

Community Wellbeing Board

Agenda

Thursday, 28 March 2019
11.00 am

Smith Square 3&4, Ground Floor, 18 Smith
Square, London, SW1P 3HZ

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

Guidance notes for members and visitors **18 Smith Square, London SW1P 3HZ**

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

Welcome!

18 Smith Square is located in the heart of Westminster, and is nearest to the Westminster, Pimlico, Vauxhall and St James's Park Underground stations, and also Victoria, Vauxhall and Charing Cross railway stations. A map is available on the back page of this agenda.

Security

All visitors (who do not have an LGA ID badge), are requested to report to the Reception desk where they will be asked to sign in and will be given a visitor's badge to be worn at all times whilst in the building.

18 Smith Square has a swipe card access system meaning that security passes will be required to access all floors. Most LGA governance structure meetings will take place on the **ground floor, 7th floor and 8th floor** of 18 Smith Square.

Please don't forget to sign out at reception and return your security pass when you depart.

Fire instructions

In the event of the fire alarm sounding, vacate the building immediately following the green Fire Exit signs. Go straight to the assembly point in Tufton Street via Dean Trench Street (off Smith Square).

DO NOT USE THE LIFTS.

DO NOT STOP TO COLLECT PERSONAL BELONGINGS.

DO NOT RE-ENTER BUILDING UNTIL AUTHORISED TO DO SO.



Open Council

Open Council, on the 7th floor of 18 Smith Square, provides informal meeting space and refreshments for local authority members and officers who are in London.

Toilets

Unisex toilet facilities are available on every floor of 18 Smith Square. Accessible toilets are also available on all floors.

Accessibility

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

Every effort has been made to make the building as accessible as possible for people with disabilities. Induction loop systems have been installed in the larger meeting rooms and at the main reception. There is a parking space for blue badge holders outside the Smith Square entrance and two more blue badge holders' spaces in Dean Stanley Street to the side of the building. There is also a wheelchair lift at the main entrance. For further information please contact the Facilities Management Helpdesk on 020 7664 3015.

Guest WiFi in 18 Smith Square

WiFi is available in 18 Smith Square for visitors. It can be accessed by enabling "Wireless Network Connection" on your computer and connecting to LGA-Free-WiFi. You will then need to register, either by completing a form or through your Facebook or Twitter account (if you have one). You only need to register the first time you log on.

The LGA also offers the Govroam network, a Wi-Fi network which gives Members seamless roaming internet access across multiple public-sector locations if you have also signed up for this service. This network is enabled throughout our Westminster building and allows Members and staff from other authorities who are part of the Govroam network to seamlessly connect to our Wi-Fi.

Further help

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

LGA Community Wellbeing Board
28 March 2019

There will be a meeting of the Community Wellbeing Board at **11.00 am on Thursday, 28 March 2019** Smith Square 3&4, Ground Floor, 18 Smith Square, London, SW1P 3HZ.

A sandwich lunch will be available after the meeting.

Attendance Sheet:

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

Political Group meetings:

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

Apologies:

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

Conservative:	Group Office: 020 7664 3223	email: lgaconservatives@local.gov.uk
Labour:	Group Office: 020 7664 3263	email: Lewis.addlington-lee@local.gov.uk
Liberal Democrat:	Group Office: 020 7664 3235	email: libdem@local.gov.uk
Independent:	Group Office: 020 7664 3224	email: independent.grouplga@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

Carers' Allowance

As part of the LGA Members' Allowances Scheme a Carer's Allowance of £9.00 per hour or £10.55 if receiving London living wage is available to cover the cost of dependants (i.e. children, elderly people or people with disabilities) incurred as a result of attending this meeting.

Social Media

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

The twitter hashtag for this meeting is #lgacwb

Community Wellbeing Board – Membership 2018/2019

Councillor	Authority
Conservative (8)	
Cllr Ian Hudspeth (Chairman)	Oxfordshire County Council
Cllr Nigel Ashton	North Somerset Council
Cllr Sue Woolley	Lincolnshire County Council
Cllr Jonathan Owen	East Riding of Yorkshire Council
Cllr Andrew Brown	Hammersmith and Fulham London Borough Council
Cllr Mel Few	Surrey County Council
Cllr Colin Noble	Forest Heath District Council
Cllr David Williams	Hertfordshire County Council
Substitutes	
Cllr Graham Gibbens	Kent County Council
Cllr Wayne Fitzgerald	Peterborough City Council
Cllr Graham Jones	West Berkshire Council
Labour (7)	
Cllr Paulette Hamilton (Vice-Chair)	Birmingham City Council
Cllr Shabir Pandor	Kirklees Metropolitan Council
Cllr Jackie Meldrum	Lambeth London Borough Council
Cllr Rachel Eden	Reading Borough Council
Cllr Helen Holland	Bristol City Council
Cllr David Shields	Southampton City Council
Cllr Denise Scott-McDonald	Royal Borough of Greenwich
Substitutes	
Cllr Mohammed Iqbal	Pendle Borough Council
Cllr Robin Moss	Bath & North East Somerset Council
Cllr Richard Chattaway	Warwickshire County Council
Liberal Democrat (2)	
Cllr Richard Kemp CBE (Deputy Chair)	Liverpool City Council
Cllr Doreen Huddart	Newcastle upon Tyne City Council
Substitutes	
Cllr Rob Rotchell	Cornwall Council
Independent (2)	
Mayor Kate Allsop (Deputy Chair)	Mansfield District Council
Cllr Claire Wright	Devon County Council
Substitutes	
Cllr Neil Burden	Cornwall Council
Cllr Tony Saffell	North West Leicestershire District Council

Agenda

Community Wellbeing Board

Thursday 28 March 2019

11.00 am

Smith Square 3&4, Ground Floor, 18 Smith Square, London, SW1P 3HZ

Item	Page
1. Declarations of interest	
2. Implementing the Long Term Plan: Proposals for possible changes to legislation	1 - 6
3. Public Health	
A supplementary agenda will be circulated to the Community Wellbeing Board ahead of the meeting.	
4. An approach to measuring value for money in Adult Social Care	7 - 12
5. Children and young people's mental health future work programme	13 - 18
6. Any other business	19 - 22
7. Minutes from the previous meeting	23 - 28
Part 2: Confidential	
8. Suicide Prevention Self-Assessment results	29 - 32

Date of Next Meeting: Wednesday, 19 June 2019, 11.00 am, Smith Square 3&4, Ground Floor, 18 Smith Square, London, SW1P 3HZ



Implementing the Long Term Plan: Proposals for possible changes to legislation

Purpose of report

For discussion.

Summary

This report provides a summary of the proposals for legislation in relation to the NHS Long Term Plan, which are currently being consulted upon. The report requests CWB views on a proposed set of tests to assess the impact of the proposals on local government powers and duties. Chris Gormley, Deputy Director of Mandate, Legislation and Accountability from NHS England, and Ben Dyson, Executive Director of Strategy from NHS Improvement will be attending the CWB meeting to hear the Boards views on the proposals, in particular their impact on local government.

Recommendation

That the Board discuss the proposed set of tests to identify the implications for local government of the proposals outlined in the NHS England consultation document.

Actions

Officers to action as directed by the Board.

Contact officer: Alyson Morley
Position: Senior Policy Adviser
Phone no: 0207 664 3230
Email: alyson.morley@local.gov.uk



Implementing the Long Term Plan: Proposals for possible changes to legislation

Background

1. The NHS Long Term Plan (LTP), published in January 2019, sets the priorities and policy direction for the NHS for the next five to ten years. It also proposed legislation to make it easier for NHS organisations to work collectively. The NHS has now launched a consultation exercise on the proposals for changing legislation relating to the NHS. The consultation document is available [here](#). The consultation document recognises that it is possible to implement the LTP without primary legislation, though legislation could make implementation easier and quicker.
2. Chris Gormley, Deputy Director of Mandate, Legislation and Accountability from NHS England, and Ben Dyson, Executive Director of Strategy from NHS Improvement will be attending the CWB meeting to hear the Board's views on the implications for local government in relation to the proposals for legislative reform outlined in the consultation.
3. This report provides Board members with a summary of the legislative proposals and sets out some proposed tests to apply to the proposals to identify the impact on local government powers and duties.

Summary of main proposals for changes to legislation

4. **Promoting collaboration** - The aim is to provide a better balance in the NHS between competition and collaboration. In particular, changing the Competition and Markets Authority (CMA) role in relation to proposed mergers and acquisitions involving NHS Foundation Trusts. The proposal is to remove the CMA role in reviewing mergers, acquisitions and transfer it to NHS Improvement (NHSI) to ensure that there are clear patient benefits. In addition, NHSI's competition powers and duties are also removed.
5. NHSI (with NHSE) is responsible for the National Tariff Payment System. Currently it is required to refer any objection from relevant bodies to tariff prices to the CMA or consult on a revised set of proposals. The proposal is that NHSI and NHSE are able to reach a final decision without reference to the CMA.
6. **Getting better value for the NHS** - The aim is to remove 'overly rigid' procurement requirements on the NHS by introducing a new 'best value' test and stronger protection for patient choice. Currently, NHS procurement is undertaken under section 75 (S75) regulations (Health and Social Care Act 2012) and the Public Contracts Regulations 2015. NHSE contends that current requirements lead to lengthy and costly procurement processes. Furthermore, these make it difficult for NHS organisations to collaborate in developing new models of care as there is a chance that this will be challenged on the grounds of not treating all potential providers equally.
7. NHSE proposes that S75 regulations are revoked and replaced with a 'best value' test, to be defined in statutory guidance and focusing on the impact on quality of care and health outcomes, and acting in the best interests of patient. This means that NHS providers and commissioners would be removed from the scope of the Public Contracts

Regulations. NHSE also proposes a new measures to strengthen patient choice, including the roll out of personal health budgets.

8. **Flexibility of NHS payment systems** - The aim is to develop the national tariff to provide incentives for collaboration between commissioners and providers to improve the quality of care and ensure the most efficient use of resources. NHSE proposes the following legislation:
 - 8.1. all national prices to be set as a formula rather than a fixed value, so that the price payable can reflect local factors;
 - 8.2. provide a power for national prices to be applied only in specified circumstances, for example allowing national prices for acute care to cover 'out of area' treatments but enabling local commissioners and providers to agree appropriate payment arrangements for services that patients receive from their main local hospital in accordance with tariff rules; and
 - 8.3. allow adjustments to provisions within the tariff to be made within a tariff period, for example to reflect a new treatments, rather than having to consult on a new tariff in its entirety for even a minor proposed change.
9. There is also a proposal that, once Integrated Care Systems (ICSs) are fully developed, the power to apply to NHSI to make local modifications to tariff prices should be removed.
10. Regarding section 7A arrangements, under which NHSE commissions services on behalf of the Secretary of State, it is proposed to revise the legislation so that the national tariff can include prices for section 7A public health services, such as immunisation and vaccinations, prisoner health and national screening programmes.
11. **Integrating care provision** - This proposes introducing a new type of NHS trust bringing together primary, community and acute care under a single provider organisation. The Integrated Care Provider (ICP) contract is being introduced as a discretionary tool to enable this to happen but in some areas it may be difficult for commissioners to identify an existing provider to take on an ICP contract. This proposal would enable the Secretary of State to establish a NHS trust for the purposes of providing integrated care.
12. **Managing NHS resources better** –This proposal gives NHSI more powers to direct mergers in circumstances where the reluctance of one provider is a barrier to a merger. Currently, NHSI currently has this power but only where there is serious failure or risk of failure.
13. **Improving planning of capital spending** - This proposal aims to enable a more collective approach across different NHS organisations in capital investment to support integrated care. Currently, Parliament approves an annual financial envelope for capital expenditure across the Department of Health and Social Care (DHSC) and NHS trusts but there are no equivalent mechanisms to set the capital spending of NHS foundation trusts (which have specific freedoms in relation to their capital assets). The proposal is that NHSI should have powers to set annual capital spending limits for NHS foundation trusts in the same way as it can for NHS trusts.



14. **All the NHS working together** - These proposals aim to remove barriers to collaboration and joint decision-making by letting trusts and CCGs exercise some functions, and make some decisions jointly. This would be an alternative to creating an ICP. The aim is for ICS partnership boards to bring together commissioners, providers, primary care networks, local authorities, the community and voluntary sector and other partners. The proposal is that organisations will have the powers to form these joint committees. They would not do away with existing responsibilities of CCGs and NHS providers but they would provide a mechanism for collective decision-making on local priorities and the best use of collective resources. In addition, the NHS is seeking new provisions relating to the formation and governance of these joint committees and the decisions that could be delegated to them.
15. The NHS is seeking powers for NHS bodies to work together that are similar to the Section 75 NHS Act flexibilities that enable CCGs and local councils to establish joint committees, pool budgets and delegate commissioning and provision. The proposals also state that the NHS will work with local government to consider how existing provisions for joint working might be improved in the light of these proposed changes, including the ability for local authorities to be part of joint committees.
16. **Joined up leadership** – This aims to bring NHSE and NHSI closer, either to merge them completely or enable them to work more closely, while clarifying the accountability to the Secretary of State and Parliament.

Proposed tests to identify implications for local government

17. The LGA has welcomed many aspects of the NHS Long Term. It, however, recognises it is a plan for the NHS rather than a comprehensive plan for the wider health and care system. Inevitably, therefore, it offers only a partial solution to the health, social care and wellbeing challenges facing us. The LTP recognises that partners, in particular local government, have a role in promoting health, wellbeing and independence but the measures it outlines focus primarily on the NHS.
18. Similarly, the proposals for possible changes to legislation focus primarily on legal reform to enable greater collaboration between NHS organisations. Measures to enable greater collaboration between the NHS and other partners, including local government, are addressed but only in part or as a secondary consideration. We would like to see a greater consideration of how the legal framework can be reformed to give NHS and local government partners parity of esteem and equivalent freedoms and flexibilities in a more joined-up health and care system. We, therefore, propose that NHSE, DHSC and the Ministry of Housing Communities and Local Government adopt a set of tests to ensure that any legislative reform for enabling greater collaboration in the NHS also considers how this will impact on local government, with the aim of extending equivalent freedoms and powers to local government. The tests are outlined below.
 - 18.1. What impact will these proposals have on the existing powers and duties of local authorities in relation to their ability to collaborate with the NHS and other partners in order to improve the health and wellbeing of their populations?
 - 18.2. Is there any reason why equivalent freedoms and flexibilities proposed for the NHS cannot also be extended to local government? If not, what additional



legislative reforms are necessary to extend freedoms and flexibilities to local government?

- 18.3. Do the proposals adhere to the principle of subsidiarity? That is, do they ensure that decisions will be taken at the most relevant local level, rather than by a central authority? Furthermore, do the proposals ensure that there is local accountability of health, care and wellbeing services?
- 18.4. Do these proposals build on and make the most of the existing governance and accountability structures within the health and care system? In particular, do these proposals ensure that health and wellbeing boards continue to have a key role in promoting collaboration and integration?

Implications for Wales

19. Health and social care policy are devolved to the Welsh Assembly.

Financial Implications

20. This report has no financial implications for the LGA.

Next steps

21. Community Wellbeing Board is requested to discuss the tests outlined in paragraphs 18.1 – 18.4 above.



An approach to measuring value for money in Adult Social Care

Purpose of report

For decision.

Summary

The report sets out a draft approach to measuring value for money in Adult Social Care. The approach has been developed collaboratively by the LGA and ADASS working with DHSC, MHCLG, and consultancies/contractors with expertise in this area.

The aim of the work is to support local authorities in having a transparent and shared approach to assessing their use of resources in adult social care, including both pressures and any potential for improvement. The approach may be used within specific local authorities, or on a collective basis in regions in line with other work of a sector led improvement nature. The approach uses information already in the public domain.

During January and February this year the approach was tested with regions on a restricted basis (each DASS received their own Council's data and were shown the regional data in presentation form). Feedback was generally positive and comments are being taken on board in the further development and launch of the approach.

ADASS sign off of the approach will be sought at their Executive in April. Subject to this and to the views of the Community and Wellbeing Board, reports using 17/18 data will be available in LG Inform from May 2019. The proposal is that the reports using this approach will initially be available to DASSs only to allow them time to assimilate the findings and discuss them locally with Members and other senior officers, and then the reports will be available to anyone working in a local authority.

Recommendation

That Community Wellbeing Board Members endorse the approach set out in the report.

Action

Officers to action in accordance with Members direction.

Contact officer: Simon Williams
Position: Director, Sector Led Improvement, CHIP
Phone no: 0207 664 3122
Email: Simon.Williams@local.gov.uk

An approach to measuring value for money in Adult Social Care

Background

1. The 2018 ADASS Budget Survey clearly evidences the financial pressures facing Adult Social Care. While hopes lie with Central Government delivering a sustainable financial settlement, local government must continue to do all it can to improve value for money in the use of scarce resources.
2. It is vital that local authorities have robust information to assess value for money to allow them to manage the financial pressures facing them. Also that those advising and supporting them and those to whom they are accountable can draw on the same information with confidence and use it to support sector led improvement.
3. Over the recent past there have been several attempts made to develop tools that would assess value for money in adult social care, drawing on national performance measures. Issues in the quality and validity of the national data sets have meant that the findings from these tools are often unexpected and perverse. Nor do they take in to account local context, priorities or practices of councils in the analysis.
4. The LGA and ADASS have been working collaboratively with DHSC, MHCLG, and consultancies/contractors with expertise in this area to develop a robust and transparent approach to measuring value for money in Adult Social Care that builds on learning from previous tools. Moving away from tools which are purely data based, the approach that has been developed uses a set of questions to promote informed self-assessment and improvement, taking in to account local conditions and bringing in challenge at each step. It helps councils to identify areas for further exploration, where spend and/or performance is significantly different to regional or national averages.
5. The approach is hosted on LG Inform, which allows quick and easy analysis of data for those steps which draw from national data sets. It also allows flexibility in terms of the access to the approach and findings from it.
6. This paper sets out the approach and proposals for its launch for Members to consider.

Issues

7. The intention of this project group had originally been to develop a data driven tool which local authorities could use to determine how far they were providing value for money. However, despite previous attempts, through the development process it was determined that it is not fully possible to evaluate how much is spent compared to need on a quantitative basis alone using the national data currently available. Consideration

needs to be given to local context, priorities and practice. This paper proposes a 13 step methodology that ensures all these aspects of value for money are considered.

8. The approach does not lead to a definitive statement that one authority is overall more efficient than another, but it allows an authority to look carefully at how resources are used and to seek to improve value for money wherever possible. It can also be used between authorities, for example in regions, in line with the sector led work that already takes place. The aim of the approach is to support sector led improvement.
9. There are some technical issues related to the use of the national indicators which will impact on any approach, but should still be considered. A commentary setting out the technical considerations and other information relating to the reading of the data will be developed to sit alongside the approach in LG Inform. This commentary will also address why a particular indicator is useful and also why if used unthinkingly in isolation it can lead to perverse conclusions.

The approach

10. This paper sets out 13 steps to looking at value for money in Adult Social Care:
 - 10.1. Step 1: Compare spending on adult social care with relevant populations to see if this is significantly higher than other authorities:
 - 10.2. Step 2: Is there a genuine local reason why spending would be higher reflecting local needs which are clearly higher than other authorities? Consider both deprivation and the number of people aged 75 or over.
 - 10.3. Step 3: Is spending higher because you are supporting more people than other authorities?
 - 10.4. Step 4: Do you know why you are supporting more people than other authorities? What does the information about what happens to people who ask for support tell you about your processes and practices?
 - 10.5. Step 5: How does your performance compare with the performance measures suggested by IPC in their "Six Steps to Managing Demand in Adult Social Care – A Performance Management Approach"
 - 10.6. Step 6: Is spending higher because the average cost of supporting an older person or a younger adult is higher than other local authorities?
 - 10.7. Step 7: Is spending higher because you are making much greater use of more expensive care settings (such as care homes)?
 - 10.8. Step 8: What are you are planning to do to use less expensive methods of care (where this still meets care needs)?
 - 10.9. Step 9: Is spending higher because the costs locally for any particular setting are more expensive?
 - 10.10. Step 10: If care costs are generally higher than elsewhere for specific local reasons (such as the local labour market) what are you going to do about looking at alternative ways of meeting care needs?

- 10.11. Step 11: Is your work with the NHS (including the use of the Better Care Fund) achieving value for money for the local authority?
- 10.12. Step 12: Is your spending other than on care packages, effective? Could its efficiency be improved?
- 10.13. Step 13: What impact might the technical issues have on your conclusions about value for money within adult social care in your authority? (technical issues will be set out in the commentary on LG Inform)

Sector engagement

11. Early findings from the proposed approach were discussed with a sub group of those collaborating on the project, including representatives from the LGA, ADASS, DHSC, MHCLG, contractors and consultants.
12. During January and February the approach was tested with all nine regions to allow Directors of Adult Social Services and Finance Leads to sense check and challenge both the data and approach. Each region had a presentation of regional data from 2017/18 national returns, identifying councils within the region and including a national comparator. Each DASS also received a version of findings relating to their own council.
13. Feedback from regions was generally positive and there was support for the implementation of the approach. However there was some concern that there was potential for misuse of the approach to produce misleading and unhelpful rankings or league tables of performance. DASS's were keen that the approach be used to encourage a transparent and constructive debate that supports sector led improvement. There was also concern that variation might be used to undermine the case for extra investment in social care overall: the approach has been clear that, whatever variation exists and whatever scope there may be to improve, there is still an overwhelming need for overall extra investment in social care.
14. It was acknowledged that a low result for an indicator does not necessarily indicate poor performance but may reflect local priorities, practices or local context. A strong narrative around the indicators was felt to be crucial to mitigate against misuse i.e. high spend per client is not necessarily a negative as a council may only be supporting people with high care needs. It was felt that spending is often dependent on the local relationship with Health which in turn dictates funding and practice. Also that some contextual factors influence the variation in spend, deprivation being a key factor.
15. It was also acknowledged that the current national indicators measuring quality or outcomes are limited, therefore the current VFM approach has greater emphasis on spend than 'value'. ASCOF indicators give DASS's limited information to provide a narrative on quality and now some elements of service provision, such as waiting times for assessment or timeliness of provision of care, which may give a view of quality are absent from the ASCOF set. In the future it is hoped that the VFM approach could be



developed to include more consistent quality and outcome measures that would give a more rounded view of adult social care.

Next steps

16. During March and April amendments to the approach are being made on LG Inform, including the addition of a commentary relating to both individual measures and also the findings in report format, in order to help mitigate against the risk of misuse of the findings.
17. Endorsement of the VFM approach is being sought from ADASS Executive in April. Subject to the views of Board Members and the ADASS Executive the approach will be launched on LG Inform in May 2019.
18. In the first instance the approach and reports will be launched on a restricted basis to allow DASS's time to discuss findings with their lead members and other senior officers. Access will be extended after about four weeks to other local government officers and members.



Children and young people's mental health future work programme

Purpose of report

For direction.

Summary

This report sets out proposals for the children and young people's mental health work programme for the LGA.

Recommendation

That the Board consider the proposals in the paper and direct officers accordingly.

Actions

1. Officers will modify the proposals to reflect direction from the Board.
2. Officers will confirm the commissioning of the research based on comments from the Board.
3. Officers will contact the nominated or volunteered members of the Board to set up the children and young people's mental health steering group.

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

Children and young people's mental health future work programme

Background

1. The LGA has been active on children and young people's mental health (or CAMHS), through engagement in consultations, influencing work on the NHS England Long Term Plan (LTP) and 5 year forward view, its Bright Futures campaign and the publication of guidance on leadership in CAMHS. The LGA has also just published its report on the CAMHS peer learning programme it delivered last year with eight councils, facilitated by the Children's Society, which consisted of two learning days and support from a peer organisation.
2. Going forwards, a number of changes are taking place. The current funding agreed under Future in Mind will be replaced by the NHS LTP funding, and we are embarking on a new spending review period.
3. We are also seeing increased reports of mental health disorders in children and young people, with increasing criticism of their ability to access support. We have seen a doubling of demand for CAMHS in the past 2 years, more children and young people with anxiety and depression, and alarming rates of self-harm and attempts to take their own life in girls aged 17-19. Just under 40 per cent of children and young people who are referred to CAMHS are turned away, either due to not meeting clinical thresholds or due to capacity issues. A further third have to wait so long their mental health deteriorates.
4. The current level of ambition is for 35 per cent of children and young people with a diagnosable mental health condition to receive treatment from an NHS-funded community mental health service by 20/21. In 15/16, 25 per cent received treatment. The NHS Long Term Plan makes a commitment that at the end of the 10 years, 100 per cent of children and young people who need *specialist* help will receive it.
5. Government has announced the development of a new model of referral between schools and new 'mental health units'. Whilst the important role of schools should be a focus, we have argued that councils should be part of the new model, particularly to ensure children not in mainstream education, or where issues are picked up in other settings, can also benefit.
6. We have welcomed the 'transforming children and young people's mental health' green paper's focus on crisis care for children and young people, reducing waiting times and closer links with schools. However, the role of local government was notably absent. It is proposed to explore and raise the profile of the role of local government in children and young people's mental health, with the ambition of changing the direction of travel our young people's mental health is heading in and transforming the support that is available.



Issues

7. The proposed aim of the project is to raise the profile of, and set out the case for, local government's role within children and young people's mental health, in advance of the next spending review, with a launch date at NCASC 2019. This includes equipping councils financially, through sharing good practice and in national policy terms, to play their part in addressing the mental health needs of children and young people.
8. We propose the following objectives:
 - 8.1. To articulate and make the case for the key role of local government in children and young people's mental health, and why councils should be part of the national picture, policies and associated funding on children's mental health.
 - 8.2. To identify in more detail the issues facing councils with respect to children and young people's mental health, and articulate what the local government community thinks the solutions are.
 - 8.3. To identify and share examples of good practice led by councils on children and young people's mental health.
 - 8.4. To more comprehensively map out funding on children's mental health, identifying local government spend and what local government is spending on.
 - 8.5. To articulate the case for a better approach to funding and accountability in children and young people's mental health.
9. **The Board is asked whether there should be anything added or removed from the proposed aims and objectives, and to agree them.**

Proposal for joint steering group

10. To take this forward and help unpick the issues, it is proposed that a joint time-limited steering group is established, made up of members representing the Children and Young People Board (CYP), the Community Wellbeing Board (CWB) and the Safer and Stronger Communities Board (SSCB).
11. It is proposed that two members of the SSCB is invited so they can represent the SSCB's views on mental health issues related to gangs, county lines, the criminal justice system, the probation services, etc.
12. It is proposed that there are two members from CYP, two members from CWB and two member from SSCB.



13. It is proposed that the steering group has three meetings; in May, the beginning of July and beginning the September. It is proposed that the terms of reference are agreed at the first meeting in May.

14. The Board is asked to discuss and come to an agreement over the proposal of a joint steering group.

15. It is proposed that at each meeting the steering group receives an update on the gathering of evidence and is asked to address specific questions. These could include:

15.1. Why is children's mental health an issue for councils?

15.2. What role do/can councils have in addressing current children's mental health provision and support issues?

15.3. What role do/can councils have in giving children who are experiencing mental health issues, and their families, the treatment and support they need, particularly before things escalate and deteriorate?

15.4. How can we demonstrate the importance of addressing poor mental health early on, rather than focusing on growing acute provision to meet 100 per cent of demand?

15.5. How can we best demonstrate the role of local government?

15.6. What emerging key messages from the research should the LGA focus on?

Proposals for gathering of evidence – mapping the funding

16. According to NHS England figures, just over a quarter of all local CAMHS funding in 2014/15 was from local authorities. According to a recent report by Young Minds, local government has overall been reducing its funding on CAMHS since 2013/14.

17. To provide more evidence on the financial situation surrounding children and young people's mental health, it is proposed that the LGA commissions work to map out the national profile for spending and identify both the contribution from councils, and what councils are spending their money on.

18. As far as practical, this could include the data on the allocation and spend of the additional £1.7 billion from Government promised for CAMHS since the 2015 Future in Mind strategy.

19. **The Board is asked for any comments on the funding picture within councils on children and young people's mental health to inform the development of this piece of research.**

Proposals for gathering of evidence – identification of issues and good practice

20. It is proposed that the LGA commissions a piece of work to:

20.1. Identify the issues local government is experiencing in relation to children and young people's mental health. This could include how council services are being affected by decisions made in CAMHS, for example in the provision of additional support for children in care; how councils are proactively supporting children and young people's mental health through, for example, their public health work; and how councils are affected as system leaders, leaders of place, representing the interests of their residents and through their interaction with other agencies such as the probation services, etc.

20.2. Identify examples of local government good practice in children and young people's mental health.

21. The following are possible areas of enquiry:

21.1. Health and wellbeing boards with influence / oversight

21.2. Transition

21.3. Partnership working, multi-agency approaches and joined-up working

21.4. Suicide prevention focus on children and young people

21.5. Early intervention

21.6. Prevention and promotion of mental wellbeing

21.7. Whole-life and person-centred approach

22. **The Board is asked for any comments on the identification of issues and good practice, and is asked if there are any other key lines of enquiry or questions that we should be asking.**

Implications for Wales

23. It is proposed that because NHS functions are devolved in Wales, that the funding work focuses on England.



24. It is proposed that Wales is included in examples of good practice.

Financial Implications

25. All proposed areas of work have been identified as areas of spend for 2019/20 and will be met within existing budgets.

Next steps

26. Officers will modify the proposals to reflect direction from the Community Wellbeing Board.

27. Officers will confirm the commissioning of the research based on comments from the Community Wellbeing Board.

28. Officers will contact the nominated or volunteered members of the Community Wellbeing Board to set up the children and young people's mental health steering group. Members of the steering group are asked to keep the full Community Wellbeing Board updated of its progress at future Board meetings.



Update on Other Board Business

Purpose of report

For information and comment.

Summary

Members to note the following updates:

1. **Asylum, Migration and Refugee Task Group**
2. **Sleep-ins**
3. **Armed Forces Covenant**

Recommendations

Members of the Community Wellbeing Board are asked to:

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

Action

As directed by members.

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



Update on Other Board Business

Asylum, Migration and Refugee Task Group

1. This LGA Task Group, which reports to the Community Wellbeing and Children and Young People's Board, met with the Minister for Immigration on 6 March. Attendees noted updates from a Home Office and Local Government Chief Executive Group on asylum dispersal that the LGA is hosting. This [aims](#) to achieve better engagement and oversight; access to funding and data; and a reduction in pressures. Local leaders welcomed and continued to press for tangible action on these key issues with a focus on moving to a place based approach that recognises wider pressures, a planned reduction in areas with high concentrations, and local flexibilities when necessary but only when agreed by councils. Attendees also pressed for confirmation on the future of refugee resettlement, and for funding for unaccompanied children. The Minister has committed to quarterly meetings of the Group during the transition period to the new contracts, and progress against these priorities will be provided at future meetings. Updates will continue to be added to the LGA [website](#).

Sleep-ins

2. On 13 February 2019, the Supreme Court granted Unison leave to appeal the Court of Appeal judgment on sleep-in payments for social care workers. We have been informed that the Supreme Court hearing will not take place before October 2019, but the actual timetable is yet to be confirmed. Confirmation that leave to Appeal has been granted means that councils face a further prolonged period of uncertainty, and the threat of crippling back payments and higher ongoing costs once again hangs over the sector. The LGA has always taken the view that care workers should be paid fairly for the work they do and that all legal requirements should be fully met by councils and providers of social care. However, there is no getting away from the stark reality that funding gap facing adult social makes addressing the workforce challenge extremely difficult.
3. Although each authority will determine its own response to the Court of Appeal's decision, given that the Supreme Court has agreed to hear Unison's appeal, we have suggested to councils in our latest [briefing](#) that maintaining the status quo for sleep-in shift payments may be the least disruptive course of action. We have also encouraged authorities who have not yet done so, to use this period to calculate their potential liability and plan accordingly in case the Supreme Court does reverse the decision and determines all time spent during sleep-ins counts towards working time for the purposes of National Minimum Wage.
4. While these are prudent actions to take in the current situation, we have been equally clear that years of significant underfunding of councils, coupled with rising demand and costs for care and support, have combined to push adult social care services to breaking point. We are also clear that if there is further change to the legal position as a result of the Supreme Court appeal, Government must make available genuinely new funding to ensure that historic liabilities and higher ongoing costs can be paid for without adversely affecting councils, providers and those who rely on them for essential social care services.



Armed Forces Covenant

5. We have commissioned Shared Intelligence to write a publication that showcases and shares how 10 councils and partnerships of councils are using Covenant Fund grants to further strengthen the local delivery of the Armed Forces Covenant. The publication will include recommendations on how to further spread good practice and ensure local government capacity to meet obligations under the Covenant in the context of significant budget pressures.
6. Tobias Ellwood MP, Defence Minister, is a confirmed speaker for LGA Annual Conference. We are working with the Ministry of Defence and other partners to organise an informal moment that will celebrate and recognise councillors and officers who serve or have served in the Armed Forces.
7. We have responded to the Ministry of Housing, Communities and Local Government's consultation on improving access to social housing for members of the Armed Forces, veterans and their families. Whilst supportive of the principles underpinning the consultation, and the opportunity to consolidate Armed Forces housing guidance, we highlighted that these proposals exist alongside the objectives of different government departments seeking to ensure that other groups, such as victims of domestic violence, are also given necessary priority in the allocation of social housing.

Note of last Community Wellbeing Board meeting

Title:	Community Wellbeing Board
Date:	Wednesday 30 January 2019
Venue:	Smith Square 3&4, Ground Floor, 18 Smith Square, London, SW1P 3HZ

Attendance

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

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

1 Welcome and declarations of interest

There were no declarations of interest and apologies.

It was noted that Cllr Rebecca Knox (Con) and Cllr Anthony Rowlands (Lib) were attending as observers.

2 The Rt Hon Matt Hancock MP - Secretary of State for Health and Social Care

The Chairman introduced the Rt Hon Matt Hancock MP, Secretary of State for Health and Social Care, to the meeting of the Community Wellbeing Board.

The Secretary of State spoke to the Board, in particular highlighting the following;

- He gave an example of a time he had met with a parent of a young person with severe autism who has been in a secure hospital for two years. He emphasised the parent had been particularly distressed over being unable to visit and hug their child for over two months. He stated that this young person could receive a better level of care from local authorities.
- Regarding the integration of public health he emphasised the need for more porous boundaries between services.
- He reassured Members the Adult Social Care Green Paper was now intended at an April publication.
- He highlighted that the Adult Social Care Green Paper would include a section on digital and informatics interoperability between health and care with reference to the positive examples such as in Leeds. He also indicated there would be sections on the integrated models of care as well as on support for carers.
- Regarding integration he emphasised we need to move to learning from the best models.

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

- In regards to a query as to how the Secretary of State would achieve cross-party support for funding adult social care, he responded by emphasising that a lot of work had been to gain a consensus. He raised that there will be an increase in the budget funded through taxes. He also raised that there had been injustices in the way that adult social care is funded both between different areas and in the unequal provision for different conditions.
- A query was raised regarding the Secretary of States thoughts on whether the government regrets cuts to public health, why public health is having an £85 million budget cut despite performance improving and how work on the social determinants of health could make significant savings for the NHS. The Secretary of State responded by emphasising the budget changes are the result of the 2015 review. He asked that the LGA provide evidence to help inform the summer review to include in future debate on the public health budget.
- In regards to a query as to how the Secretary of State can ensure local government get their fair share of funding towards digital innovations, he raised that the technology vision would focus on delivering better services and value for money through better use of data. In particular he emphasised the importance of digital innovations supporting interoperability between adult social care and health.
- In regards to a question regarding local government contribution in the implementation of the NHS Long Term Plan the Secretary of State the importance of correct governance. He voiced that although Health and Wellbeing Boards were working brilliantly in some areas it was not the case everywhere. He did emphasise that the NHS Long Term Plan supports local authority representation on integrated care systems.
- In regards to a view expressed that memorandum of understanding needs to be finalised so that data can be shared more effectively with the NHS the Secretary of State emphasised that there would be chapter in the adult social care green paper focusing on this.
- In regards to a query as to the future of the Better Care Fund after 2019/20 the Secretary of State emphasised that extra money would be put into the fund in winter showing the government continued commitment.
- A view was expressed that there was continued frustration amongst local authorities around the delayed adult social green paper and the lack of support for prevention. In response the Secretary of State emphasised the role of better using digital and technological innovations to better use resources in social care.

The Chairman expressed his thanks to the Secretary of State for attending the meeting of the Community Wellbeing Board and for a valuable discussion.

3 Independent Review of the Mental Health Act 1983

The Chairman welcomed Andy Bell, Deputy Chief Executive of the Centre for Mental Health, and Mark Trewin, Mental Health Adult Social Work Lead and the Department of Health and Social Care, to the meeting of the Community Wellbeing Board. Mark Trewin and Andy Bell introduced the item opening a discussion with Community Wellbeing Board Members on the publication of *'Modernising the Mental Health act. Increasing choice, reducing compulsion'* - the final report of the Independent Review of the Mental Health Act 1983.

Mark explained the context of the review, explaining it was commissioned by the Prime Minister in 2017 to explore how the legislation in the Mental Health Act 1983 is used and how practice can be improved. He explained the review sought to understand why there had been rising rates of detention, where processes have become outdated and the reasons for the disproportionate number of people from black and minority ethnic groups were being detained under the act. Mark emphasised that local authorities had played an important role in providing evidence to inform the review. Andy explained to members that the review had identified areas of concern and proposed recommendations to amend the Mental Health Act. He highlighted four key areas, in particular a strong proposal for advocacy to be extended and boosted.

Mark also emphasised that they had held discussions with the authors of the NHS Long Term Plan and Adult Social Care Green Paper to ensure they were clear of the key messages from the review. He also emphasised that they had worked closely with ADASS throughout. He also drew Members attention to developments on mental health for local authorities, emphasising that none of these will work without social care. In particular he raising the importance of new forms of integration and the prevention green paper.

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

- Views were expressed that the reviews work was extremely valuable.
- Concerns were raised as to the lack of available supported housing. In response Mark emphasised the importance of support housing would be reflected in the adult social care green paper.
- Concerns were raised around the mental health of those going through the criminal justice system. In response Mark emphasised that a group led by Matthew Scott, Police and Crime Commissioner for Kent, were focusing on better bringing together these services on this topic.
- Andy raised that there continued to be a growing evidence base for the critical role of prevention in mental health.
- The importance of children's centres and working to build up a child's resilience in their first two years of life was raised.
- Mark reassured Members the views of other communities on the stigmatisation of mental health had been taken into account in the review.
- Andy informed Members that they had found apprenticeships had been effective in bringing people into the workforce and in responding to where groups are underrepresented in an areas mental health workforce.

Decisions

The Community Wellbeing Board:

1. Noted the update on the final report of the Independent Review and recommendations;
2. Agreed and provided comments upon the draft key messages in response in paragraph 12 to 13; and
3. Agreed that the Community Wellbeing Board Chairman write a response to the recommendations of the review to Professor Sir Simon Wessely, the Review Chair and also to Jackie Doyle-Price MP, the Minister for Mental Health, Inequalities and Suicide Prevention.

Action

- Officers to share this report with the LGA Children and Young People's Board Lead Members, as the Mental Health Act 1983 also applies to Children and Young People.
- Officers to inform the Community Wellbeing Board Members of the Children and Young People Board views, and reflect their views in any future actions.
- Officers to discuss with ADASS about their response to the Mental Health Act review and, in particular, any new operational or legal implications that may present new burdens.
- Alexander Saul, Assistant Member Services Manager, to circulate slides to the Community Wellbeing Board members.

4 NHS Long Term Plan

Alyson Morley, Senior Adviser, introduced the item including an report summarising the LGA key messages with regard to the NHS Long Term Plan. She also raised that a briefing on these LGA key messages had been published in the week and circulated to Members of the Community Wellbeing Board. She also emphasised that the LGA broadly welcoming of the NHS Long Term Plans proposals and was keen to promote LGA policy messages on this as widely as possible.

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

- Views were expressed that Health and Wellbeing Boards provide the necessary framework for commissioning.
- Concerns were raised that resources aimed at supporting areas of deprivation will not realise their intended use.
- Concerns were raised that as local authority services would receive further social prescribing under the NHS Long Term Plan local government would need to be mindful that it would need to be prepared for the increasing pressure on these services.
- Concerns were raised that there was increase in diagnosing autism but that services supporting autism needed to be increased to match this.
- A view was expressed that work force issues in social care will need to continue to be emphasised in LGA key messages.
- Alyson raised that the LGA would continue to bring to the attention of the NHS where their data and findings were found to be inaccurate compared to local governments findings.
- Paul Ogden, Senior Adviser, raised a concern that the NHS Long Term Plan indicated that sexual health and health visiting could become NHS responsibilities in future. He highlighted that if this were to happen the £1.5 billion funding towards these services would come out of the public health budget. This would be approximately half of the current public health budget.
- A concern was raised that any mention of Health and Wellbeing Board had been omitted from the NHS Long Term Plan.
- Alyson asked members of the Board to send examples from their local areas of the value of Health and Wellbeing Boards to inform a future piece of work the LGA would be undertaking.

Decision

The Community Wellbeing Board noted the update.

5 Children and Young People's Mental Health

Abigail Gallop, Senior Adviser, introduced the report updating members on the Children and Young People's Mental Health work programme and aiming to set out the themes for future work on this. In particular Abigail emphasised the proposal for more joint working between the Community Wellbeing Board and Children and Young People Board on children's mental health.

Cllr Richard Kemp CBE, Deputy Chair of the Community Wellbeing Board, congratulated Abigail on a successful event on 29 January on 'Improving transition from children to adult mental health services'. He informed Members that the event had been very encouraging. He emphasised the importance of transition from children's to adult services and the huge role of Local Government had been very clear throughout discussion on the day.

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

- Concerns were raised as to the severity of the statistics regarding self-harm in children that were included in the report.
- The importance of engaging with young people as to their view on these services was emphasised.
- A view was expressed that it would be valuable for the LGA to share their own findings and to give guidelines on transition from children's to adult services for Councils.
- Regarding the data detailed in the report Abigail emphasised that this is the first year NHSE can be confident of its accuracy.
- Cllr Rachel Eden explained that in her local authority, Reading Borough Council, involving a youth council was proving effective in reviewing these services.

Decision

The Community Wellbeing Board noted and commented on the activities to date.

Action

Officers will present a report detailing a proposed Children's Mental Health Joint Working Group and its work plan to the following meetings of the Community Wellbeing Board and the Children and Young People Board.

6 Any other business

The Chairman, introduced the Update on Other Board Business report. The following additional updates were provided by members of the Board;

- Cllr Jackie Meldrum informed members that the Autism Task Force was looking for more Councillors to be involved in their work.
- Cllr Doreen Huddart explained that she had attended two events for Forces in Mind Trust. The first being consultation to discuss the key issues surrounding the delivery of the Armed Forces Covenant and the second a parliamentary reception launching the report '*Benefit not burden: How to improve the delivery of organizational pledges made under the Armed Forces Covenant*'. Cllr Huddart explained that these had been valuable and requested that information from these events be circulated to members of the Community Wellbeing Board.
- Cllr Jackie Meldrum informed members that in her local area AccessAble had

proven a valuable service to carry out and publish on line detailed disability audits of venues with objective of enabling disabled people to plan trips out in advance. Further to this she expressed a view that it would be valuable for the LGA to get in touch with AccessAble regarding their work.

Actions

Officers to liaise with AccessAble to further discuss their work with Councils.

Alexander Saul, Assistant Member Services Manager, to circulate further information from the Forces in Mind Trust events attended Cllr Huddart to members of the Community Wellbeing Board.

7 Minutes of the previous meeting

The minutes of the last meeting were agreed with the inclusion of an action confirming that officers would approach the London Building Society on their work around equity release that could be of interest to the Board, and potentially could present to the Board in future.

Appendix A -Attendance

Position/Role	Councillor	Authority
Chairman	Cllr Ian Hudspeth	Oxfordshire County Council
Vice-Chairman	Cllr Paulette Hamilton	Birmingham City Council
Deputy-chairman	Cllr Richard Kemp CBE	Liverpool City Council
	Mayor Kate Allsop	Mansfield District Council
Members	Cllr Nigel Ashton	North Somerset Council
	Cllr Sue Woolley	Lincolnshire County Council
	Cllr Jonathan Owen	East Riding of Yorkshire Council
	Cllr Andrew Brown	Hammersmith and Fulham London Borough Council
	Cllr Mel Few	Surrey County Council
	Cllr Colin Noble	Forest Heath District Council
	Cllr David Williams	Hertfordshire County Council
	Cllr Shabir Pandor	Kirklees Metropolitan Council
	Cllr Jackie Meldrum	Lambeth London Borough Council
	Cllr Rachel Eden	Reading Borough Council
	Cllr Helen Holland	Bristol City Council
	Cllr David Shields	Southampton City Council
	Cllr Denise Scott-McDonald	Royal Borough of Greenwich
	Cllr Doreen Huddart	Newcastle upon Tyne City Council
	Cllr Claire Wright	Devon County Council
	In Attendance	Cllr Wayne Fitzgerald
Cllr Robin Moss		Bath and North East Somerset Council

Document is Restricted

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

