

Community Wellbeing Board

Agenda

Monday, 9 July 2018
2.00 pm

Smith Square 1&2, Ground Floor, 18 Smith
Square, London, SW1P 3HZ

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

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LGA Community Wellbeing Board

9 July 2018

There will be a meeting of the Community Wellbeing Board at **2.00 pm on Monday, 9 July 2018** Smith Square 1&2, Ground Floor, 18 Smith Square, London, SW1P 3HZ.

A sandwich lunch will be available before 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:

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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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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 Shabir Pandor	Kirklees Metropolitan Council
Cllr Paulette Hamilton	Birmingham City Council
Cllr Jackie Meldrum	Lambeth London Borough Council
Cllr Rachel Eden	Reading Borough Council
Vacancy	
Vacancy	
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

LGA Community Wellbeing Board Attendance 2017-2018

Councillors	28/9/17	29/11/17	21/2/18	9/5/18
Conservative				
Izzi Seccombe OBE	Yes	No	Yes	Yes
Nigel Ashton	Yes	Yes	Yes	Yes
Gareth Barnard	Yes	Yes	Yes	Yes
Liz Fairhurst	No	Yes	Yes	Yes
Liz Mallinson	No	Yes	Yes	Yes
Sue Woolley	Yes	No	Yes	Yes
Jonathen Owen	No	Yes	No	Yes
Graham Gibbens	Yes	Yes	Yes	Yes
Labour				
Linda Thomas	Yes	Yes	No	Yes
Jonathan McShane	No	Yes	Yes	N/a
Lynn Travis	No	Yes	Yes	N/a
Shabir Pandor	Yes	Yes	Yes	Yes
Paulette Hamilton	Yes	Yes	Yes	Yes
Jackie Meldrum	Yes	Yes	Yes	Yes
Rachel Eden	Yes	Yes	Yes	Yes
Lib Dem				
Richard Kemp CBE	Yes	Yes	No	Yes
Doreen Huddart	Yes	Yes	Yes	Yes
Independent				
Mayor Kate Allsop	Yes	Yes	Yes	Yes
Claire Wright	Yes	Yes	Yes	No
Substitutes/Observer				
Olivia Sanders	Yes			
Rob Moss		Yes	Yes	

Agenda

Community Wellbeing Board

Monday 9 July 2018

2.00 pm

Smith Square 1&2, Ground Floor, 18 Smith Square, London, SW1P 3HZ

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Date of Next Meeting: Thursday, 27 September 2018, 11.00 am, Westminster Room, 8th Floor, 18 Smith Square, London, SW1P 3HZ

The Adult Social Care Workforce – activity in 2018/2019

Purpose of report

For discussion.

Summary

This paper summarises the key challenges in the adult social care workforce, identifies key national reporting and activity on the issue and sets out the role of the LGA in working with Government and other organisations at a national level to facilitate developments at a local and regional level.

Recommendations

Members of the Community Wellbeing Board are asked to;

1. Note the current LGA activity on the adult social care workforce;
2. Discuss and develop the LGA's key messages on the adult social care workforce which need to be addressed in the care and support Green Paper; and
3. Agree that Lead Members of the Community Wellbeing and Resources Boards meet to discuss broader health and social care workforce issues and other local government workforce issues relating to health, including health visitors and public health.

Actions

Officers to incorporate the Community Wellbeing Boards comments into the LGA's key messages on the adult social care workforce.

Contact officer:	Jon Sutcliffe
Position:	Senior Adviser
Phone no:	0207 187 7320
Email:	Jon.Sutcliffe@local.gov.uk

The Adult Social Care Workforce – activity in 2018/2019

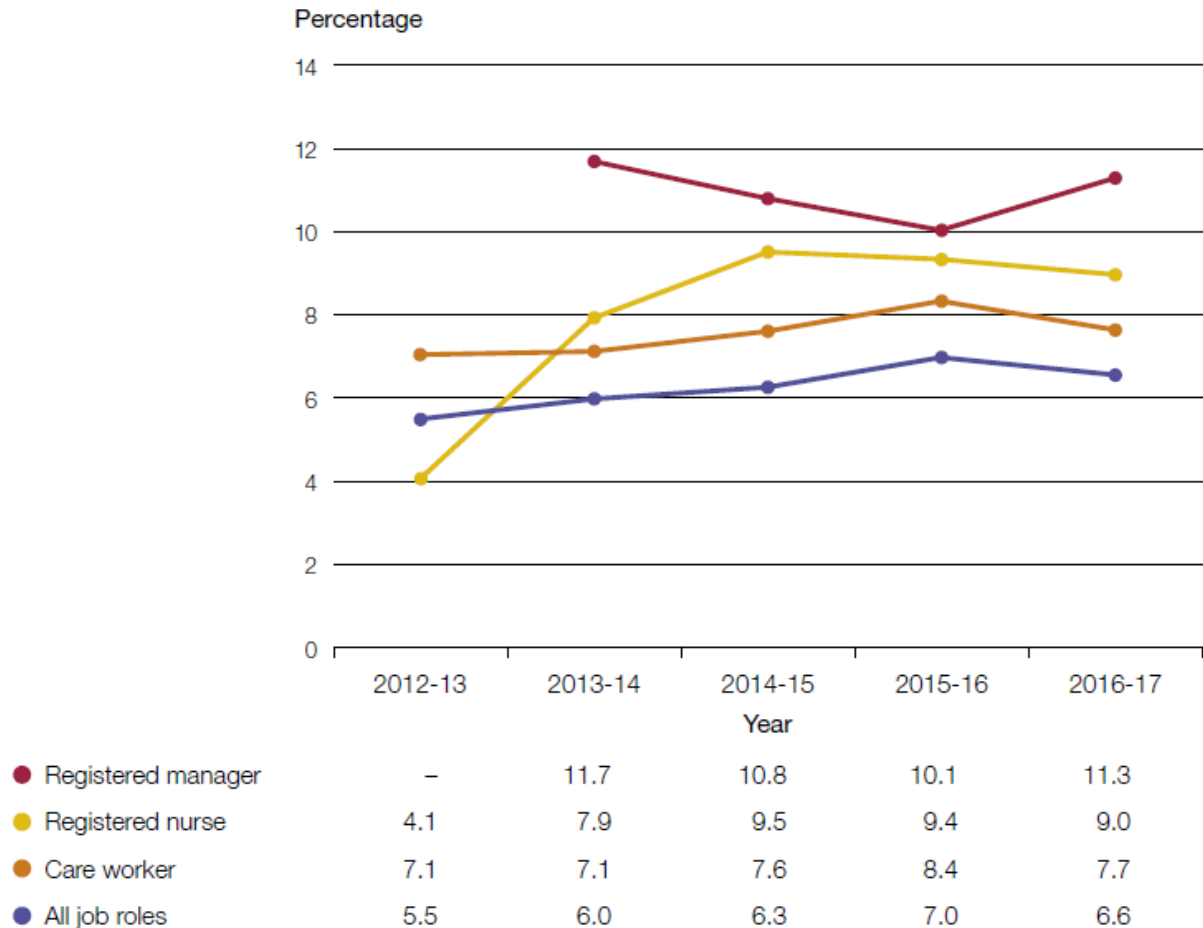
Background

Key workforce data

1. The National Audit Office (NAO) report published in March 2018 highlights some key indicators of the issues around turnover, vacancies and the failure to keep pace with demand. The main points are summarised below.
2. Turnover and vacancy rates across the social care workforce are high. In 2016-17, the annual turnover of all care staff was 27.8 per cent. The proportion of vacancies in care rose from 5.5 per cent in 2012-13 to a peak of 7 per cent in 2015-16, falling slightly to 6.6 per cent in 2016-17.
3. Two roles in particular – care workers and registered nurses – have high vacancy and turnover rates compared with other roles within social care. High vacancy rates and turnover can disrupt the continuity and quality of care for service users, and also mean providers incur regular recruitment and induction costs.
4. The vacancy rate for registered nurses in care more than doubled between 2012-13 and 2016-17 – from 4.1 per cent to 9 per cent - despite the overall number of jobs falling from 51,000 to 43,000. The NAO highlights the lack of prestige of working in care compared with working for the NHS and the poorer options for career and pay progression as having a major effect on vacancy levels.
5. Growth in the number of jobs has fallen behind growth in demand for care. The Department of Health and Social Care (DHSC) commissioned modelling based on 2014 data that suggested the number of full-time equivalent jobs in care would need to increase by around 2.6 per cent a year until 2035 to meet increased demand. However, the annual growth in the number of jobs since 2013 has been 2 per cent or lower. The failure of formal care to meet this increased demand may have contributed to the growth in individuals' care needs not being met. Age UK estimated that 1.2 million people over the age of 65 had some level of unmet care needs in 2016-17, up from 1 million in 2015-16.

Vacancy rates by role, 2012-13 to 2016-17

The vacancy rate for all care jobs was 6.6% in 2016-17



Notes

- 1 Vacancy rates are calculated by dividing the number of vacancies by the sum of employed staff and vacancies.
- 2 Data are not available for the vacancy rate for the role of registered manager for 2012-13.
- 3 'All job roles' includes all the job roles listed in Figure 2.
- 4 We have only compared all job roles with care workers, registered managers and registered nurses, as these are the three job roles with the highest turnover and vacancy rates where there are over 20,000 jobs.

Source: Skills for Care, *National Minimum Data Set for Social Care (NMDS-SC)*, 2016-17 workforce estimates

Issues

Workforce issues raised by councils

6. Although the LGA has a leadership role in working with national bodies and the Government to set the right enabling direction and context at a national level, it is only through local and regional partnership working that sustainable improvement can be achieved.

7. Colleagues from across the LGA, including the workforce team and regionally based advisers and officers in the community wellbeing policy team all report an increase councils concerns raising workforce issues as key risk. There is a great deal of local activity in fact and it is not always fully mapped. By way of an example, below is an issues log from the North West;
 - 7.1. Workforce issues are identified as the main risk factor for adult social care services by 22 of the 23 councils in the north west completing the adult social care risk tool;
 - 7.2. Almost 80 per cent of the social care workforce is not employed by councils;
 - 7.3. Turnover of senior managers is 7.7 per cent;
 - 7.4. Turnover of ASC social workers is 15 per cent;
 - 7.5. 34 per cent managers in councils are aged 55 and over so there is a clear need for succession planning;
 - 7.6. There are major issue with the health of the market – unattractive, low paid roles, poor career prospects, negativity about contribution and more ‘mistakes’ than positive successes receive national media focus leading to recruitment issues;
 - 7.6.1. Recruitment depends also on locality and competition from other employers, for example South Manchester airport offers more attractive employment opportunities;
 - 7.6.2. High levels of new recruits are leaving frontline care roles after four weeks employment;
 - 7.6.3. Evidence that nursing homes are reverting to residential-only provision due to difficulties in securing good nursing staff;
 - 7.6.4. Some providers are doing very little on learning and development due to time, cost and understanding; not all providers are large enough to have training strategies/departments; and
 - 7.6.5. Links are being made between quality teams and registered managers to identify needs because registered managers are identified as playing a key role in the future development of services.
8. Despite difficulties STPs do provide an opportunity to make the social care voice heard.

Role of the LGA

9. The role of the LGA is to represent the interests of councils as commissioners to ensure that progress is made on workforce improvement. This is not a simple task because of the many thousands of individual provider employers in the sector, to say nothing of

personal budget holders. Furthermore there are a number of different organisations with distinct responsibilities at a national level and this can present a challenge in coordinating activity.

10. The LGA is represented on the DHSC group charged with developing the national health and care workforce strategy and is seeking to ensure that the recommendations give proper weighting to social care and the importance of community based preventative support to maintain health, wellbeing and independence. We work closely Skills for Care (SfC) and ADASS to ensure coordination.
11. Skills for Care is responsible for leading workforce development in adult social care. The Care and Health Improvement Programme (CHIP) does not have a specific work-stream on workforce; instead CHIP supports SfC by working closely with the LGA's workforce team. The workforce team's primary remit covers the directly employed workforce but we are also developing our support offer to councils in their work with providers on workforce planning and development.

Implications for Wales

12. Whilst there are of course particular devolved arrangements around social care in Wales, Welsh councils as members of the LGA will have access to any information and advice developed by the workforce team

Financial Implications

13. There are no financial implications arising from this report.

Appendices

14. **Appendix A – National activity workforce**

Next Steps

15. The Board is requested to;
 - 15.1. Note the current LGA activity on the adult social care workforce;
 - 15.2. Discuss and develop the LGA's key messages on the adult social care workforce which need to be addressed in the care and support Green Paper; and
 - 15.3. Agree that Lead Members of the Community Wellbeing and Resources Boards meet to discuss broader health and social care workforce issues and other local government workforce issues relating to health, including health visitors and public health.

Appendix A - National activity on workforce

This appendix provides a summary of notable recent reporting and activity around the adult social care workforce at a national level.

NAO – ‘The adult social care workforce in England’ February 2018

Summary

1. Considers Department of health and social Care (DHSC) role in overseeing the adult social care workforce and assesses whether the size and structure of the care workforce are adequate to meet users’ needs for care now, and in the future, in the face of financial challenges and a competitive labour market.

Key points

2. Turnover and vacancy rates across the workforce are high (providers and commissioners have both raised concerns that low pay is a factor); growth in number of jobs has fallen behind growth in demand for care; CQC (2017) state that the sustainability of the provider market is ‘precarious’; care work is viewed by the public as low-skilled with limited opportunities for career progression; particular difficulty recruiting registered managers; 7 per cent of care workforce are non-British EEA nationals; DHSC does not have an up to date workforce strategy, roles and responsibilities of bodies involved in delivering care and not clear; in the absence of a national strategy, local and regional bodies are not taking a lead; DHSC cannot demonstrate that the sector is sustainably funded; four fifths of councils are paying fees below the benchmark cost; integration is not expected to significantly reduce the number of care jobs required.

LGA response for info: <https://local.gov.uk/about/news/lga-responds-nao-report-adult-social-care-workforce>

Health Education England – ‘Facing the facts, shaping the future’ December 2017

Summary

3. Draft workforce strategy and linked consultation (overseen by DHSC and SfC) seeking views and evidence on actions to tackle key challenges of: attracting and recruiting into the workforce; improving retention; improving professional development; role of regulation; ensuring effective workforce planning. Consultation to feed into a joint health and social care workforce strategy to be published summer 2018 (and will also inform forthcoming care and support green paper).

Public Accounts Committee – ‘The adult social care workforce in England’ May 2018

Summary

4. PAC report on workforce

- 4.1. DHSC has no credible plans for how care could be sustainably funded; DHSC is not delivering on its overarching responsibility for the care market; future immigration policy after leaving the EU will potentially affect the care sector; most people working in care are unregulated which limits the development of well-trained/professional workforce; low amount of funding given to SfC limits scope and reach of workforce development initiatives; workforce suffers from low pay and low esteem

LGA – ‘Why does adult social care matter?’ May 2018

Summary

5. first in a series of think pieces on the future of adult social care ahead of the summer green paper on care and support. Includes contribution from Lyn Romeo.

Further info: this, and all future think pieces, available here:

<https://www.local.gov.uk/about/campaigns/towards-sustainable-adult-social-care-and-support-system>

Jeremy Hunt speech ‘We need to do better on social care’ March 2018

Summary

6. Speech providing greater detail on the forthcoming green paper and setting out seven key ‘pillars’ of reform: quality; whole-person integrated care; control; workforce; supporting families and carers; sustainable funding with diverse market; security for all.

- 6.1. Care workforce are “modern day heroes” but need more “recognition of the value of this vital work and action on the wider set of challenges facing the workforce.

Speech available at <https://www.gov.uk/government/speeches/we-need-to-do-better-on-social-care>. LGA response: <https://www.local.gov.uk/about/news/lga-responds-details-social-care-green-paper>

Joint Health and Social Care Select Committee and Housing, Communities and Local Government Select Committee inquiry on long-term funding of adult social care

Summary

7. Inquiry into long-term funding to report June (tbc) and influence green paper.

Further info: (including transcript of recent LGA/ADASS oral evidence)

<https://www.parliament.uk/business/committees/committees-a-z/commons-select/housing-communities-and-local-government-committee/news/adult-social-care-evidence-17-191/>

Skills for Care/equivalent bodies from Scotland, Wales and Northern Ireland/LGA – ‘Economic Value of Adult Social Care’ June 2018 (phase 1)

Summary

8. provides an analysis of the added economic value provided by adult social care as a means of arguing for investment.

8.1. LGA co-commissioned a report with Skills for Care using various methodologies to identify the economic value added by social care to counter arguments that it is simply a net user of resources. UK-wide and home nation reports will be published soon and the LGA is working with Skills for Care to develop a series of mini-reports for the English regions as well as a tool that localities will be able to use to produce their own added-value calculations.

Cavendish Coalition – ‘Brexit and the Health and Social Care Workforce in the UK’

Summary

9. Likely to be published in the summer, it will provide a comprehensive analysis of the European workforce in health and care and looks at possible consequences of Brexit for supply.

9.1. The LGA is an associate member of the Cavendish Coalition, an umbrella group of health and care employer bodies set up to examine the implications of Brexit, which has commissioned research from the National Institute of Economic and Social Research. The report has yet to be finalised but it highlights that although the proportion of EEA nationals in social care is lower than in health, the proportion has been increasing over recent years, with implications for post-Brexit supply and skills development.

LGA – ‘Great people for growing places’ February 2018

Summary

10. Consultation on the strategy for the local government workforce.

10.1. Consultation focuses on five key themes as a focus for workforce transformation through to 2025: great leadership, organisational change and development, skills development, improved recruitment and retention, pay and reward. A response paper setting out LGA priorities resulting from the consultation will be published in the autumn.

Further information:

https://local.gov.uk/sites/default/files/documents/11.86%20Great%20people%20for%20growing%20places_LGA%20March%202018.pdf

Care and Health Improvement Programme 2018/19

Purpose of report

For information.

Summary

This report provides a brief overview of the Care and Health Improvement Programme priorities for 2018//19 and an update on its activities to achieve them.

Recommendations

That the Community Wellbeing Board note;

1. the agreed priorities for the Care and Health Improvement Programme and the high level activities that will be delivered for 2018/19;
2. the programme's recent notable achievements; and
3. progress on leading activities.

Action

Members to note the report and officers to take forward any member feedback.

Contact officer:	Andrew Hughes
Position:	Head of Care and Health Improvement Programme
Phone no:	07909 534 185
Email:	andrew.hughes@local.gov.uk



Care and Health Improvement Programme 2018/19

Background

1. The Care and Health Improvement Programme (CHIP) provides support to councils in England for social care, integration and health and digital improvement, as well as supporting the Transforming Care programme for people with learning disabilities and/or autism. It is the sector-led improvement programme for care and health, co-produced and delivered by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS).
2. CHIP is funded mainly by the Department of Health and Social Care (DHSC) with contributions from the NHS for some digital activity and Transforming Care. 2018/19 marks year two of the agreed three year programme.

Issues

3. DHSC has agreed to continue funding until March 2020 based on a set of priorities and our contribution to the Transforming Care Programme.
4. The three priorities are:
 - 4.1. risks and resources;
 - 4.2. care market quality and sustainability; and
 - 4.3. sustainable and integrated care and health systems.
5. The programme includes activity around: market and commissioning, financial risk, managing transfers of care, efficiency and sustainability, safeguarding, prevention and system leadership as well as BCF and integration with digital transformation embedded across the workstreams.
6. The following additional funding was also secured to:
 - 6.1. Support systems manage transfers of care by bringing together national partners to co-produce and co-deliver a support offer for councils and health partners experiencing challenges around delayed transfers of care and patient flow. This includes both a bespoke offer and universal support through national and regional events, access to an evidence base and weekly data collection and analysis. In addition, we are delivering an enhanced offer of diagnostic and sustainability support for the nine systems (across HWB footprints) which are experiencing the most challenges.

- 6.2. Support councils implement their ambitions for the Better Care Fund, including a Better Care Adviser Support Programme for the Better Care Support Team. This will also facilitate any BCF graduation support required and progress more advanced or integrated care systems.
7. Similarly we negotiated further three years' funding from NHS Digital to continue the [Social Care Digital Innovation Programme](#) into 2020/21. Designed to help councils develop local digital solutions to improve social care, the first wave of the programme in 2017/18 funded 19 innovative proposals. For 2018/19 a further 12 councils have been selected with proposal based around: efficiency and strengths-based approaches; managing markets and commissioning; and sustainable and integrated health and care systems.
8. Workforce was identified as a key issue for councils and at regional level. No additional funding was available and including this in the programme would have required de-prioritisation elsewhere. Negotiations with DHSC established that workforce Skills for Care is the responsible body in this area and CHIP should support its lead. Workforce activity will only be picked up where it is a significant part of our commissioning and integration activity. We are working closely with the LGA Workforce Team to address any workforce issues that arise.
9. CHIP's recent notable achievements include:
 - 9.1. Liaising with a wide range of agencies to support councils put in place contingency plans to ensure the continuity of care in the face of the potential collapse of Allied Healthcare. While these plans were not ultimately required, it has increased awareness and vigilance to provider failure in a very fragile care and support provider market. It will also contribute to emerging LGA wide plans to support councils in the event of provider failure. We also provided advice and support to central government on its handling of the issue and to ensure the local government perspective was represented and reflected in any subsequent action.
 - 9.2. Ongoing delivery of the Better Care Advisers/Multidisciplinary Consultants Support Programme on behalf of the Better Care Support Team, working with local systems to progress integration locally. Provided councils/partners with assistance to ensure all achieved a compliant Better Care Fund plan with additional support through the assurance and escalation process for those affected. We continue to engage in national negotiations to represent the local government perspective with central government and health and care stakeholders.
 - 9.3. Publication of the integrated commissioning for better outcomes framework, a practical tool to support councils and NHS commissioners improve commissioning outcomes. It covers four areas: building the foundations; taking a person-centred, place-based and outcomes-focused approach; shaping provision to support people, places and populations; and continuously raising the ambition.

- 9.4. Securing a revised Funding Transfer Agreement removing a barrier to funding flows from NHSE specialised commissioning to local systems. Model S75/256 agreements for use by local Transferring Care Partnerships have been finalised to address a further concern.
10. Milestone achieved. CHIP has now provided a level of support to all 150 councils with adult social care responsibilities whether through advice and guidance, one-to-one mentoring, tailored support to a council or local system, regional workshops or national events.
11. Key CHIP activities have progressed through:
- 11.1. Research published as [*'Why not home? Why not now?'*](#) evidencing that delayed transfers of care are symptoms of wider efficiency problems including;
 - 11.1.1. improved ownership of the patient's journey and outcomes;
 - 11.1.2. leadership and staff behaviours that cross the boundaries between health and care and put the patient first;
 - 11.1.3. consistency in decision making; and
 - 11.1.4. measuring and focusing on the right things.
12. Completion of 12 out of 14 intensive delayed transfer of care diagnostics conducted as part of the national partners' (LGA, NHSE, MHCLG and DHSC) enhanced support offer led by CHIP. Feedback from these will inform the second half of the programme, reporting findings in the autumn on how to improve patient flow and reduce delayed transfers of care.
13. Weekly data collation and dissemination for delayed transfers of care to support regional and national discussions which has identified some of the key challenges facing local systems including: residential and nursing capacity, homecare capacity, housing availability
14. Support to a number of care and health integration initiatives such as:
- 14.1. Piloted support tools as part of the Sizing the Prize intervention to help local areas identify the case for change and next steps for local integrated care; and
 - 14.2. Delivered three workshops around good council-NHS working as part of the Integrating Better Programme with a tool and case studies to follow.

- 14.3. Continuing work to capture local care market information on the provision of care for older people and those with learning disabilities. The resulting national dataset will inform thematic and trend identification. It will allow local and regional analysis and, along with bespoke support packages, will support councils to improve their social care commissioning, market position statements and plans for dealing with provider failure.
- 14.4. Ongoing facilitated risk self-assessment and bespoke support leading to a better understanding of strategic risks as well as user needs and motives. Plus tailored, facilitated sessions on financial risk as requested.
- 14.5. A tailored regional workshop on efficient use of resources focusing on managing demand and strengths based approaches. This model will be rolled out to other regions.
- 14.6. Finalisation of the Making Safeguarding Personal outcomes framework to enable DASSs and Safeguarding Adults Boards to identify their impact in helping people to keep safe, assess progress in implementing MSP and compare themselves with others.
- 14.7. An annual HWB Chair and Vice Chair Summit co-produced with NHS Clinical Commissioners, targeted political and clinical leaders in health and care attracting over 60 delegates.
- 14.8. Responsive system leadership development programme working with clinical and political leaders on policy and leadership challenges. Development of tailored regional networks to address local leadership issues.
- 14.9. Ongoing delivery of the system wide care and health peer challenge programme evolving the model to fit local needs including across multiple Health and Wellbeing Boards and different footprints
- 14.10. Supporting the Prevention at Scale programme and exploring the feasibility of larger scale interventions as the 12 test sites work to deliver their local initiatives. Tailored support alongside networks and a masterclass academy bringing all areas together to access the Leadership Centre, Public Health England and Design Council expertise.



14.11. Delivery of over 20 Prevention Matters training session for elected members to explore their role and the potential impact of a stronger focus on early intervention.

14.12. A national digital summit in collaboration with NHS Clinical Commissioners and with the support of NHS Providers. Seventy six delegates attended 'Delivering Health and Care in a Digital Age', including representatives from thirty one councils, to explore the opportunities for digital transformation and encouraging its adoption.

15. CHIP activities in development feature;

15.1. guidance on contingency planning supported by processes and templates;

15.2. programme of national and regional events to improve patient flow and reduce delayed discharge;

15.3. peer review for those systems experiencing challenges around patient flow;

15.4. refreshed Shaping Up to the Place and accompanying tools and support; a place based vision for a fully integrated care and health system co-produced by ADASS, NHS CC, NHS Confed and the LGA;

15.5. twelve case studies and supporting materials on how local government and the NHS can work better together for NHSE's System Transformation Group;

15.6. a collective approach to measuring value for money in adult social care;

15.7. evidence base of sustainable approaches that demonstrate efficient use of resources;

15.8. thematic studies on efficiency and sustainability to support sector led improvement;

15.9. the NHS collaboration support programme developing existing support offers such as the facilitated integration toolkit and peer challenge for STPs and ICSs; and

15.10. toolkit to support the commissioning of high quality care and support in the community for people with learning disabilities and/or autism.

Implications for Wales

16. There are no implications for Wales. Programme funding covers England only.

Financial Implications

17. DHSC has agreed to continue funding until March 2020 although with a reducing budget

18. The Transforming Care work is due to close by 31 March 2019.

Appendices

19. **Appendix 1 – Care and Health Improvement Programme 2018/19 slides.**

Next steps

20. That the Community Wellbeing Board notes the agreed priorities for the Care and Health Improvement Programme and the high level activities that will be delivered for 2018/19.

Care and Health Improvement Programme

2018/19 Programme

Andrew Hughes
Head of Care & Health Improvement Programme

Agenda Item 3

Sector-Led Improvement for Care and Health

Care and Health Improvement Programme Framework 2018/19

Priorities

Page 20

Workstreams

**Risk &
Resources**

Financial & systems risk

Efficiency & strengths
based approaches

**Care market
quality &
sustainability**

Effective commissioning /
managing markets

Safeguarding

**Sustainable &
integrated care
& health
systems**

Systems leadership

Prevention

Approaches to
integration / BCF

Critical flow issues
(DIOC)

Transforming Care

**Local Investment
Programme**

Digital

Agenda Item 3

Risk and resources

Key deliverables:

- High level bespoke support to the most financially challenged
- Promote Use of Resources Peer Challenge
- Update the risk awareness tool
- Regionally based efficiency and asset based learning and support networks
- Targeted support by efficiency experts

Care markets and sustainability

Key deliverables:

- Understanding local care markets and predicting future demand
- Market failure contingency planning
- Improving Market Position Statements and conversations with providers
- Commissioning home care
- Promoting Commissioning for Better Outcomes and Making Safeguarding Personal

Sustainable and integrated care & health

Key deliverables:

- HWB induction sessions, Leadership Essentials, annual summit and tailored support
- Health in All Policies peer support
- Prevention at Scale test sites and Master Classes
- Develop evidence base for good models of sustainable services
- Facilitated integration workshops; inc. finance modules and pilot models of care models
- Changing the service model; Support design of effective integrated systems
- Better co-ordinate NHS commissioning of social care
- Transforming Care; identify and resolve funding issues, housing strategies; Toolkit to deliver improvements to quality and market shaping



Support for political leaders and reaffirming the position of Health and Wellbeing Boards

Purpose of report

For discussion.

Summary

Health and Wellbeing Boards (HWBs) are in their fifth year and the environment they operate in has become more pressured and complex. HWBs are uniquely placed through their statutory basis, democratic accountability, roots into and knowledge of the local community and its needs, ability to link to the wider determinants of health and set a long term vision for the place. The political and clinical leadership offer (through the Care and Health Improvement Programme) has developed throughout this time now with a sharper focus on targeting the less effective HWBs and working in partnership with the NHS to accelerate progress.

Recommendations

The Community Wellbeing Board members are invited to;

1. Note the report; and
2. Agree to champion the political leadership offer.

Actions

Officers continue to support HWBs to re-establish their role; maximising their value as statutory bodies with legal duties, democratic accountability and their unique positioning to bring together the wider determinants of health and to set a long term vision for their local populations.

Political leaders in health, care and wellbeing to be supported to develop their engagement and relationships with the NHS through the new partnership approach.

Officers to bring an update paper to the Community Wellbeing Board in six months.

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Support for political leaders and reaffirming the position of Health and Wellbeing Boards

Background

1. Health and Wellbeing Boards (HWBs) are a statutory forum where political, clinical, professional and community leaders from across the care and health system come together to improve the health and wellbeing of their local population and reduce health inequalities. They have been in place since 2013 and are a single point of continuity in a constantly shifting health and care landscape.
2. The Care and Health Improvement Programme (CHIP) originated in April 2013 following the health reforms to support the establishment of HWBs and the transfer of Public Health to councils. The strategic leadership support offer (delivered in partnership with NHS Clinical Commissioners) to HWBs, HWB Chairs, CCG Vice Chairs is flexible, has continually developed and increased its impact over this time.
3. Through our unique longitudinal study of the development of HWBs, as part of our evaluation of this support programme, we have developed a clear idea of the conditions that make for an effective board to carry out its statutory duties of: producing a Joint Strategic Needs Assessment (JSNA) and a Health and Wellbeing Strategy, tackling health inequalities and promoting integration.

Issues

4. The context HWBs operate in is complex. Our support offer aims to help HWBs navigate the system and assert local political and clinical leadership. There has been so much churn and change in the NHS in the past year with wave after wave of different centrally driven place based initiatives aimed at joining up health and care. As HWB Chairs, lead members and GPs are rooted in the community and the HWB as a committee of the council has democratic accountability, the positioning of the HWB as the "Place Anchor" in a sea of STPs, ACO/S, BCF is vital;
 - 4.1. While the organisations may change the key features of the place do not. The role of the HWB is to have a strong message about what the local vision and priorities are and to have the confidence to argue for what is needed.
5. We have supported HWBs and political and clinical leaders in health, care and wellbeing through CHIP in a number of ways:
 - 5.1. Over four years we have put 120 members and 40 GPs through our highly respected HWB Leadership Essentials programme and given them a gateway to access further support on offer.

- 5.2. Delivered our fourth, most positive, upbeat and best attended Annual Summit for Political and Clinical Leaders in Care and Health, (in partnership with NHS Clinical Commissioners) in March 2018.
- 5.3. Supported 50 individual political leaders and eight GPs in 2017/18.
- 5.4. Tailored support provided to 25 HWBs/systems in 2017/18.
- 5.5. Over the past 18 months delivered 35 Facilitated Integration Tool Workshops.
- 5.6. Delivered nine new System Wide Care and Health Peer Challenges.
- 5.7. Delivered 40 Prevention Matters training days for members since autumn 2016.
- 5.8. Supported regional networks of political and clinical leaders for example West Midlands with NHS England region.
- 6. Our insights this year from engaging with HWBs across the country are:
 - 6.1. There is increasing collaboration between HWBs and political leaders are working across STP/CA/sub-regional footprints for example Coventry and Warwickshire, Frimley Health and Wellbeing Alliance, West Yorkshire, Derbyshire and Derby City.
 - 6.2. There is a new assertiveness about the value of HWBs with the local accountability they bring, strategic overview rooted in the place and the benefits of clinical leadership, as reflected at the recent HWB Chairs Summit.
 - 6.3. HWBs, in large numbers, are redefining their role and arrangements within the new landscape with renewed clarity.
 - 6.4. HWBs are reconnecting with the wider determinants of health, prevention and the longer term vision for the place, (often as an antidote to the top down NHS initiatives) but also in recognition of the unique position they have in being able to make the links with economy, employment, housing, and growth and wellbeing and the long term sustainability of the system.
 - 6.5. In their system wide reviews, the Care Quality Commission (CQC) have identified HWBs that need to strengthen their leadership and we are still aware of a wide divergence in the effectiveness of HWBs.
 - 6.6. There is an increasing demand for support to build relationships and mutual understanding between the NHS and members ; “The issue at the centre of why progress is not being made in care and health systems is cultural and relationship issues with the NHS and councils” and “lack of understanding within the NHS about LA governance and member-led decision making” (CQC).

7. Working with the Principal Advisers and their regional teams, the Care and Health Improvement Advisers and through our own interventions, we continue to build a picture of HWBs across the country, both in terms of good practice to share and to identify those HWBs not yet operating at an optimum level. There are often complex factors as to why a HWB is not reaching its full potential, it can often be part of a larger corporate issue and we continue to liaise regularly with the Principal Advisers to ensure we deploy our resource at the most appropriate time and through the most appropriate channel to have an impact.
8. In response to several demands from councils, Public Health England, public health teams, CCGs and other parts of the NHS we have combined all of our bespoke support on working with politicians and local government into a packaged coherent offer that we will roll out.
9. Our new support partnership with NHS Providers, NHS Confederation and NHS Clinical Commissioners, as the representative member bodies of NHS organisations, is a major success for sector led improvement and the LGA's peer led approach. We have a joint support programme, funded by NHS England and supported by NHS Improvement, which takes our tried and tested tools into the NHS. We are offering six System Wide Care and Health Peer Challenges to STP/ICS (or any other place based partnership that comes forward), facilitated integration workshops (FIT) and bespoke support. Within this offer, we are also working with NHS Confederation to establish their new regional networks around any existing member networks or make an offer to do joint networking for members and NHS leaders for example South East. This approach will make an impact on the key barrier identified around NHS/council relationships and understanding.
10. We have established the key characteristics of what makes an effective HWB from our cumulative knowledge, have checklists of what needs to be in place, have experience of what interventions work at a strategic and political leadership level and have excellent cohorts of member peers and associates, from both local government and NHS, to deliver the support. We have enough tools in our armoury, it is now about how we most effectively deploy them in partnership and firmly linked into the LGA.
11. We welcome further engagement with CWB members in the support offer as champions, sharing intelligence and contributing to its development.

Implications for Wales

12. There are different legislative arrangements for Wales. However we did work in 2017 with the Welsh LGA and delivered a Facilitated Integration Tool workshop in Wales, as the key partnership attributes used in the FIT are transferable to other settings.



Financial Implications

13. Sector led improvement support for HWBs and political leaders is funded by the Department of Health and Social Care through CHIP. We have also secured a small amount of funding from NHS England for collaboration around STPs and other placed based units utilising our existing offer.

Next steps

14. Our focus therefore this year is to:
 - 14.1. Prioritise more robust targeting of HWBs that need to maximise their effectiveness using all our connections to gain an invitation to support.
 - 14.2. Set an expectation that all HWB Chairs attend a Leadership Essentials session.
 - 14.3. Gain traction within the NHS, through our partnership, to make faster progress on mutual understanding, relationships and to progress collaborative working and integration.
 - 14.4. Support HWBs to re-establish their role; maximising their value as statutory bodies with legal duties, democratic accountability and their unique positioning to bring together the wider determinants of health and make an impact on prevention and the long term health outcomes for their populations.
 - 14.5. Support all political and clinical leaders in the care, health and wellbeing landscape whether HWB Chair, lead in a combined authority or STP lead, at individual, system and regional level.
15. Ensure Community Wellbeing Board members are kept fully informed of the leadership offer and welcome their further engagement in the programme.

Children and Young People's Health Update

Purpose of report

For information.

Summary

Children's health is a joint priority between the CYP and the CWB Board. This paper is designed to update the Community Wellbeing Board as to the current activities in relation to the LGA's work related to children's health issues.

Recommendation

That the Community Wellbeing Board note the update in the report.

Action

Officers to incorporate feedback from the Community Wellbeing Board into future work.

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Children and Young People's Health

Background

1. The LGA launched its campaign "Brighter Futures: Child and Adolescent Mental Health Services" in February 2018. It highlights our calls on the government to prioritise early intervention and preventative services, and to provide funding to councils to allow them work with schools to commission independent school based counselling in every secondary school. It also calls on government to improve standards, release the full £1.7 billion funding promised and to ensure there is sustainable and adequate funding. These calls feature heavily in our response to the Government's Green Paper on children's mental health.
2. As part of the [Bright Futures campaign](#), the LGA successfully hosted an exhibition in Parliament from Monday 21 to Friday 25 May 2018. The exhibition showcased some of the incredible early intervention and prevention work which councils across the country are doing to support our children and young people, including work to help those struggling with mental health issues.
3. As part of our support offer to councils, we have been running the Children and Young People (CYP) Mental Health Peer Learning Programme. The programme is supporting eight councils and their partners to overcome a tricky issue which is prohibiting them from moving forward in transforming their CYP mental health services. The programme matches participants with peers from other councils or voluntary organisations who are delivering a similar service and helps to support participants on their learning journey. The programme will come to an end in June and will be followed by a report that shares learning with the wider sector.
4. The LGA undertook a survey of Local Authorities around complex needs children and the interface between youth justice, social care and NHS. The survey findings are being shared and a short report will be published. The findings and related calls will be featured in an upcoming All Party Parliamentary Group report on A Fit and Healthy Childhood.
5. A joint seminar with the CYP Mental Health coalition was held on 8 June 2018. It brought together key stakeholders from the CYP mental health children's charities to take stock of the reforms, build stronger alliances and support for our campaign policy calls.
6. We have held meetings with the Department for Health and Social Care, NHS to reflect our calls and members concerns on the slow pace of reform, the unequal distribution of the Future in Mind money (to the NHS only) and the lack of acknowledgement of the role of Local Authorities in children's mental health and well-being in any of the reform proposals.
7. Going forward we want to do some short focussed projects on transitions (children's to adults) and on strengthening the Health and Wellbeing Board governance/role in children's mental health.

Update on children's end of life care

8. Following recent reports highlighting the national variation, and in some cases, unacceptably poor quality of end of life care services there has been increasing attention from the government and from wider stakeholders about the quality and funding of end of life care.
9. Officers consulted office holders of the Children and Young People Board and Community Wellbeing Board in April 2018 for their steer on the LGA's work on end of life care for children, young people and adults.
10. Office holders agreed that we should;
 - 10.1. seek clarity from the government on roles and responsibilities of local bodies and write to the Minister about our concerns;
 - 10.2. develop support materials for local authorities on end of life care for children and young people and a separate resource for adults and to join up with work with Health and Wellbeing Boards; and
 - 10.3. respond to the upcoming green paper on care and support for older people and highlight our concerns about children and young people and working adults who are not addressed in the green paper.

Implications for Wales

11. There are no distinct implications for Wales.

Financial Implications

12. There are no financial implications arising from this report.

Next steps

13. The Community Wellbeing Board are asked to note the update in the report.
14. Officers to incorporate feedback from the Community Wellbeing Board into future work.



Community Wellbeing Board Achievements 2017/18

Purpose

For information and discussion.

Summary

This report provides an overview of the issues and work the Board has overseen during the last year. It sets out key achievements in relation to the priorities of the Community Wellbeing Board in 2017/18.

Recommendation

Members are invited to note the achievements against the Board's priorities in 2017/18.

Action

Officers to action as appropriate.

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Community Wellbeing Board Achievements 2017/18

Background

1. The Community Wellbeing Board has responsibility for Local Government Association's (LGA) activity in the areas of the wellbeing of adults, including lifelong learning, training, health and social care and for the wellbeing of all people in the areas of community cohesion, asylum and immigration. The LGA has continued to promote the vital leadership role of local government in the health and care system.

LGA Asylum, Refugee and Migration Task Group

2. The LGA Asylum, Refugee and Migration Task Group, chaired by Cllr David Simmonds, reports to both the Children and Young People Board and the Community Wellbeing Board. The Task Group met with the Immigration Ministers in October 2017 and May 2018. Resources and information to support councils were provided on the LGA [website](#), and links made with related issues such as modern slavery, cohesion and integration.

Leadership development

3. Working with the Care and Health Improvement Programme, the ongoing programme of [leadership development](#) for lead members included ongoing support for regional networks, a leadership essentials programme, an induction event and ongoing updates of the online '[must knows](#)' for new members. The LGA continued to work closely with ADASS on supporting councils on high profile issues such as [adult safeguarding](#) and [Transforming Care](#). The National Children and Adult Services (NCAS) conference was well attended, including sessions led by Board lead members and a closed session for members with the (then) new Parliamentary Under Secretary, Jackie Doyle-Price MP.

Digital and data

4. Working with the Care and Health Improvement Programme, Cllr Izzi Seccombe OBE and Dr Adrian Hayter Co-Chaired a national digital summit in March with NHS Clinical Commissioners and support of NHS Providers. Seventy six delegates attended 'Delivering Health and Care in a Digital Age', including representatives from 31 councils. Lord O'Shaughnessy, Parliamentary Under Secretary of State for Health, gave the keynote speech.

Vulnerable People

5. Successfully argued against the Government's proposal to apply the Local Housing Allowance to supported housing. This would have failed to take account of the higher costs of this type of housing and posed an unacceptable financial risk to councils. Following a further consultation, the Government plans to publish a revised way forward this summer.



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6. Successfully applied to intervene in the Royal Mencap Society's Court of Appeal case on sleep-in payments. Our intervention brought to the Court's attention the implications for the wider social care system if historic, current and future sleep-in payments remain an unfunded cost pressure. We await the judges' decision.
7. Submitted proposals to the Independent Review of the Mental Health Act that highlighted the role of local government in promoting mental wellbeing and the importance of prevention alongside legislative reform. A number of our points were reflected in the interim report that was published in June 2018 and the LGA is represented on the Advisory Panel. The final report will be published in November.
8. Following our calls for greater support for the voluntary and community sector with tackling loneliness, which can help to reduce demand on health and social care services, the Prime Minister announced a new £20 million fund to help strengthen local loneliness initiatives.
9. Secured a more person-focussed approach to Government policies on dementia, autism and people with learning disabilities through our engagement on national steering boards and consultation responses, supported by practical guidance and good practice for councils.

Adult Social Care

10. Arguing for additional funding to tackle the immediate adult social care funding gap has remained a key focus of the LGA's work over the last year. Through written and oral evidence to numerous parliamentary inquiries and debates, comprehensive media work and other lobbying and influencing work, the LGA has been a leading voice in highlighting the social care funding crisis and the need for additional resources. As a result of this work, and the work of others in the sector, we secured an additional £150 million for the sector in 2018/19 through the Adult Social Care Support Grant. Clearly against the scale of the challenge facing the sector, this does little to ease the pressure and we continue to highlight the consequences of inaction for the short-term. However, there is now clear and unanimous recognition from across the sector, including from Government, that adult social care requires more funding both for the short- and long-term. This is powerfully illustrated in, for instance, the recent final report of the joint Health and Social Care and Housing, Communities and Local Government Select Committee report on long-term social care funding.
11. As part of our work on the immediate funding situation, we produced our annual 'State of the Nation' report on social care funding. This included a series of powerful stories from individuals who use (or have used) social care and support along with a frank critique of how the £2 billion for social care announced in the 2017 Spring Budget was unhelpfully influenced at the national level to be directed more at alleviating pressures on the NHS. This included council case studies showcasing local government's efforts in reducing delayed transfers of care. At the time of writing, the publication has been downloaded 1,366 times.

12. Much of our attention has also turned towards the Government's care and support green paper and we have expressed frustration and disappointment at its further delay. As part of our efforts to influence the green paper, the LGA has produced a series of 'think pieces' exploring the key questions at the heart of the debate about the future of adult social care. These have involved articles from more than 20 sector experts including Barbara Keeley MP, Norman Lamb MP, Baroness Eaton, David Behan, Prof Jon Glasby, Anita Charlesworth, Duncan Selbie and Jon Rouse. All the publications have been published on a dedicated hub on our website. At the time of writing, the think pieces have been viewed 7,204 times on our website. Through linked promotional messages on Twitter we have reached 120,500 people.
13. As part of our work to influence the green paper, we also held a very successful one day conference on the future of care in May. This was a sold out event with a range of high profile speakers including Andrea Sutcliffe, Stephen Dorrell and Clive Betts MP.

Public Health Transformation and Health Protection

14. The last 12 months has been a year when local government has been grappling with reduced public health resources, and this was in the context of continuing reductions to overall council funding and pressures on the NHS. Interventions to tackle teenage pregnancy, excessive alcohol consumption, physical inactivity, sexually transmitted infections and substance misuse cannot be seen as an added extra for health budgets. The LGA have continued to argue that reductions in councils' public health grants of more than £600 million by the end of the decade will impact on councils' ability to continue their good work. To take vital money away from the services which can be used to prevent illness and the need for treatment later down the line and ease the pressure on the NHS is counter-productive.
15. Air quality went to the top of the public health agenda and became the focus of intense media and government attention. Local authorities have a central role in achieving improvements in air quality; their local knowledge and interaction with the communities that they serve mean that they know the issues on the ground in detail. They are best placed to decide and work with partners to implement the appropriate solutions in regards to local transport, smoke control, planning and public health. LGA have worked collaboratively with Defra and PHE to generate an updated suite of tools which will help local authorities to take action to improve air quality.
16. Childhood obesity continued to be a priority for central and local government. In March, the LGA released previously un-published evidence on the number of severely obese children. We reported data from the National Child Measurement Programme that showed 22,000 children leave primary school severely obese. We are pleased that the latest Child Obesity Plan includes clearer food labelling, which the LGA has long-called for, plus measures to introduce mandatory calorie information on menus, improve food standards and physical activity in schools and the option to introduce further fiscal measures. A specific "Trailblazer" programme to help to support councils develop their existing powers is also good news. The government have set a bold ambition to halve childhood obesity by 2030 but we remain determined to work with government on introducing further measures to address this crisis that are not included in the plan, including giving councils powers to ban junk food advertising near schools and the need for specialised support for obese and seriously obese children. In June we published



Healthy Weight, Healthy Futures, 21 case studies showcasing local action to tackle child obesity.

17. In March we held our sixth Annual Public Health Conference. The LGA's national annual flagship conference on public health offered a valuable opportunity to analyse the implications for local government and public health. The event highlighted the innovative work already being undertaken by councils and public health teams, with their partners and communities, and it looked at how to build on existing best practice to identify and tackle the challenges and opportunities of the new public health landscape.
18. In the same month we published ***Public health transformation five years*** on showing how local authorities are making progress on improving health and wellbeing and tackling health inequalities since public health was transferred to local authorities in April 2013. Public health teams, working with a 'Health in All Policies' approach across councils, are tackling persistent problems like adult and childhood obesity, mental illness, alcohol abuse, sexually transmitted infections and the health impact of isolation and loneliness in old age, as well as addressing some of the serious health inequalities that still exist within and between communities.
19. In February, the LGA published two major reports, ***A Matter of Justice: A local government guide to tackling health inequalities*** and ***Adding years to life, life to those years: a guide to healthy and productive ageing***
20. In November we published the results of the Public Health Perception Survey. Most respondents (96 per cent) agreed or tended to agree that their council has a clear vision to improve public health for the local population, and the commissioning of public health services is well supported by their council. Similar proportions agreed or tended to agree that their council is aware of its issues and challenges with regard to public health, and knows how to address these issues (93 per cent) and that their council has delivered better public health outcomes for the local population (92 per cent). The top priorities for public health in their local area among respondents are giving children the best start in life (88 per cent), healthy ageing (67 per cent) and strong communities, wellbeing and resilience (56 per cent).
21. In October we published ***Using digital technology to improve the public's health: a guide for local authorities***

Children and young people's health

22. In December 2017 we published a good practice report called "Working with schools to improve the health of school aged children".
23. In the same month we published a number of case studies on councils who have brought health visiting and school nursing services in-house. The case studies aimed to share learning by looking at the questions and challenges raised by the process which includes regulatory, human resource, legislative issues.
24. In January 2018 the LGA published a good practice report called "Meeting the health and well-being needs of young carers".



25. In February 2018 we launched the Bright Futures children and young people's mental health campaign. Highlighting members concerns about the slow pace of the reform and the lack of national accountability for the £1.4 billion funding. In the campaign we call for greater accountability, mandatory independent school based counselling in every secondary school, improved standards and sustainable funding. Our call for independent counselling has been supported by the Association of Childrens Services, The Children's Society, the British Association for Counselling and Pyschotherapy.
26. In February 2018 we also responded to the Department for Education consultation on 'Changes to the teaching of Sex and Relationship Education and PSHE'. We raised members concerns about online, social media and digital safety, the opportunities to educated children and young people about their mental health and wellbeing as well as sexual health and called for PSHE to be made compulsory in all schools with the right for parents to withdraw.
27. In the same month we published a short guide to children and young people's mental health, as part of the 'Don't be left in the dark' series.
28. In February 2018 we also published local authority case studies on 'Lessons in local leadership and accountability for children's mental health services'. To support councils who may be experiencing similar challenges.
29. In March 2018 we re-published the Resources for councillors on supporting Relationship Sex Education (RSE) with updated statutory information about the move to statutory status of RSE in 2019 in all secondary schools.
30. In the same month we responded to the Government's Green Paper on "Transforming Children and young people's mental health provision". Whilst we welcomed its focus on earlier intervention and an emphasis on a whole school approach we highlighted members' concerns about the lack of recognition of local government's key role in the reforms, its overall lack of ambition and unaddressed capacity issues. In addition to raising our wider campaign calls.
31. In April 2018 we launched the LGA's children and young people's mental health peer learning programme. The programme offers bespoke support to eight councils and matches participating councils who are struggling with an aspect of their mental health provision with a council who has overcome a similar challenge. A report sharing learning will be published once the programme finishes in July.
32. In May 2018 we hosted an exhibition in parliament of our Bright Futures campaign. The exhibition showcased some of the incredible early intervention and prevention work which councils across the country are doing to support children and young people, including work to help those struggling with mental health issues and children's social care.
33. In the same month we re-published the publication "Good progress but more to do: teenage pregnancy and young parents" it featured new data, case studies and practical information to help councils sustain the good work and tackle health inequalities.



34. In June 2018 the LGA held a Roundtable event with the Children and Young People's Mental Health Coalition to identify joint strategic priorities and plan future activity that will continue to raise our members concerns about the reforms.

Future of health and social care integration

35. Since the launch of our vision for integration in June 2016, developed in partnership with NHS Confederation, NHS Clinical Commissioners and the Association of Directors of Adult Social Services, we have been effective in promoting a shared understanding that integration is not an end in itself but a means to improving health and wellbeing outcomes, improving care and support and represents best use of resources. Furthermore, our vision of a place based, person-centred approach that invests in joined up community based services that promote health, wellbeing and independence has gained support and traction amongst key policy makers in Government and national organisations such as NHS England.
36. The approach and principles of Stepping up to Place also forms the basis of our own leadership development offer delivered through the system leadership strand of the Care and Health Improvement Programme CHIP. We have also worked with NHS Confederation, NHS Providers, NHS England and other national organisations to ensure that the sector led approach and the underpinning principles of our vision is embedded in their leadership development and support programmes.

Better Care Fund

37. We have continued to vigorously represent the views of councils to the Department of Health and Social Care (DHSC), the Ministry of Housing, Communities and Local Government (MHCLG) and NHS England in our discussions regarding the development of the Better Care Fund. However it is fair to say that we have had limited success in influencing the Better Care Fund. On the positive side, we were successful in reducing the national conditions for BCF from eight to four. The LGA has been strongly supportive of the intentions of the BCF, but have become increasingly concerned over the level of central direction, the reporting and bureaucratic burden and the disproportionate emphasis on support to the acute sector. Despite our strong representations we were unable to prevent the inclusion of a new national target on delayed transfers of care (DTOC) in the BCF Planning Requirements for 2017/19, which were published in July 2017. This new condition imposed a new and unanticipated national target for DTOC on local areas with the threat that allocations would be reviewed or national directions imposed in areas at risk of failing to achieve the target. The LGA did not support this move and as a result withdrew our support from the Planning Requirements.
38. Despite the withdrawal of our support for the BCF Planning Requirements, we continue to support local areas through the CHIP and to work with DH, MHCLG and NHS England to ensure that BCF continues to protect funds for adult social care and acts as a driver for community-based joined up care and support to keep people well and independent. As a result of effective local partnerships performance on DTOC has greatly improved. The latest DTOC figures show that councils have reduced the average number of delayed transfer of care days attributed to social care since July 2017 by 33 per cent while delays due to the NHS have fallen by 8 per cent.



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Sustainability and Transformation Partnerships and Integrated Care Systems

39. The LGA survey of councillors' perceptions of and involvement in STPs published in July 2017 provided evidence that councillors had very little engagement with STPs. On the basis of the survey findings, we have continued to work with local and national partners to ensure that STPs have meaningfully engaged with councils and their communities in the development and implementation of strategic plans to improve health and wellbeing outcomes, improve quality and safety of health and care services and ensure the financial sustainability of health and care systems. We have worked with NHS Confederation, NHS England and other national partners to develop a system leadership offer to improve communication between political and clinical leadership at strategic level. This is now a central component of our support and development offer.

CWB Events and Publications

40. There were **322** national newspaper, online and broadcast CWB mentions **during the period August 2017-June 28 2018**
41. CWB Board Chair Cllr Izzi Seccombe was interviewed or mentioned in national print, online and broadcast media **251** times during this period.
42. CWB Board members Cllrs Linda Thomas and Cllr Jonathan McShane were also mentioned **12** times collectively in national print, online and broadcast media.

Highlights of the media coverage included:

43. Community Wellbeing Chairman Cllr Izzi Seccombe was interviewed on **BBC Radio 5 Live** and **Sky News Radio** and CWB member Cllr Jonathan McShane also appeared on **Good Morning Britain** and **Sky News**, about the LGA's press release warning of a "tipping point" in sexual health services. This was also reported on **BBC Radio 2, BBC Radio 4 Today, LBC, Talk Radio** and **TalkSport news bulletins** and in the **Guardian, Sun** and on **BBC Online, ITV Online, Independent Online** and **Mirror Online**. (3 August)
44. The **Mail, Mirror Online** and **Independent Online** covered the LGA's response to a report by the Care and Support Alliance which found that one in four care workers say cuts are making the service they provide no longer "fair" or "safe". (20 September)
45. Community Wellbeing Board Chairman Cllr Izzi Seccombe was interviewed live on **BBC Radio 4's Today programme** and also featured on **BBC Radio 5 Live's Wake-Up to Money programme** with the LGA's response to the Competition and Markets Authority's review of the care home sector, which was also reported on **BBC Online**. (November 2017)
46. Chairman Lord Porter was interviewed live on the **BBC News channel** about the significance for local government of the expansion of the Department for Health to include Social Care, and the need to ensure adult social care is properly funded. Lord Porter's comments were also broadcast on **BBC Radio 4** news bulletins and on **local BBC radio stations** across the country. (9-10 January)



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47. LGA Deputy Chairman Cllr Peter Fleming was interviewed live on the **BBC News channel** and also appeared on **Sky News** and **ITV News** about the LGA's press release revealing that there were 170 operations a day to remove teeth in under-18s last year and call for urgent action to tackle sugar consumption. This was also reported separately on **BBC Breakfast**, **BBC News channel**, **LBC**, **Sky News Radio**, **Sky News Online**, **BBC Online**, **Independent**, **i paper**, **Express**, **Mail**, **Mirror**, **Telegraph**, **Guardian**, **Times**, **Sun**, **ITV Online** and **LBC Online**. (13 January)
48. The **Independent**, **Guardian Online**, **Mail Online** and **Express Online** reported the LGA's statement in response to a report by the All-Party Parliamentary Group on Hunger, about malnutrition in older people. The APPG claimed that more than one million older people are at risk of "withering away in their own homes" as a result of malnutrition caused by social isolation and cuts to public services. (23 January)
49. The **Express** and **BBC Online**, **Mail Online** and **i paper online** reported the LGA's response to a National Audit Office report, which said the Department of Health and Social Care is not doing enough to support a sustainable social care workforce. (8 February)
50. Community Wellbeing Board Chairman Cllr Izzi Secombe was interviewed on **LBC** and **BBC Radio 5 Live** and LGA Vice Chairman Cllr David Simmonds appeared on **BBC Breakfast** and **Sky News** about the LGA's press release, warning that the number of hospital admissions due to an older person falling is set to rise to nearly 1,000 a day by the end of the decade and the need for greater investment in cost-effective prevention work to help reduce the risk of falls. This was also reported in the **Telegraph**, **Independent** and **Mirror** and also on **LBC**, **BBC Radio 2**, **BBC Radio 4** and **BBC Radio 5 Live** news bulletins. (17 March)
51. The LGA's press release, calling on extra funding for councils to build on prevention work to tackle loneliness which has saved millions of pounds and reduced emergency hospital admissions, was reported in the **Telegraph**, **Sun**, **Mirror** and **Express** (9 June)
52. Community Wellbeing Board Chairman Cllr Izzi Secombe featured in the **Express**, **Mirror** and **Guardian Online** with the LGA's response to the annual budget survey by the Association of Directors of Adult Social Services (ADASS) which showed adult social care services are on the verge of collapse in some areas of England.
53. LGA Vice Chairman Cllr David Simmonds was interviewed live on the **BBC News channel** and also featured on **BBC Radio 2** news bulletins ahead of a speech by Theresa May announcing an extra £20 billion funding boost for the NHS in England and the need for an equivalent funding settlement for adult social care. This was also reported on **Sky News**, with Community Wellbeing Board Chairman Cllr Izzi Secombe also featuring on **BBC Online** and the **Guardian**. The **Independent** and **i paper** also featured the LGA's response to reports that there will be no large cash injection to tackle the care crisis until the forthcoming spending review due in 2020. (17 – 18 June)

CWB in Parliament

54. Senior LGA members have engaged ministers and parliamentarians to promote our policy priorities. Below is a summary of our parliamentary activity in 2017/18:



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- 54.1. In January 2018, Lord Porter spoke during the debate on the NHS plans and the delivery of services over the winter period. In his speech, Lord Porter called for the adequate funding for social care and highlighted how without a sustainable adult social care system there could not be a sustainable NHS.
- 54.2. In a debate on health and social care, Labour Peer Baroness Wheeler quoted from our briefing to reiterate that delayed transfers are a symptom, not the cause, of pressures on the NHS and to call for more investment in prevention and community services.
- 54.3. Crossbench Peer Baroness Greengross spoke in a debate on care for older people in September 2017, highlighting the consequence of long-term under funding of adult social care.
- 54.4. In February 2018 the Housing, Communities and Local Government Committee published the report following their inquiry into the housing for older people. The inquiry examined whether the housing available to older people was sufficient and suitable to their needs, and also took into account the pressures on health and social care. The report itself supported our call for a national focus on providing more housing for older people, and made helpful points about joining up with the Social Care Green Paper.

Financial Implications

55. None.

Update on Other Board Business

Purpose of report

For information and comment.

Summary

Members to note the following updates including the following:

- Prevention at Scale
- Prevention Matters
- Mental Health Crisis Care Concordat Steering Group
- King's Fund System Leadership Summit
- House of Lords Intergenerational Fairness Forum
- Expert Advisory Panel to Lord Darzi
- King's Fund Personalised Care Conference
- LGA one day conference on the future of care and support
- Care England's care home parliamentary reception
- Salvation Army roundtable

Recommendation

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

Position:

Principle Policy Adviser

Phone no:

020 7664 3241

Email:

mark.norris@local.gov.uk



Update on Other Board Business

Prevention at Scale Support Programme

1. The Prevention at Scale support offer, from the Care and Health Improvement Programme (CHIP), has 12 test sites up and running, with one in the scoping and development phase. The sites and their focus are listed below:
 - 1.1. Blackburn with Darwen: developing the health check referral systems to improve healthy lifestyles.
 - 1.2. Buckinghamshire: develop and implement a whole system approach to helping people adopt healthier lifestyles through new integrated lifestyle service.
 - 1.3. Cambridgeshire and Fenland: community asset based approach around health inequality taking forward Wisbech 2020 plan.
 - 1.4. Cheshire West and Chester: the impact of the use of alcohol on the place. The night time economy of Chester is negatively affected by the social impact of high levels of alcohol consumption.
 - 1.5. Coventry & Warwickshire: embedding prevention within the health and care system across the STP.
 - 1.6. Devon: to improve the effectiveness and take up of the integrated lifestyle service.
 - 1.7. Durham: tackling stigma surrounding suicide and mental health and scaling up mental wellbeing across the workforce.
 - 1.8. Haringey & Islington: to improve the prevention approach to cardiovascular disease/high blood pressure, to reduce future mortality, health and social care costs, and inequalities that result from strokes, heart attacks and other cardiovascular diseases.
 - 1.9. Leicestershire: to provide targeted non-medical advice, signposting and support to people at risk of requiring more intensive forms of care and support.
 - 1.10. Suffolk: alcohol reduction and redesigning pathways. Seeking system wide ownership of alcohol as a priority for prevention across all relevant agencies.
 - 1.11. Sunderland: identify people at risk of increasing social care and health needs (including social isolation/loneliness) who would benefit from proactive care interventions.
 - 1.12. Sutton: to increase the uptake of NHS Health Checks.
 - 1.13. Lancashire: developing a focus on increasing physical activity for all ages.



2. In April, the Prevention at Scale Academy brought together 41 delegates across 12 sites for masterclasses from a range of partners, including the Leadership Centre, Design Council and Public Health England (PHE). Topics covered System Leadership, Design in the Public Sector, Behavioural Insights, Digital Services and Social Movements. The Academy has enabled sites to move forward with their upscale challenge.
3. Looking forward, an embedded evaluation by Risk Solutions of the programme has begun, which will conclude in November. A session on Prevention at Scale will also be held at the PHE Annual Conference in September. Finally, a Sharing Learning event will be held at the end of the programme in November 2018.

Prevention Matters Support for elected members

4. In 2017/18 CHIP delivered 22 Prevention Matters workshops, to 284 elected members. A cumulative total of 36 workshops have been delivered to 450 elected members since the workshops began in 2016/17. The offer is open to all councillors in an authority and to all types of council either individually or groups of councils and two tiers together. Feedback from the workshop has been overwhelmingly positive. Comments include:
 - 4.1. "Very helpful to constantly apply principles to our practice as local councillors."
 - 4.2. "So well delivered and such a wonderful day!"
 - 4.3. "To have the presentation in part by a serving councillor is so poignant."
5. The workshops are a core part of the CHIP support programme and will continue to be delivered in 2018/19. Contact kate.biddlecombe@local.gov.uk for further information.

Mental Health Crisis Care Concordat Steering Group

6. Cllr Robin Moss attended the Crisis Care Concordat Steering Group on 12 June. It was chaired by Jackie Doyle-Price MP, Parliamentary Under Secretary State for Care and Mental Health, and Victoria Adkins MP, Parliamentary Under Secretary of State for Vulnerability, Safeguarding and Countering Extremism.
7. The Steering Group meets twice a year to oversee the implementation of the Concordat; a national agreement that sets out how organisations will work together to make sure that people get the help they need when they are having a mental crisis. The Group brings together a wide range of partners from government departments, health, local government, the emergency services, the voluntary sector and the criminal justice system.
8. Issues discussed included mental health crisis transportation, the review of the Mental Health Act, the future of street triage and a national inspectorate report on the police and mental health. Good practice case studies from Cambridgeshire and Peterborough and Aldershot about single points of access for people experiencing a mental health crisis were shared. Common themes across the discussions included the importance of partnership working, getting better at collecting consistent and comparable data sets to strengthen commissioning and the importance of resourcing wider local services to both



prevent people from reaching crisis point and to ensure people can be signposted to the support they need. The Group is also keen to reconnect with local Concordat partnerships and we will work with ADASS to ensure that the Steering Group adds value to local activity through the impressive range of national partners it brings together.

King's Fund System Leadership Summit

9. On 10 May, Cllr Linda Thomas spoke at the King's Fund System Leadership Summit on the role of political leadership in transforming health and social care.

House of Lords Intergenerational Fairness Forum

10. On 17 May, Cllr Izzi Secombe took part in a House of Lords Intergenerational Fairness Forum discussion on social care.

Expert Advisory Panel to Lord Darzi

11. Through May and June, Cllr Izzi Secombe and Mark Lloyd, LGA Chief Executive, served on the Expert Advisory Panel to Lord Darzi, who was commissioned by the Institute of Public Policy Research (IPPR) to undertake an inquiry into the future of health and social care. The final report was published on 15 June and Cllr Secombe took part in a panel discussion at the IPPR launch event on 19 June.

King's Fund Personalised Care Conference

12. The Community Wellbeing Board was well represented in panel discussions and plenary sessions at several events throughout June, including the King's Fund Personalised Care Programme at the King's Fund Personalised Care Conference on 5 June, the NHS Confederation conference on 13 June, and the Health+Care Conference on 28 June.

LGA one day conference on the future of care and support

13. On 15 May, Cllr Linda Thomas spoke about why adult social care and support matters at the LGA one day conference on the future of care and support.

Care England's care home parliamentary reception

14. On 15 May, Cllr Graham Gibbens attended Care England's care home parliamentary reception.

Salvation Army roundtable

15. On 16 May, Cllr Izzi Secombe participated in a Salvation Army roundtable on the social care needs of older people without housing assets.

Note of last Community Wellbeing Board meeting

Title:	Community Wellbeing Board
Date:	Wednesday 9 May 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
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1	Welcome and declarations of interest
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The Chairman welcomed Members to the meeting of the Board, and congratulated those who had been re-elected in the May local government elections.

There were no declarations of interest.

2	Update on provider market issues
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The Chair welcomed Simon Williams, Director of Adult Social Care – LGA Care and Health Improvement Programme.

Simon gave a confidential update on current provider market issues to the Board.

3	Transforming Care - improving care and support for people with a learning disability and/or autism who display behaviour that challenges
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Simon Williams, Director of Adult Social Care – LGA Care and Health Improvement Programme, introduced the report to the Board providing an update on the Transforming Care programme. Simon explained the Transforming Care programme aims to improve services and support for children, young people and adults with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. In particular he raised there were close to two and a half thousand with a learning disability and/or autism in a hospital setting, who would need further care and support to be able to move out of a hospital setting.

In the discussion that followed, the following points were raised by the Board;

- A concern was raised as to the lack of suitable housing to move people away from the hospital setting.
- A view was expressed that communities need greater capacity to support these individuals, which Simon Williams agreed was an issue for wider society.
- A view was expressed that the sector would need to be mindful that in some cases there are objections to community care from the family of those needing care as well as local communities, and that we would need to

understand and recognise their concerns.

- Simon Williams explained to the board that on supported housing the sector needed to consider how we create ordinary living conditions within some economy of scale.
- Simon Williams also raised that the sector needed to be mindful of the risk of hospital closures.
- A Board member raised that in their local area they found they were having issues with retaining high quality staff to provide care in supported housing schemes.
- A concern was raised that ensuring rural areas had sufficient access to these services would continue to be a challenge for the sector.

Decision

Members of the Community Wellbeing Board noted and gave comments on the update on the Transforming Care programme.

Action

Officers to continue to support this programme activity and support close working.

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

Laura Caton, Senior Adviser, introduced the report for discussion with Board members. Laura explained 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. Laura also explained that the LGA had extended an invitation to 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. The report summarised the consultation questions and asked for comments upon emerging key messages. Laura explained that the LGA are very supportive of the principles that underpin the proposals but that in their view to improve outcomes for the public a more diverse market was required. Laura advised the Community Wellbeing Board that DHSC has said the consultation will be taken forward in the social care green paper.

In the discussion that followed, the following points were raised;

- A view was expressed that behavioural change in the health sector would be crucial.
- A concern was raised that further responsibilities were being shifted to local authorities without the funding.
- A view was expressed that the issues with sleep-in's would need to be addressed and that the LGA should continue to push for a resolution.
- It was highlighted that many elderly people did not want the complexity of employing someone to care for them.
- It was raised that all local authorities come from very different starting positions in adopting integrated personal budgets.
- A view was expressed that being more distinctive between direct payments and personal budgets would be beneficial.
- Concerns were raised around the pace of extending legal rights to have personal health budgets and integrated personal budgets.
- Board members emphasised the importance of a commitment to person

centred delivery.

- A view was expressed we needed to continue to be mindful of an individual's transition from children's social care to adult social care when responding to the consultation.
- Board members emphasised the importance of continuing to learn from pilots and building upon local government's extensive experience of personal budgets in social care.

Decision

The Community Wellbeing Board provided comments on the emerging key messages in the report and agreed that officers submit a draft consultation response to Lead Members for clearance by 8 June.

Actions

Officers to 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.

Officers to submit a draft consultation response for clearance with Lead Members by 8 June 2018.

5 Autism Strategy Update

Cllr Meldrum introduced the report summarising recent changes to the governance structures that oversee the implementation of the strategy and key points from the accountability meeting. Cllr Meldrum explained she represented the LGA at the Government's annual Autism Strategy accountability meeting on 26 March 2018. She also informed the Board that the LGA were being asked to be involved in the annual evaluation of the Autism Self-Assessment Framework. Laura Caton, Senior Adviser, raised that this item was strongly connection to the LGA's Transforming Care programme.

In the discussion that followed, the Board raised the following points;

- A view was expressed that local government should have a strong role in sharing knowledge and learning to help inform the autism strategy.
- A view was expressed that the Third Sector would have a great deal of knowledge to feed into this work.
- The Board was asked to get in touch by email if there were any further examples of good practice from local areas.

Recommendation

The Board noted the feedback from the annual Autism Strategy accountability meeting and gave comments to shape the LGA's ongoing engagement.

Action

Officers to incorporate the Boards comments into the LGA's ongoing engagement.

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.

6 Community Wellbeing Board policy positions

Mark Norris, Principal Policy Adviser, introduced the report setting out the Board's headline policy positions across its range of activity areas. Mark raised that the LGA's perspective on the NHS 70th anniversary will be critical. He also informed Members there was no indication as to the date the adult social care green paper would be published.

In the discussion that followed, the following points were raised;

- Concerns were raised around the child obesity plan, and Board members emphasised the role local authorities should play in improving public health.
- Views were expressed that the Board needed to continue to assess where Sustainability and Transformation Partnerships had worked well and where there were concerns.

Decision

The Board discussed and developed the range of policy positions set out within the report.

Actions

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

7 Other Board Business

Cllr Graham Gibbens gave an update on the 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 which he had attended on behalf of the Board. Cllr Gibbens informed the Board that concerns such as loneliness in university towns, undergraduate suicides and access to services were raised. Cllr Gibbens also explained that the Minister aimed to prevent long term loneliness by embedding impacts at a local level and building a national conversation on loneliness.

Cllr Rachel Eden gave an update on the roundtable regarding policing and mental health, hosted by Louise Haigh MP. Cllr Eden highlighted that it had proved a valuable meeting and that colleagues attending from across the sector had an awareness of concerns that people were at risk of falling between gaps of different services. Cllr Eden also emphasised that it would be valuable to continue to engage with this group.

Paul Ogden, Senior Adviser, updated Board members on John Ashton's work regarding children of alcoholic parents. He highlighted that Public Health England were producing some analysis around this, and that the LGA would be keenly interested in what comes out of this analysis. Paul also raised there were

opportunities to share learning across the sector on this issue.

Decision

Members of the Community Wellbeing Board noted the updates contained in the report.

Action

Updates on loneliness and children of alcohol dependent children to return to the Community Wellbeing Board in future.

8 Minutes of the last meeting

The minutes of the last meeting were agreed as a correct record.

Appendix A -Attendance

Position/Role	Councillor	Authority
Chairman	Cllr Izzi Seccombe OBE	Warwickshire County Council
Vice-Chairman	Cllr Linda Thomas	Bolton Council
Deputy-chairman	Cllr Richard Kemp CBE	Liverpool City Council
	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 Jonathan Owen	East Riding of Yorkshire Council
	Cllr Graham Gibbens	Kent County 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
Apologies	Cllr Claire Wright	Devon County Council

LGA location map

Local Government Association

18 Smith Square
London SW1P 3HZ

Tel: 020 7664 3131

Fax: 020 7664 3030

Email: info@local.gov.uk

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

