. "All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents."

5. The strategy is supported by statutory guidance for local authorities and NHS organisations to support implementation. The guidance outlines a number of requirements of local authorities in four key areas:

   5.1. **Training of staff who provide services to adults with autism.** Autism awareness training should be available to all staff working in health and social care. Additionally, local areas should develop or provide specialist training for those in key roles such as GPs, community care assessors, personal assistants, occupational therapists or residential care workers. Organisations should seek to involve adults with autism, their families and carers and autism representative groups when planning or commissioning training.

   5.2. **Identification and diagnosis of autism in adults, leading to assessment of needs for relevant services.** Expect there to be a clear pathway to diagnosis in every area and local areas should appoint a lead professional to develop diagnostic and assessment services. The pathway should be from initial referral through to assessment of needs. Diagnosis should lead to a person-centred assessment of

need and should be recognised as a catalyst for a carer's assessment. Assessment of eligibility for care services cannot be denied on the grounds of the person's IQ. Any assessment of needs should be carried out by a professional who has a good understanding of autism and reasonable adjustments made to the process to enable the adult with autism to take part fully. All NHS practitioners should be able to identify signs of autism and refer for assessment and diagnosis if necessary. They should also then be able to understand how to adapt their behaviour and communication for a patient with autism.

5.3. **Planning in relation to the provision of services for people with autism as they move from being children to adults.** Local areas must follow statutory duties around transition for children with SEN, which will include most young people with autism. Protocols should be in place in every area for the transition of clinical mental health care for children with autism in receipt of CAMHS.

5.4. **Local planning and leadership in relation to the provision of services for adults with autism.** Local areas should allocate responsibility to a named joint commissioner/senior manager to lead commissioning of community care services for adults with autism in the area. Local authorities, NHS bodies and NHS Foundation Trusts should develop local commissioning plans for services for adults with autism, and review them annually. To develop such plans, it will typically be necessary to gather information locally about:

5.4.1. The number of adults known to have autism in the area.
5.4.2. The range of need for support to live independently.
5.4.3. The age profile of people with autism in the area – including those approaching 65 or above working age and the number of children approaching adulthood, to enable local partners to predict how need and numbers will change over time.

5.5. **Health and Wellbeing Boards have a crucial role to play in overseeing implementation of the Adult Autism Strategy at a local level**.

6. Councils are asked to complete a self-assessment on their delivery against their statutory responsibilities set out in the autism strategy. This was last undertaken in 2016 and is due to be completed later this year. The process is managed by Public Health England. The purpose of the self-assessment is to enable local strategy groups to review their progress and support future planning with partners.

7. Through greater transparency they also enable adults with autism, their families and carers, and autism representative groups to see what progress is being made. The self-assessment data offers an opportunity to compare local authority areas and develop benchmarks. It can assist in identifying areas where further action is needed and in

planning improvements. The LGA has ensured this is taken forward in line with the corporate approach to sector-led improvement.

**Annual Autism Strategy accountability meeting**

8. In 2017, it was agreed that the arrangements for overseeing implementation of the Strategy should be refreshed. The aims and the objectives of the Think Autism Strategy stand but the strategy's strategic objectives have been regrouped around five Task and Finish Groups;

   8.1. Measuring, understanding and reporting needs of autistic people;
   8.2. Workforce development;
   8.3. Health, care and wellbeing;
   8.4. Specific support; and
   8.5. Participation in local community.

9. The Autism Strategy Board oversees overall progress against the strategy. Cllr Meldrum represents the LGA at the Board and the Participation Task and Finish Group. The Autism Strategy will be refreshed next year.

10. The 2018 Annual Autism Strategy accountability meeting took place on 26 March. Cllr Jackie Meldrum represented the LGA. The meeting was chaired by Caroline Dinenage MP and attendees included various Government departments, the Association of Directors of Adult Social Services, the National Autistic Society, NHS England, Public Health England and a number of self-advocates and carer / parent representatives.

11. The purpose of the meeting was to review progress against the Government's 'Think Autism' Strategy, which includes a number of statutory responsibilities for councils under the 2009 Autism Act. The key points included:

    11.1. Good progress has been made nearly 10 years on since the Autism Act. Autism is on the agenda locally. Nearly every council has an autism lead and almost every local area has a diagnostic pathway. The self-assessment framework has significantly improved our understanding.

    11.2. Good practice examples include Bristol, Liverpool, Nottinghamshire, Kent and the Greater Manchester Autism Consortium. We will look to capture and share the good practice cited at the meeting. There is a growing wish from the autism community to distinguish services for people with autism and services for people with learning disability and autism.

    11.3. The following challenges were suggested as a focus for the coming year and will be tested against the results of the 2018 self-assessment to ensure they reflect the sector's support needs: the length of time people have to wait for a diagnosis (from

this April, NHS Digital will collect diagnosis waiting times), the continued importance of training to improve professional understanding, the impact of the general pressures facing post-diagnosis support and mental health services, preparing young people for the transition to adulthood, the provision of low level support, such as befriending, which can make a huge difference to people's lives and social isolation – new research from the National Autistic Society shows that autistic people are four times more likely to be lonely than the general population.

11.4. Cllr Meldrum highlighted the funding challenges facing adult social care and that supporting people with learning disabilities is a high spend area for councils. She also highlighted that small local groups supporting people with autism are struggling to find funding; Adult Safeguarding Boards promote a lot of good practice and learning; there is a need for more training of frontline staff; and the potential to extend Woking's autism champions model.

12. The LGA's engagement with the Government's Think Autism Strategy reflects our joint leadership of the Transforming Care Programme and other relevant policy issues. For example, although people living in long-term supported housing won't be affected by the Government's proposals for supported housing, they will have to migrate from Housing Benefit to Universal Credit, and we are seeking clarification on how this will be managed.

**Implications for Wales**

13. The Government's Think Autism Strategy is for England only.

**Financial Implications**

14. There are no financial implications for the LGA.

**Next steps**

15. LGA will continue to represent councils' interests at the Autism Strategy Board and Task and Finish Groups and will work with the Association of Directors of Adult Social Services to influence next year's refresh of the strategy, drawing upon the latest self-assessment.

# Community Wellbeing Board policy positions

**Purpose of report**

For discussion.

**Summary**

This overview report sets out the Board's headline policy positions across its range of activity areas. It is provided as a general update as part of on-going policy development work, but also for those Board Members who may be attending the LGA Annual Conference (3-5 July, Birmingham), at which health and social care are likely to be prominent agendas.

**Recommendations**

That the Board discusses, develops and confirms the range of policy positions set out within this report.

**Actions**

Officers to further refine the Board's policy positions in light of Members' comments.

**Contact officer:** Mark Norris

**Position:** Principal Policy Adviser

**Phone no:** 0207 664 3241

**Email:** mark.norris@local.gov.uk

# Community Wellbeing Board policy positions

## Background

1. In September 2017 the Community Wellbeing Board held the first meeting in its annual cycle. At this, the Board discussed and agreed priorities for 2017/18. Since then, officers – working closely and regularly with Board Lead Members – have worked to promote associated policy messages in numerous settings including Parliament, the national media and Whitehall.

2. The LGA has been successful in securing good coverage and profile of the Board's priorities and they are likely to feature prominently in discussions at the LGA Annual Conference in July. With the conference only a few months away, it is suggested that now is a good time to review the LGA's policy messages in this area to ensure they reflect Members' views. This will be helpful preparation for Annual Conference and will also help ensure the LGA's full range of lobbying and influencing work remains rooted in Members' views for the remainder of the Board year (to September).

## Future of integration

3. The care and support green paper is an important opportunity for the Government to restate its national support for joining up care and support to promote better health and wellbeing outcomes.

4. We strongly support a place-based, person-centred approach to joining up care and support in order to achieve better health and wellbeing outcomes.

5. The care and support model for joined up services needs to be built on community based services that promote health, wellbeing and independence and enable individuals to maximise and maintain their own health, and when they need care and support to exercise choice and control.

6. Joining up health and care services needs to be locally led by health and local government partners who have parity of esteem. Local government and adult social care provide vital services in their own right and should not be seen simply as a way of reducing pressure on NHS acute services.

7. There need to be clear, inclusive and local governance and accountability of plans for person-centred and place based care and support. The role of national Government, regulators and other national agencies is to support and enable local leadership, not control or performance management local plans.

8. The LGA is working with NHS Confederation, NHS Clinical Commissioners, NHS Providers and ADASS to review progress on integration since we launched our shared vision in 2016. This will identify the levers and barriers, assess progress, highlight good practice and make recommendations on local and national action to make positive progress to join up care and support to improve health and wellbeing outcomes.

Local Government Association

**Better Care Fund**

9. The LGA has consistently prioritised working with Government and NHS partners to support local areas to use the Better Care Fund (BCF) as a vehicle to escalate the scale and pace of integration. In some areas the BCF has provided the necessary impetus for health and care to work more effectively and consistently to provide joined up care and support. However, in others that were already working well together, innovation and creativity have been stifled by the bureaucratic and top-down nature of BCF.

10. The LGA has become increasingly concerned about Government and NHSE interventions to narrow the focus of BCF on reducing delayed transfers of care. The threat of a review of funding allocations if associated targets are not met, is completely unacceptable to local government. The increasing national influence and the narrowing of focus of BCF has undermined local leadership of integration in many areas.

11. The LGA is calling for a return to the original intentions of BCF, which is to maintain adult social care funding and to encourage local health and care partners to join up provision to maintain people's health, wellbeing and independence.

12. Furthermore, to enable all areas to move beyond the BCF and transfer money directly to councils, with leadership from health and wellbeing boards to work with local health leaders to set their own ambitions and plans for integration. We will work, as far as possible, with health partners to take forward our vision for integration as outlined in Stepping Up To The Place and to shape the national agenda for place based leadership to replace top-down and inappropriate national targets.

13. We will work with national health partners to press for a single outcomes framework for the health and care system and a system of performance management, which is light touch and locally driven.

**Sustainability and Transformation Partnerships, new models of care and integrated care systems**

14. The LGA supports the intentions of Sustainability and Transformation Partnerships (STPs) to develop place-based partnerships to implement plans to improve health and wellbeing outcomes, improve quality and safety and ensure the financial sustainability of local health and care systems. However, in practice STPs have been dominated by the financial challenges faced by the acute health sector. In most areas there has been little attempt to engage councillors in a meaningful way in the development of STPs and, as a consequence, most councillors have little confidence that STPs will achieve their objectives.

15. We are committed to working with our national health partners to improve relationships and mutual understanding between councillors and STP leads. We will work with colleagues in the Care and Health Improvement Programme (CHIP) to support councillors to improve their understanding of STPs in order to make an effective contribution. We will also work with NHSE and others to ensure that STP leads fully appreciate the need for local accountability and wider political and public engagement.

16. We are continuing to work with CHIP colleagues and NHSE to ensure that the wider implementation of the new models of care and the roll out of integrated care systems fully involve local government in recognition of the important contribution of public health, prevention and social care and support to improving health outcomes and reducing the demand on acute health services. Furthermore, all new models of care and Integrated Care Systems (ICSs) need clear and inclusive local governance and accountability arrangements to ensure that they can be held to account by local people, through health and wellbeing boards.

17. We will continue to represent the interests of local government to NHSE as they development a national contract for accountable care organisations (ACOs) and in the forthcoming consultation on the draft ACO contract. In particular we will be clear that, as far as possible, the ACO contract should enable local government to be an equal partner in the operation of ACOs.

**Personalisation**

18. The LGA is strongly committed to making sure that individuals who need care and support are equal partners in planning their support and are able to operate choice and control.

19. The LGA continues to play a leading role, with NHSE, in promoting personalised care and support, in particular through the Personalised Care Programme.

20. In principle, we support the Government's recent proposal to escalate the scale and pace of personalisation in the NHS by extending the right to a personal health budget or an integration personal budget for specific groups of people. The proposals are a significant opportunity to further catalyse health and social care integration. Extending integrated personal budgets is one way in which we can further help the shift towards meeting people's complex needs in a more holistic way. We will seek to reflect the views and interests of local government in responding to the consultation.

**Adult social care current challenges**

21. The LGA estimates that adult social care has had to close a funding gap of £6 billion since 2010. Looking forward, the LGA estimates that local government faces an overall funding gap of over £5 billion by 2020. As of March 2018, our analysis shows that gap for adult social care will be £2.2 billion. This includes: £900 million just to cover the unavoidable core cost pressures of demography, inflation and the National Living Wage; and an immediate and annually recurring minimum of £1.3 billion to stabilise the provider market.

22. This funding gap does not include any costs associated with provision for existing unmet or under-met need, or other known pressures such as the historic, current and future costs associated with 'sleep-ins' payments.

23. Any reforms emanating from the green paper that bring in significant additional funding will take time to deliver. Interim funding will therefore be needed until well into the next Spending Review period in order to achieve sustainability and quality. Without such

funding, we risk implementing reforms onto a system that is further destabilised by financial pressures.

24. Any funding still earmarked for implementing phase two of the Care Act (cap on care costs) previously scheduled for 2020 should be invested into the care system now to tackle immediate pressures.

**The care and support green paper**

25. The state of adult social care funding is so serious that (in addition to the measures already put in place) all funding options should be considered. This needs to generate substantial new additional national funding to stabilise the existing system and to take pressure off the NHS. Local council tax payers should not be expected to pay to fix a national funding problem.

26. Any new national funding should be distributed according to need and link to new fair funding arrangements. It must also go directly to councils to avoid the risk of any such funding going through the NHS, as this would likely then be used to respond to urgent and short-term needs in the acute sector, rather than building essential preventative support in social, community and primary care.

27. Councils have an excellent track record in delivering improvements, including changes which support the NHS such as reducing delayed transfers of care attributable to social care. There is much more potential to reduce pressure on the NHS through falls prevention and other activities which help keep people out of hospital. There is also much the NHS could learn from local authorities' excellent track record on managing spending efficiently and within tight budgets.

28. Funding changes (whether to national taxation, charging, benefits and entitlements) should be considered alongside reforms which help to manage and share risk over people's lifetimes, to look at the overall impact on different groups.

29. Funding arrangements should not be confused with decisions about how health and care systems are organised in terms of governance and accountability. A new 'health and care tax', for example, could easily be used to fund social care through existing mechanisms and does not require structural changes, such as a single health and care system.

**Child Obesity Plan**

30. Fundamental reforms are needed to tackle childhood obesity. This includes councils having a say in how and where the soft drinks levy is spent, increasing physical activity outside school, better labelling on food and drink products, and for councils to be given powers to control junk food advertising near schools.

31. The National Planning Policy Framework makes it clear that the planning system can play an important role in creating healthy, inclusive communities. For some years, a number of local authorities have been using their planning powers to try to restrict the growth of hot food takeaways near schools and in town centres. There are now over 50 councils which have introduced policy restrictions on fast food outlets. One obstacle

however, is that councils' planning powers can do nothing to address the clustering of fast food outlets that are already in place.

32. Further research and perhaps legislative change may be required before an effective redesign of damaging food environments can be achieved.

**Prevention Transformation**

33. The LGA continues to support councils make the case for public health; demonstrate how public health is being embedded across all services councils deliver and to promote the crucial role leadership role of elected members in the delivery of public health services.

34. We support local authorities with evidence based and cost effective ways to address health and wellbeing priorities and reduce health inequalities.

35. The LGA continues to represent the sector at senior stakeholder events and in meetings with ministers and officials.

36. The LGA supports local authorities in developing integrated children and young people's services as part of their commissioning responsibilities for children 0-19.

**Public Health Funding**

37. The LGA continues to lobby to reverse the £600 million planned cuts to the public health grant by 2019/20 and to develop a long term funding strategy for public health and wider prevention funding.

**Health Inequalities**

38. Deprived communities experience poorer mental health, higher rates of smoking and greater levels of obesity than the more affluent. They spend more years in ill health and die sooner. We have been exploring how social and economic factors lead to long term ill health and premature death for the most deprived; and what local government can do about it.

**Vulnerable people**

39. Lobbying Government for genuinely new funding so that councils can meet the historic, current and ongoing costs arising from sleep-ins without adversely affecting the services that people rely upon.

40. Highlighting that the proposed local grant for short-term supported housing must be sufficient now and in the future, so that investors have the confidence to bring forward supply.

41. Arguing for fully funded local mental health services and pressing for the Independent Review of the Mental Health Act to better reflect preventing people from reaching crisis point and the role of councils.

42. Working with ADPH to press DHSC to adopt a sector-led approach to supporting the implementation of local suicide prevention plans.

43. Raising awareness about the importance of supporting healthy ageing and independence, especially in relation to housing and the impact on unpaid carers.

44. Sharing examples of good post diagnostic care and support for people affected by dementia, including dementia friendly councils.

45. Emphasising the importance of support to working age adults with social care needs, especially autism and/or learning disabilities, within the social care green paper.

**Armed Forces Covenant**

46. Working with the Ministry of Defence and the Cabinet Office on the support councils give to the armed forces community and veterans.

47. Supporting Armed Forces Covenant council officers to develop a network to share good practice and improve the flow of local to national information on Covenant issues.

**Implications for Wales**

48. Health and social care policy are devolved to the Welsh Assembly so this paper and the proposals are not relevant to Welsh member councils.

**Financial Implications**

49. There are no financial implications.

**Next steps**

50. The Board is requested to discuss, develop and confirm as appropriate the range of policy positions set out within this report.

Community Wellbeing Board

09 May 2018

# Update on Other Board Business

**Purpose of report**

For information and comment.

**Summary**

Members to note the following updates including the following:

- Roundtable on Community Contributions in Later Life
- Ministerial Roundtable on Carers at the DHSC
- Ministerial Roundtable on tackling loneliness
- Children of alcohol dependent parents

**Recommendations**

Members of the Community Wellbeing Board are asked to:

1. **Note** the updates contained in the report.

**Action**

As directed by members.


| | |
|---|---|
| **Contact officer:** | Mark Norris |
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Local Government Association

Community Wellbeing Board

09 May 2018

# Update on Other Board Business

**Roundtable on Community Contributions in Later Life – Cllr Claire Wright**

1. On 28 March Cllr Claire wright attended a roundtable on Community Contributions on Later Life. The roundtable is part of the Review of Volunteering and Community Contributions in Later Life that is being undertaken by the Centre for Ageing Better, in partnership with Department for Digital, Culture Media and Sport (DCMS). The review's remit is to explore how to enable more people to contribute their skills, time and knowledge to their communities in later life, with a focus on how to increase participation among underrepresented groups e.g. poorer people and those in poor health / living with long term health conditions. Cllr Seccombe also chaired a previous local government themed roundtable as part of the review.

**Ministerial Roundtable on Carers at the DHSC – Cllr Claire Wright**

2. On 14 March Cllr Claire Wright attended the Ministerial Roundtable on Carers at the DHSC chaired by Caroline Dineage MP.

3. Minister confirmed the Carers Action Plan would be published "just after Easter." It was confirmed that it will be linked to the social care green paper**.** Attendees were all invited to make points about what we wished to be included in the paper, to the minister.

4. Cllr Wright reported that the LGA recognises and welcomes its responsibilities under the Care Act, that it was very important to the LGA and councils that the Carers Action Plan was realistic and achievable given the significant rise in demand coupled with the significant funding cuts.

**Ministerial Roundtable on tackling loneliness – Cllr Graham Gibbens**

5. Tracey Crouch MP, Ministerial lead for loneliness, hosted a roundtable discussion on 18 April to provide an update on the government's plans to tackle loneliness and to seek suggestions on the vision and priorities for the national strategy on loneliness.

**Children of alcohol dependent parents**

6. New plans announced by health and social care secretary Jeremy Hunt will help identify at-risk children more quickly, and provide them with rapid access to support and advice. The package of measures is backed by £6 million in joint funding from the Department of Health and Social Care and the Department for Work and Pensions. It is designed to help an estimated 200,000 children in England living with alcohol-dependent parents.

7. Public Health England (PHE) will finance up to eight local authorities to implement innovative, evidence informed interventions to improve outcomes for children whose parents are dependent on alcohol. Areas will be selected by the autumn.

8. PHE estimate 200,000 children living in households with an alcohol dependent adult. An estimated three in four adults with alcohol dependency who were living with children, did not have their treatment needs met last year. Parental alcohol dependency is associated with child maltreatment and poor outcomes. Between 2011 and 2014 parental alcohol misuse was recorded as a factor in 37 per cent of cases where a child was seriously hurt or killed, often alongside mental ill-health and domestic violence. 85,000 referrals to social services involved parental alcohol misuse in 16-17.

9. It is envisaged that the eight local authorities selected will develop:

    9.1. Access to earlier help and targeted interventions should help to reduce longer term harms to children of dependent drinkers.

    9.2. Intensive case management for parents. Including outreach, care coordination, facilitated access to treatment services including transportation and/or onsite services, and the provision of child care.

    9.3. Parental support programmes including mentors working alongside social workers, schools and other professionals can improve outcomes both in relation to parental alcohol use and children not going into care.

    9.4. Support to improve the quality of the parental relationship, alongside traditional treatment services - evidence indicates that outcomes for parents and children can be significantly improved compared to treatment offered on its own.

# Note of last Community Wellbeing Board meeting

| | |
|---|---|
| **Title:** | Community Wellbeing Board |
| **Date:** | Wednesday 21 February 2018 |
| **Venue:** | Westminster Room, 8th Floor, 18 Smith Square, London, SW1P 3HZ |

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

| Item | Decisions and actions |
|---|---|

## 1 Welcome, apologies and declarations of interest

Apologies were received from Cllr Linda Thomas and Cllr Jonathan Owen. Cllrs Robin Moss and Elaine Atkinson attending the meeting as substitutes. Cllr Thomas had recently been appointed Leader of Bolton Council. Board members noted their congratulations in her absence.

The Chair also noted that Cllrs Jonathan McShane and Lynn Travis would be standing down at the forthcoming local elections and they were thanked for their attendance at meetings and the vaule and input they had put into the Board.

There were no declarations of interest.

## 2 The Independent Review of the Mental Health Act

Mark Trewin, Bradford Council, and Andy Bell, Centre for Mental Health, attended the meeting to give Board members an overview of the independent review of the Mental Health Act.

They outlined the scope of the review and the structure of the review team, noting that an interim report was due to be delivered in May or June, and that the final report due to be published later in the year would detail how the Mental Health Act should be updated. The aim of the review was to identify the main issues with the current legislation and offer recommendations as to how it should be improved. An advisory group of around 40 people, including social workers, police officers, service users and more, would be asking what the Mental Health Act was for, how it should be run in the future, how rights and risks should be balanced, and how service providers could focus on prevention. The review team would also be looking to simplify Section 117.

In the discussion which followed, Members raised the following points:

- Local authorities have a key role to play in mental health care but there was no-one representing local government on the advisory group. Members recommended that an LGA Board member and an officer should be consulted as part of the review.

- Members voiced concerns about the increase in detention rather than

treatment, and wondered if this was a possible impact of cuts to funding and reduced resources. The lack of funding was also raised as a general issue, and comments were made about the need to clarify and simplify the Section 117 process and Deprivation of Liberty Standards (DoLS).

- Points were raised about prevention of mental health crises, and how services ensure they do all they can to prevent low level mental health issues from spiralling. Members noted that those in crisis may be able to attend a few free counselling sessions but would then be referred to another service which needed to be paid for. Those who would most benefit from such a service often cannot afford to pay.

- Members wanted the review to recognise the role of prisons in the use of the Mental Health Act and the fact that the criminal justice system, police, fire and ambulance services were all important partners. In terms of prisons, members noted that existing mental health service provision in prisons is disjointed and that if someone needed to be detained in the community, it would happen within hours but it can take up to two weeks in prisons.

- Young people's use of social media was discussed and members felt it was vital to consider the effects it could have on mental health.

- The transition between children's and adults' services needed to be considered and members felt the review needed to be linked with CAMHS.

- Housing providers play a key role in supporting people with mental health difficulties in the community. Members felt that the local housing allowance cap on rent cutting off after two years did not work for those with severe mental health needs.

- Caring for people with personality disorders in the community was a concern for councils. Members wanted to know if the review would address personality disorders. Questions were also asked about whether the review would think about how the Mental Health Act worked for those with autism and learning disabilities.

**Decision**

The Board **noted** the presentation.

**Action**

Officers to send a list of members' comments to the review team.

## 3 Future of health and social care

The Chair welcomed speakers to the session and invited Tom Kibasi, Director of IPPR to outline the scope and purpose of the Lord Darzi review into the future of health and social care.

Tom Kibasi outlined the nature of the review, explaining to Members that the review team were looking at what the current system looks like, what progress had been made to date, what had been learnt from setback and challenges, and what the likely solutions could be, as well as what the future funding requirements could be given the

current gap in resources, which is larger for social care than it is for health. Tom advised members that the review was in its analytical stage, that an interim report was due in April, with a final report due in June. He noted that the key questions were what the state of care was currently, what had happened to quality and safety of care, and the equity of provision, what the impact of demographic changes were and how technology could be used to improve provision and services.

David Pearson from Nottinghamshire County Council is one of the independent experts sitting on the advisory group for the Darzi Review and attended the meeting alongside Caroline Abrahams from Age UK, and Julie Das-Thompson from NHS Clinical Commissioners. Alyson Morley, LGA Senior Adviser, noted that the purpose of this item was to bring together three distinct but overlapping themes – the IPPR Review, the Green Paper and future funding – and to seek members' views in order to clarify LGA messages on what a joined up health and social care system might look like.

Members made the following comments:

- None of the members of the advisory group of the Darzi Review had a social care background. Although some on the panel may have experience of managing social care, they would likely have a different perspective from professional social workers. It was also noted that there was no representation from an elected member on the panel. Members strongly supported the idea of elected member engagement.

- It was also suggested that citizens and service users needed to be engaged in this debate and Members encouraged the IPPR to find ways of encouraging patients and the public to feed in their views. Julie Das-Thompson of the NHS Clinical Commissioners also noted that they had not been consulted nor were aware of the Review. Tom Kibasi explained that the IPPR was an independent charity with a small budget and so did not have the resources to engage everyone, but he encouraged people to respond to the call for evidence.

- Members were concerned that it would be difficult, given the timescales and resources available, to give sufficient consideration to all seven questions set out by the Review in respect of health *and* social care. There were a number of NHS experts on the panel but few who could advise on adult social care and public health. Members wanted to ensure that adult social care was given sufficient recognition within the review.

- A discussion was had about the lack of reference to the role of public health and prevention in the scope of the Review, and it was felt that the Review needed to consider how to move from a model of health and care which focuses most resources on treating sickness to one which invests in promoting good health throughout life.

- Housing was discussed, and Members made it clear that appropriate housing had a vital contribution to play in enabling people to live independently. Care staff also need somewhere to live but were being priced out of the market in many areas.

- The role of the third sector was discussed and Members suggested that the Review considers the role of the third sector in providing support for people who would otherwise rely on statutory health and social care services. Caroline Abrahams from Age UK agreed on this point and noted that while the

third sector does a huge amount and would like to do more, it also suffers from a lack of resources.

- Members spoke about the role of carers and how unpaid carers' contributions should be considered by the Review, as well as how better to support them in fulfilling this vital role.

**Decision**

Members **noted** the update.

**Actions**

1. Officers to write to Tom Kibasi summarising members' comments, suggesting which CWB Member should join the Advisory Panel, and thanking him for his attendance.

2. Officers to brief LGA Chief Executive, Mark Lloyd, on the Board's discussion.

3. Officers to draft the LGA's submission to the IPPR call for evidence.

## 4 Children and Young People's mental health services (CAMHS)

Samantha Ramanah, LGA Adviser, outlined the draft submission to the consultation on the Green Paper on Children and Young People's Mental Health Provision and noted which aspects of the Green Paper were welcomed, and which there were some concerns about. Samantha suggested that the focus on early intervention and the additional £300 million in funding was welcomed but that there were some concerns about adding complexity to an already complex system, and the lack of ambition in relation to the waiting time standards.

Officers sought the views of Members and the following comments were made:

- The proposals to introduce mental health support teams and in-school counsellors was welcomed but some concerns were raised including: how these would be funded given the financial burden many schools are already under; how home schooled children would be supported; the number of young people with mental health problems who do not attend school or have been sent to Pupil Referral Units; whether this would also cover primary schools; and what support would be available during school holidays.
- Members expressed concern that many who offer talking therapies are in training rather than professionals. Members felt that there needed to be a fully trained person to be the point of contact for children, ensuring that teachers were not expected to offer counselling on top of their teaching work. It was noted that pastoral work in schools was not the same as counselling.
- A discussion was had about the transition between childhood and adulthood, and some concerns were expressed about waiting times for care leavers once they had turned 18.
- The impact of social media was noted and members felt that counsellors would be well placed to pick up on developing problems such as psychosis, but that there was a problem with recruitment and the low number of people looking to specialise in this field.

Officers noted Members' comments and suggested that while this Green Paper would

not solve all of these problems, it was a step in the right direction.

**Decision**

Members **noted** the contents of the draft submission.

**Action**

Officers to revise draft submission to reflect members' comments.

## 5 Update on other Board business

Laura Caton, Senior Adviser, gave members a brief update on sleep-ins and noted that the Board's lead members had agreed to apply to intervene in the MENCAP court of appeal case. Laura advised members that DHSC was due to send a survey to councils to ask for details of costs associated with sleep ins and asked members to also send their authority's response to LGA officers.

**Decision**

Members **noted** the update.

## 6 Notes of the previous meeting

Members **agreed** the minutes of the previous meeting as an accurate summary of the discussion which took place.

**Appendix A -Attendance**

| Position/Role | Councillor | Authority |
|---|---|---|
| Chairman | Cllr Izzi Seccombe OBE | Warwickshire County Council |
| Deputy-chairman | Mayor Kate Allsop | Mansfield District Council |
| Members | Cllr Nigel Ashton | North Somerset Council |
| | Cllr Gareth Barnard | Bracknell Forest Borough Council |
| | Cllr Liz Fairhurst | Hampshire County Council |
| | Cllr Liz Mallinson | Cumbria County Council |
| | Cllr Sue Woolley | Lincolnshire County Council |
| | Cllr Graham Gibbens | Kent County Council |
| | Cllr Jonathan McShane | Hackney London Borough Council |
| | Cllr Lynn Travis | Tameside Metropolitan Borough Council |
| | Cllr Shabir Pandor | Kirklees Metropolitan Council |
| | Cllr Paulette Hamilton | Birmingham City Council |
| | Cllr Jackie Meldrum | Lambeth London Borough Council |
| | Cllr Rachel Eden | Reading Borough Council |
| | Cllr Doreen Huddart | Newcastle upon Tyne City Council |
| | Cllr Claire Wright | Devon County Council |
| Apologies | Cllr Jonathan Owen | East Riding of Yorkshire Council |
| | Cllr Linda Thomas | Bolton Council |
| | Cllr Richard Kemp CBE | Liverpool City Council |

# LGA location map

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Website: **www.local.gov.uk**

## Public transport

18 Smith Square is well served by public transport. The nearest mainline stations are: Victoria and Waterloo: the local underground stations are **St James's Park** (Circle and District Lines), **Westminster** (Circle, District and Jubilee Lines), and **Pimlico** (Victoria Line) - all about 10 minutes walk away.

Buses 3 and 87 travel along Millbank, and the 507 between Victoria and Waterloo stops in Horseferry Road close to Dean Bradley Street.

**Bus routes – Horseferry Road**

**507** Waterloo - Victoria

**C10** Canada Water - Pimlico - Victoria

**88** Camden Town - Whitehall - Westminster - Pimlico - Clapham Common

**Bus routes – Millbank**

**87** Wandsworth - Aldwych

**3** Crystal Palace - Brixton - Oxford Circus

For further information, visit the Transport for London website at **www.tfl.gov.uk**

## Cycling facilities

The nearest Barclays cycle hire racks are in Smith Square. Cycle racks are also available at 18 Smith Square. Please telephone the LGA on 020 7664 3131.

## Central London Congestion Charging Zone

18 Smith Square is located within the congestion charging zone.

For further details, please call 0845 900 1234 or visit the website at **www.cclondon.com**

## Car parks

Abingdon Street Car Park (off Great College Street)

Horseferry Road Car Park Horseferry Road/Arneway Street. Visit the website at **www.westminster.gov.uk/parking**