

Report on the work of the Community Well-being Board 2006-7

Decisions and Actions Required

Decisions

1. *Members are asked to note the Board's achievements in 2006-7 and to agree any further actions or recommendations that they would like fed into the development of the 2007-8 work programme.*

Actions Required

2. *As determined by the Board.*

Action by: *Secretariat*

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Annual report on the work of the Community Well-being Board 2006-7

Summary

1. *This report sets out the Board's achievements in 2006-7 and asks members for any further actions or recommendations that they would like to feed into discussions to be held around the 2007-8 work programme.*

Background

2. *In September 2006 the Board agreed the following three priorities:*

- *Influence the Comprehensive Spending Review 2007, including the Fair Care campaign;*
- *Work with the health and non-statutory sector to deliver the adult social care agenda;*
- *Public health (led by the IDeA).*

3. *In addition to the above priority areas, the Board agreed to continue to focus on policy work on asylum and immigration, Supporting People and community cohesion (a cross Board priority).*

4. *The Board also aimed to maintain and improve relationships with other stakeholders and run a full conference programme.*

Progress against priorities

Influence the Comprehensive Spending Review 2007

5. *The LGA has worked with the Association of Directors of Adult Social Services to make a major submission to the Treasury making the case for a shift of funding from the acute sector to community and preventative services as part of the CSR07. Meetings have been held with Ministers and officials in the key government departments to promote our position.*

6. *In parallel the Fair Care campaign has argued for more funding for older people's care through a series of research papers and media activity this year. The LGA has also called for a national debate on who pays for care and is a signatory to the Caring Choices coalition.*

7. *It has been a difficult year financially for the NHS with deficits leading to pressures that have, at times, affected partnerships locally and put tension on the local authority:local NHS interface. We have facilitated meetings between affected authorities, government officials and national NHS representatives. Following an initial survey identifying funding pressures, the Board is developing a series of case studies to share with government showing how these pressures have impacted locally.*

Work to deliver the adult social care agenda

8. *The adult social care agenda is very broad and work has focused in the following areas:*

- *implementing the objectives outlined in the Health and Local Government White Papers, including publication of Working Together for Well-being: From Vision to Reality (February 2007), in partnership with the Inter Agency Group on Adult Social Care, a coalition of leading national agencies and charities;*

- *lobbying on the Local Government and Public Involvement in Health Bill around NHS accountability and patient and public involvement;*
- *improving the quality of life for older people, including a series of guides and accompanying materials launched at an LGA conference in January 2007 and distributed to all local authorities;*
- *lobbying for changes to mental health legislation, as a member of the Mental Health Alliance – a coalition of 75 organisations representing users, professionals, lawyers and research organisations, including meeting with officials regarding the resource implications of the Bill, in particular proposals for supervised community treatment;*
- *supporting elected members including establishing the National Councillor Network for Adult services (jointly with the IDeA) and holding meetings for elected members who are members of NHS Boards;*
- *developing the social care workforce, including involvement in Options for Excellence (October 2006);*
- *initiating sector led Improvement (with the Improvement Board) to support local authorities in driving up improvement in one star adult social services. Work in this area is in its infancy but the Board is committed to providing cross-party, non-judgemental support and challenge and bringing appropriate colleagues together to facilitate knowledge sharing and the dissemination of best practice;*
- *performance framework including input to performance indicators being developed by government;*
- *input to policy and guidance on continuing care, joint commissioning, urgent care, individual budgets/direct payments, carers and the future arrangements for regulation, including complaints and the merger of CSCI, HCC and Monitor.*

Public health

9. *Progress on the public health work led by the IDeA is set out elsewhere on the agenda. In relation to the ban on smoking in public places, the LGA and LACORS have been involved in developing guidance and training and also gathering examples of good practise. Communications work, in liaison with Smoke-free England and the LGA's network of media officers in member councils, has highlighted the key messages at the local level,*

Asylum and immigration

10. *Work on asylum and immigration is led by the Asylum and Refugee Task Group, which reports to the Board and is chaired by Cllr Roger Lawrence. This Group lobbies to ensure the government takes into account the full impact of its policies on local government and works to ensure that adequate resources are in place. The Task Group has agreed that one of its priorities would be working with the newly formed Borders and Immigration Agency to influence its policies on enforced destitution, with a particular focus on working with other key stakeholders on obtaining funding for any costs incurred.*

Supporting People

11. *The LGA has sought to influence the Supporting People strategy and with last week's announcement that the function will remain discretionary and that the grant will transfer to non-ringfenced funding through the LAA from April 2009, there has been some success. Concerns remain, however, that funding will not be sufficient to maintain services and meet demographic challenges.*

Community Cohesion

12. *Work on community cohesion has moved forward with a 12 month work programme being developed and early outputs include the setting up of an advisory group; responses to consultations and reports (including to the Commission on Integration and Cohesion);*

supporting the IDeA in the delivery of a conference on preventing violent extremism and providing input to the Race and Cohesion Strategy Board, a senior interdepartmental group on race and cohesion, and the Equality and Diversity Forum, a network of national organisations.

Relationship management

13. *Regular meetings at political/officer level have taken place with key stakeholders such as*
- *Department for Health (a strategic engagement agreement is being developed)*
 - *Department for Work and Pensions*
 - *Communities and Local Government*
 - *NHS Confederation*
 - *Turning Point*
 - *Association of Directors of Adult Social Services*
 - *Inter Agency Group partners*
 - *Centre for Public Scrutiny*
 - *NHS Alliance*
 - *Joseph Rowntree Foundation*
 - *Local Government Information Unit/Democratic Health Network.*

Outside communication mechanisms such as LGA publications, lead member and adviser networks and conferences, there has not been much direct contact with member authorities.

Conference programme

14. *Seven well attended one day conferences were organised in the Board's policy remit covering older people, Supporting People, gender equality, the smoking ban, mental health, implementing the health white paper and transitions from children's to adult services. An eighth conference is planned for 31 July on the health and local government white papers. The Annual Adult and Children's Services conference in October, which the LGA co-promoted with ADSS, attracted over 1000 people.*

Implications for Wales

15. *None identified*

Financial/Resource Implications

16. *None identified*

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