

Other Business Report

Summary

This report provides a summary of other business relevant to the Board and also deals with issues relating Community Wellbeing Board representation on LGA groups. Members are also asked to feedback on meetings attended since the last Community Wellbeing Board meeting.

Recommendations

Members are asked to:

- Note update on the LGA Asylum and Refugee Task Group.
- Receive updates from the IDeA and Healthy Communities Programme on the Tobacco Control Programme and “Healthy Places and Healthy Lives”.
- Feed back from meetings attended since the last Board meeting.

Action

Secretariat to take necessary action.

Other Business Report

1. Update from the LGA Asylum and Refugee Task Group

The Immigration Minister, Phil Woolas, attended the January meeting of the Asylum and Refugee Task Group. The Task Group members raised the following concerns with the Minister:

- Clarity is needed regarding the funding, service specifications and timescales for the Reform Programme for unaccompanied asylum seeking children (UASCs). Critically, a resolution to the funding issues relating to 'post-18 former UASCs' is urgently needed to progress the Reform Programme.
- An agreement needs to be reached to settle the UASC funding grants for 2008/09.
- An indication of the future funding arrangements for the Regional Strategic Migration Partnerships (RSMPs) is urgently required.
- Close co-operation and joint planning is required between the UK Border Agency (UKBA) and local authorities during future tranches of the Casework Resolution Directorate (CRD) project in order to manage the impacts on local services. The CRD project is working through the backlog of legacy asylum cases.

Representatives from DCLG attended the April meeting to discuss the work of the DCLG Migration Division and the Migration Impacts Fund. John Vine, the UKBA Chief Inspector also attended the meeting to discuss his role.

The Task Group is currently waiting for a response from UKBA to the '*No Recourse to Public Funds: Financial Implications for Local Authorities*' report undertaken by the national NRPF Network. The report has called for a reimbursement from central government of the costs that local authorities incur as a result of having to support individuals that have no recourse to public funds due to their immigration status. The full report can be accessed via the following link:

http://www.islington.gov.uk/DownloadableDocuments/HealthandSocialCare/Pdf/nrpf_financial_report_local_authorities.pdf

2. Update from the IDeA

IDeA recently hosted an online conference for lead members for adult social care and health. The conference focussed on transformation, with a particular emphasis on User Lead Organisations. More than 40 councils took part.

New dates are now planned for the Health, Care and Well-being Leadership Academy. Programme 6 modules will run in Autumn 2009, and Programme 7 will begin in January 2010. Contact grace.collins@idea.gov.uk for more details and to book your place.

An IDeA/LGA lead member summit is planned for 20th July. Further details will follow.

3. Reducing Health Inequalities through Tobacco Control Programme

The Department of Health approached the LGA Group, and have now negotiated funding for a new national programme, 'Reducing Health Inequalities through Tobacco Control'. The overarching objective of this Programme is to reduce health inequalities caused by smoking. The Programme also is viewed as a development of the wider Healthy Communities Programme; it is that Programme which will inherit the legacy of the Tobacco Control Programme. The support will be led by the IDeA, in collaboration with LGA and LACORS, but shaped by the participating councils.

The Programme is to focus on the 25 local authorities with highest smoking prevalence. There is a regional spread and a minimum of two councils per region were invited to take part. Each of the targeted councils have now accepted offers of £100k grant funding from the DH (rolled over from 2008/09 financial year) and it is anticipated that further amounts will be available during the 2009/10 and 2010/2011 years. The 25 councils will act as innovators, leaders, and practice development for others, and will work with IDeA.

The Programme will fit within the overarching IDeA Healthy Communities governance structure but will draw on resources of both LGA and LACORS. The SRO will be the Head of Healthy Communities, and a Programme Board will comprise the Head of Healthy Communities, a DH nominee, LGA nominee, LACORS nominee, and the programme manager. The Programme Board will be a sub-group of the existing Healthy Communities Programme Board. A Sounding Board of key stakeholders will be used for consultation.

The Programme Brief was developed in consultation with LGA, LACORS and the Head of Healthy Communities. The Brief has now been agreed with DH and funding of £500k transferred from DH to IDeA for 2008/2009. Negotiations have yet to be completed with DH on IDeA funding for 2010/11 and 2011/12; it is hoped that similar funding will be available, namely £500k per year.

LGA will provide a briefing for the targeted councils on 8 May and it is planned to bring together two representatives from each of the councils for a 24 hour summit in June which will help shape the support delivered by the LGA Group. To highlight the Programme and its benefits to the wider local government community, negotiations are currently underway with the Guardian to sponsor a 'roundtable' on-line conference. However, the core support, required by DH from the LGA Group comprises:

1. A Community of Practice network, for the targeted 25 councils
2. Publication of guidance on:
 - a) identifying, targeting and influencing routine and manual smokers and significance for health inequalities;

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- b) communications and health messages to support and amplify national campaigns;
 - c) on implementation and policing of national tobacco control Smoke free, sale, advertising and promotion regulations and tackling the demand and supply of illicit tobacco linkages with national action;
 - d) Reducing uptake of smoking among the young.
3. Provision of advice for all councils, including FAQs;
 4. Provision of peer support to reflect needs identified by targeted 25 councils drawing on existing Healthy Communities peers and the Beacon Councils;
 5. Embedding within wider IDeA Healthy Communities support and wider IDeA offers.

Critical in shaping the support provided to the targeted councils will be the 24 hour summit scheduled for 10 and 11 June. It will be held at Warwick University and DH anticipates providing either the Minister or Chief Medical Officer as a speaker. It is anticipated that each council will receive up to 15 days peer support.

4. “Healthy Places and Healthy Lives”

Recommendation: The Board is asked to note the proposal for the “Healthy Places and Healthy Lives Programme”, to support the involvement of local government and the IDeA’s Healthy Communities Programme, and to endorse the participation of one or more Elected Members on the Advisory Board.

The Health Inequalities Unit and the Commissioning Directorate of the DH are working on a proposal for a new programme (“Healthy Places and Healthy Lives”) to strengthen commissioning for better public health outcomes. In the process, they are consulting with key partners and stakeholders. Both the Healthy Communities Programme at the IDeA and the NHS Institute for Innovation and Improvement have helped to shape the proposal, which is still at an early stage of development. The design team in the DH has recognised the fundamental importance of local government in tackling health inequalities and is keen that Elected Members should be involved in shaping and directing the programme.

Considerable progress has been made under the NHS Plan to improve the health of the population, and this is illustrated by overall gains in life expectancy and reductions in child deaths since 1999. However, health inequalities are persistent, despite encouraging results from the Spearhead areas, and more remains to be done to close the gap. This is particularly important as local areas experience the impact of economic recession and resources become scarcer. There is now a considerable body of knowledge and experience about what works, and the Local Area Agreements have demonstrated the commitment of local councils to work with their partners to make a difference. The proposed programme is intended to help local partners apply good practice in a more systematic and coherent way, to make sure that commissioning for better public health outcomes and not just treatments is embedded in the “World class commissioning” programme and to accelerate progress in reducing health inequalities.

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The proposed programme has three key elements:

1. Local level - developing and implementing good practice. A local project team would be drawn from local government, the NHS and other partners to develop and implement good practice in reducing health inequalities. It is proposed that local work would be supported by the appointment of some 20 or so “Health Inequalities Fellows”.
2. Similar councils - working to promote development and learning. Four learning sets would be established from the local project team members:
 - Core cities and their PCTs (already in existence)
 - Unitaries
 - Counties and Districts
 - London

These would provide the opportunity for shared learning and problem solving. (It is proposed that there should be 6 localities in London, 12 Unitaries and 12 Counties/Districts combined).

3. The national framework – a Programme Network. This would provide governance and infrastructure for the programme, arrange events and conferences and disseminate learning.

Governance and direction

The Programme, as a DH funded initiative, would be accountable to the Health Inequalities Board of the DH. It would also be the subject of reports to the Board of the Healthy Communities Programme in the IDeA, and to the Board of the NHS Institute for Innovation and Improvement, which would be the organiser of the Programme. Within the Programme itself, there would be two levels of governance and support:

- An Advisory Group of key partners and stakeholders. (It has been proposed that one or more Elected Member should be invited to join this group, and be drawn from the pool of Healthy Communities peers and the graduates of the Health Inequalities Leadership Academy).
- A Working Group drawn from practitioners, managers and advisers.

The potential benefits for local people, partnerships, local councils and the local government sector include:

- The proposal has the potential to make a real and practical difference for local people and local partnerships. The more focused and systematic application of what is known about good practice by local health and well-being partners should improve the health of the population and reduce health inequalities.
- It should also strengthen local health and wellbeing partnerships and reinforce their attention on outcomes, especially in relation to Local Area Agreements.

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- In addition, the proposal should place the local government sector as a whole closer to the heart of NHS commissioning, and provide new opportunities for it to help shape the wider health commissioning agenda.
- The proposal has the added benefit that it is likely to bring together within one programme a great deal of learning and experience from a range of DH initiatives on health inequalities. Given the recent concerns of the House of Commons Health Committee (expressed in Volume 1 of the Third Report of Session 2008-09, 26th February 2009) about the fragmentation of effort on health inequalities across the DH and NHS, this would be a welcome development.
- It would also help local councils to prepare the ground for the publication later this year of Sir Michael Marmot's report on the social determinants of health, which is being prepared with significant local government assistance

Funding and other resources

Discussions are currently underway in the DH about the amounts required to fund this programme and the availability of funds. Local councils and PCTs would be expected to contribute £15,000 each with matched funding from strategic health Authorities and the greater part of the cost met centrally by the DH.

5. Feedback from meetings attended

Age Concern/ Help the Aged - One Voice

Cllr Brian Hood attended this launch/conference on 7th April as LGA representative; Cllr David Rogers was there also. It was interesting with all praising the new organisation (which as admitted needs a snappier name than above as it doesn't roll off the tongue well). The main speakers included Alan Johnson, Rosie Winterton and Theresa May. Points of note were:

- Level of social care now mainly substantial and critical across the country. At one seminar there were complaints about LA cutting back a lot. I did point out that most Councils actually spent more than HMG (or in my case WAG) guidelines and even then had to cut back on preventative work. Surprisingly there was a lot of sympathy and understanding of our situation.
- The question of where to get funds came up with debate about means testing (no conclusion) attendance allowance and disability living allowance. According to research, 400,000 claim AA but say they have no disability.
- Question of AA and DLA and personal budgets came up and no one had any answer to that. Is there one?
- Questions arose about self funders and what, if any help they get. I learnt that self funders have no protection under the Human Rights Acts for their care whereas those funded, even in part by the public sector do get protection. Seems wrong to me and, perhaps we should take up that issue.
- One session included help by advocates for the elderly. On Age Concern (as was) is big in this area and say, as they would, that it helps a lot for many. It is

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a good service and needed in my view but most Councils struggle to fund it as much as it ought to be.

- The DWP are issuing a consultation on “Preparing for our Aging Society” which covers much old ground (discussion paper circulated at the last board meeting).

Modernising Social Care

At the LGA event on the future of care and support on 10 March, the Local Government Channel recorded the following three videos which can be viewed on their website at the links below:

- [Social Care Modernisation: The LGA view](#) – Cllr David Rogers on the need for extra funding
- [Social Care Modernisation: The Conservative view](#) – Stephen O'Brien on putting the user at the centre of their care
- [Social Care Modernisation: The Liberal Democrat view](#) – Norman Lamb on mending a broken system

NHS LifeCheck Programme Board update

Cllr David Rogers has been a member of the Programme Board developing NHS LifeCheck services. NHS LifeCheck is an online health service that will help people assess and manage their own health. The programme is based upon a commitment in the 2006 Government White Paper ‘Our Health, Our Care, Our Say’ to initially develop three NHS LifeChecks for early years, adolescent and mid-life. Since then the Department of Health has been working with partners including health and social care professionals, academic researchers, stakeholders, experts and the public to develop these three NHS LifeChecks.

- The NHS Teen LifeCheck launch is planned to take place week commencing 8th June;
- The NHS Early Years launch will take place in July following the completion of a new version of the online service.
- The NHS Mid-life LifeCheck pilots are currently in full swing with more than 3,000 people now having used the service. NHS Mid-life LifeCheck is planned to launch nationally in October 2009.

DH is now reviewing options for the continued day-to-day management, seeking to move essentially operational functions from the Department of Health to a new service delivery partner. Governance arrangements are likely to change to a smaller management board overseeing the new arrangements and a reconstituted Programme Board acting as an Advisory Group of key stakeholders for consultation on any new major developments.

For further information on NHS LifeCheck please visit www.dh.gov.uk/lifecheck

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Roundtable on Involvement in the NHS

Cllr David Rogers chaired an *Involvement and Community* debate on 17th March 2009, organised by National Voices, the Centre for Public Scrutiny and NHC Centre for Involvement (NCI).

South East Councils Adult Social Care and South East Improvement and Efficiency Partnership

Cllr Mike Colston attended the last meeting of SE Councils ASC Group, which met with ADASS. An issue that I wrote to David Rogers about was on Learning Disability Health Transfer arrangements and the settlements that are having to be negotiated against a government timescale. Members of both groups raised concerns about it.

Cllr Colston also attended the SEIEP conference that saw a greater level of attendance by SE councils than the previous year, that suggests that regional cooperation is gaining a greater foothold in these financially straitened times.

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