Community Wellbeing Board

09 May 2018

Community Wellbeing Board policy positions

Purpose of report

For discussion.

Summary

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

Recommendations

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

Actions

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

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Local Government Association

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Background

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

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

Future of integration

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

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

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

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

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

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

Better Care Fund

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

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

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

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

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

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

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

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

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

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

Personalisation

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

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

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

Adult social care current challenges

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

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

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

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

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

The care and support green paper

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

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

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

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

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

Child Obesity Plan

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

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

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

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

Prevention Transformation

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

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

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

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

Public Health Funding

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

Health Inequalities

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

Vulnerable people

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

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

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

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

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

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

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

Armed Forces Covenant

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

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

Implications for Wales

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

Financial Implications

49. There are no financial implications.

Next steps

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