

Update on Other Board Business

Purpose of report

For information and comment.

Summary

Members to note the following updates:

- The Spring Budget 2017
- Integration and BCF Policy Framework 2017- 2019 and NHS England Delivery Plan
- Sustainability and Transformation Partnerships
- Soft Drinks Levy
- Health and Wellbeing in Rural Areas
- Public health working with the voluntary, community and social enterprise sector
- LGA Annual Public Health report – four years on
- A collection of essays on four years of public health within local government

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.

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Update on Other Board Business

The 2017 Spring Budget

1. The 2017 Spring Budget announced just over £2 billion additional new funding for adult social care. This includes £1,010 million in 2017/18, £674 million in 2018/19, and £337 million in 2019/20.
2. The LGA welcomed this funding as a significant step towards protecting services for older and disabled people over the next few years. However, we have been very clear that short-term pressures remain and that the challenge of finding a long-term solution is far from over. We have also been clear that, to close the funding gap facing social care, additional funding needs to be recurrent and put into local government baselines.
3. Following the Budget announcement of an additional £2 billion for adult social care, LGA officers were involved in discussions with Whitehall and NHS England to confirm the detail of the money. The positions taken by officers were agreed and informed by helpful contributions from Community Wellbeing Board Lead Members. These discussions played into the work to finalise the Better Care Fund (BCF) policy framework because councils are required to pool their allocation of the £2 billion into the BCF.

Integration and BCF Policy Framework 2017- 2019 and NHS England Delivery Plan

4. National partners have sought to influence the direction and use of the funding, in particular NHS England who have encouraged the NHS locally to ensure the £2 billion is used in part to free up 2,000-3,000 acute beds. We have been clear in media work that adult social care is vital in its own right and that this essential money is not just for relieving pressures on the NHS. Ahead of the BCF policy framework being published, Mark Lloyd and Ray James (ADASS) wrote to council chief executives and social care directors setting out the LGA and ADASS policy positions in the interests of providing councils with the information they need to manage unrealistic expectations of the money. An FAQ on the £2 billion for members was also produced and distributed directly to all lead members for adult services, as well as through the Community Wellbeing Board monthly bulletin. This set out our understanding of developments and the LGA's policy positions on the £2 billion.
5. The [Integration and BCF Policy Framework 2017-19](#) has now also been published and the LGA continues to work hard to ensure that the BCF Planning Guidance reflects the Policy Framework.
6. NHS England has also recently published, 'Next Steps on the NHS Five Year Forward View'. This reviews progress made since the launch of the Forward View and sets out the steps the NHS will take to deliver a better, more joined up and responsive health system. The LGA provided a media response to the publication and also produced a [briefing](#) that summarises its main announcements. These set out local government's continued support of the aim to improve health and wellbeing and noted the crucial role councils play in shaping local public services as leaders of local communities. The LGA called on NHS England to be more explicit in recognising this role and also reinforced the point that the £2 billion is about more than relieving pressure on the NHS.

7. In the 2017 Spring Budget the Government also announced that it would set out proposals in a green paper to put the adult social care system on a more secure and sustainable long-term footing. The LGA has welcomed this intention and to ensure it delivers real solutions has called for local government leaders to be at the heart of the review, and for party politics to be transcended so we have a solution that has full cross-party consensus. The review must include an honest debate of all potential options and nothing should be ruled out at the start.

Sustainability and Transformation Partnerships

8. The LGA has written to council leaders, portfolio holders for adult social care and chairs of health and wellbeing boards to ask them to contribute to a survey to establish a clear national picture of local councillors' experience of Sustainability and Transformation Partnerships (formally known as Sustainability and Transformation Plans) to date. This survey seeks councillors' views of member engagement in the STP process, system leadership and governance arrangements, the STP's alignment with local ambitions for health and wellbeing, and engagement with the public.
9. We welcome survey returns from other councillors. You can access the survey [here](#). The deadline is 27 April 2017.

Soft Drinks Levy

10. Last month Councillor Izzi Seccombe and Councillor Ian Stephens wrote to Edward Timpson MP, Minister of State at Department for Education asking to meet to discuss the role of local councils in tackling child obesity and how the proceeds from the introduction of the soft drinks levy could be targeted at schools and communities that would benefit the most from additional public health investment.

Health and Wellbeing in Rural Areas

11. Produced in partnership with Public Health England, our latest report highlights the specific needs and challenges for health and care provision in rural communities. The report includes case studies showcasing the ways in which local authorities in England are tackling health inequalities, improving access to services and building up community resilience.
12. Nearly 10 million people live in areas of England defined as rural. This number is increasing and the population is growing older. Their health is as important to us as the health of the 45 million who live in our cities and large conurbations. Although many rural areas are, in general, affluent, even wealthy in some cases, this is not true of all rural areas (the 'north/south divide' can be seen in the countryside as well as in cities). And within even the most affluent areas, there can be real hardship, deprivation, ill health and inequalities. These are some of the issues discussed in this [document](#).

Public health working with the voluntary, community and social enterprise sector

13. Last month the LGA published a set of case studies showing how public health and the voluntary, community and social enterprise sector are working together. The case studies

in this [report](#) show how public health and the voluntary, community and social enterprise sector (VCSE) are working together to make a real difference to people's health and wellbeing. Local government has always been a close partner to the VCSE sector, and now, with public health colleagues, we are able to go further and faster in harnessing the skills, enthusiasm and expertise of VCSE organisations and volunteers.

LGA Annual Public Health report – four years on

14. This year's [compilation of case studies](#) shows how local authorities continue to make progress on improving health and wellbeing and tackling health inequalities since public health was formally transferred from the NHS in April 2013.

A collection of essays on four years of public health within local government

15. Public health made the formal transfer to local government in April 2013, and in the last four years great strides have been made to tackle the wider social and economic determinants of poor health. This [publication](#) was commissioned by the LGA to capture the thoughts of those working hard to make the new system work with contributions from councillors, directors of public health, providers, commissioners, academics and other key decision makers.
16. Some of the articles are deliberately challenging and provocative; some of them present a picture of what is already happening in local government to tackle the social determinants of health; some of them look to what more local authorities could do in the future, either with additional powers or by using their existing powers and remit.