

## Note of last Community Wellbeing Board meeting

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

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### Attendance

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

### Item Decisions and actions

#### 1 Apologies and Declarations of Interest

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

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

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

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

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

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

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

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

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

#### **Decision**

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

### **3 Integration and Better Care Fund Policy Framework 2017-19**

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

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

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

In the discussion which followed Members raised the following points:

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

#### **Decision**

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

#### **Actions**

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

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

## **4 Sector Led Improvement for Care and Health Programme**

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

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

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

In the discussion which followed Members raised the following points:

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

#### **Decision**

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

### **5 Consultation on Future Funding for Supported Housing**

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

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

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

In the discussion which followed Members raised the following points:

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

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

### Decisions

The Community Wellbeing Board:

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

### Action

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

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

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

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

costs to explain that this would no longer be required.

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

**Decision**

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

**7 Update on Other Board Business**

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

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

**Decision**

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

**8 Minutes of the Previous Meeting**

**Decision**

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

**Appendix A -Attendance**

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

16 February 2017

Apologies

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

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

In Attendance

LGA Officers