Local Government Association

Community Wellbeing Board

06 March 2013

Item 6

Note of decisions taken and actions required

Title:	Community Wellbeing Board
Date:	Wednesday 16 January 2013
Venue:	Westminster Suite, Local Government House

Attendance from the Community Wellbeing Board

Position	Councillor	Council / Organisation
Chair	David Rogers OBE	East Sussex CC
Vice-Chair	Louise Goldsmith	West Sussex CC
Deputy chair	Gillian Ford	Havering LB
Deputy chair	Linda Thomas	Bolton MBC
Members	Keith Mitchell CBE	Oxfordshire CC
	Andrew Gravells	Gloucestershire
	Ken Taylor OBE	Coventry City Council
	Alan Farnell	Warwickshire CC
	Jonathan McShane	Hackney LB
	Catherine McDonald	Southwark LB
	Iain Malcolm	South Tyneside MBC
	Lynn Travis	Tameside MBC
	Zoe Patrick	Oxfordshire CC
	Doreen Huddart	Newcastle City
Apologies	Francine Haeberling	Bath & North East Somerset Council
	Elaine Atkinson	Poole BC
	Lynda Arkley	South Tyneside
	Steve Bedser	Birmingham City Council
In Attendance	Cllr Hazel Simmons (sub)	Luton BC
	Cllr David Lee (sub)	Wokingham BC
	Cllr Bill Bentley (sub)	East Sussex CC
LGA Officers	Cllr Colin Noble (sub)	Suffolk CC
	Dr Paul Edmondson Jones	DPH, York City Council
	Dr Paul Cosford	National Director, Health Protection, PHE
	Anna Bradley	Chair, Healthwatch England
	Katherine Rake	Chief Executive, Healthwatch England
	Sally Burlington	Head of Programme
	Alyson Morley	Senior Adviser
	Paul Ogden	Senior Adviser
	Abigail Burridge	Senior Adviser
	Samantha Ramanah	Adviser
	Liam Paul	Members' Services Officer

Item	Decisions and actions	Action

1 Pharmacy and public health

Councillor Rogers introduced Dr Paul Edmondson-Jones, Director of Health and Wellbeing at York City Council, who gave a brief account of his professional background and the approach to community pharmacies he worked on whilst Director of Public Health at Portsmouth City Council.

Paul explained that building on existing good practice, Portsmouth sought to develop a systematic approach which treated pharmacies as 'Healthy Living' centres. With a focus on equitable access and value for money, pharmacies were encouraged to shift from a role focused purely on dispensing drugs to provision of a range of services including lifestyle advice, checks and treatment of minor ailments.

Community-based pharmacies were seen as an ideal provider for these types of services as they were in most cases embedded in their local communities, trusted, and easy to access. 95 per cent of the population access a pharmacy every year.

Portsmouth began their programme with a rapid audit of all pharmacies in the authority area, focused on the access and range of services already provided, graded on a case-by-case basis. Analysis of the existing levels of provision indicated that the programme should focus on three key factors which enable community pharmacy to successful deliver public health functions. These are: *good leadership*; *a trained workforce*; and the *correct environment*.

At a national level this work is given direction by the DH-led 'Pharmacy and Public Health' Forum, which has three working groups: (i) the Healthy Living Pharmacy model; (ii) the role of community pharmacy in the new public health architecture; and (iii) the evidence base for this way of working. Over 400 pharmacies have now been accredited under the Healthy Living Pharmacy model, which is backed at ministerial level by Lord Howe, the Public Health Minister. Paul added that early evidence suggests that the good results seen in Portsmouth are reproducible and being sustained across the country.

There followed a question and answer session with the Board, during which the following key points were addressed:

- *Variation in the level of service provided by Community Pharmacies across the country* - Paul explained that there was huge variation in the preparedness and willingness of pharmacists to provide public health services in this way. Findings showed that achieving good results is reliant on good local leadership. Small independent pharmacies, larger chains and in-store pharmacies are represented by their respective associations on the Pharmacy and Public Health Forum and all of them embrace public health work as a desirable activity for community pharmacies.
- *Key challenges to the rollout of the model* – Paul Edmondson-Jones identified a need to recognise pharmacy as part of the new public health architecture, and to generate support and recognition from the other sections of the primary health community, including GPs.
- *What evidence is there that commissioning services through the Healthy Living Pharmacy model improves outcomes?* – It was

explained that three universities have evaluated the model, and found significant improvements in a number of areas – for example the likelihood of a smoker quitting is 12 times higher when if they enter a fully accredited Pharmacy compared to a 'normal' pharmacy.

- *How to ensure that provider are engaged and willing to deliver* – It was clear that an organisational development approach from the commissioner and provider was necessary: commissioners must be prepared to support training, with providers committing to deliver the new functions in return. A key incentive for community pharmacists to carry out such activities is evidence of increased footfall.
- *Communication* – Members urged those working in this area to ensure that innovative work is communicated to appropriate stakeholders so good practice can be shared and built-upon.
- *Future Synergies* – Members identified Every Contact Counts as a potential area where pharmacy staff could be usefully trained and utilised, and Paul Edmondson-Jones explained that the Pharmacy and Public Health Forum was beginning to look into the use of pharmacies in view of the wider services local government provides outside of health.

Alyson Morley, Senior Adviser, LGA, concluded the item by reminding Members that from April 2013 every Health and Wellbeing Board (HWB) will have a statutory duty to prepare a Pharmaceutical Needs Assessment (PNA), and link this to the areas Joint Strategic Needs Assessment (JSNA). Using the PNA and working with CCGs, local Health and Wellbeing Boards can assess and harness the potential that involving pharmacies in the delivery of councils' public health responsibilities can have in their local area.

Alyson also explained that the LGA remains engaged on councils' behalf to ensure that the regulation in this policy area will give maximum room for local determination in developing their own PNAs. The LGA is also working with DH and pharmacy stakeholders to ensure that service mapping of pharmacies is aligned with councils own mapping exercises. The LGA is also represented by officers on the Pharmacy and Public Health Forum.

Decision

The Board **noted** the report and presentation.

Action

LGA officers to circulate the PHE's evaluation of the Healthy Living Pharmacy pathfinder project by universities, when this is finalised.	**Alyson Morley**

2 Health protection and local government

Cllr David Rogers welcomed Dr Paul Cosford, National Director of Health Protection at Public Health England (PHE) to the Board.

It was explained that PHE had now established 15 regional centres, focused on supporting local health protection, and that the areas covered by these centres are coterminous with local government's regions.

Members were reminded that local government had no new statutory health protection functions, but does have a responsibility to inform Public

Health England on local conditions. The new public health infrastructure offered challenges as well as opportunities for councils to improve local health protection as partners within the new, wider health protection system.

Paul concluded by citing a recent e.coli outbreak centred on a municipal park in a large city as an example of an acute incident which demanded that the local authority and Public Health England engaged with one another at a local level in order to resolve the crisis.

The following key points were made in discussion:

Accessible and relevant information
Members highlighted the importance of good evidence on disease prevalence, contributing factors and PHE policy, and that this should be channelled to executive and backbench members effectively.

PHE Local Centres
Members of the Board urged Paul to be pro-active to ensure that PHE's regional teams were embedded in health networks at the local level and that they understand the pressure points and priorities in their regions.

Planning decisions contrary to wider public health aims
It was explained that PHE's input in planning matters was as a formal adviser to the planning authority's Director of Public Health, providing evidence to allow the DPH to make an informed decision. There remained an open question as to whether or not there could be a scenario where PHE would feel compelled to intervene.

Decision

The Board **noted** the report and progress made.

Actions

The LGA and Public Health England to co-operate on providing evidence and information to councillors	**Paul Ogden**

3 Healthwatch

Cllr David Rogers introduced the new Chair of Healthwatch England, Anna Bradley and its new Chief Executive, Katherine Rake. He also declared a personal interest in the item in respect of his recent appointment to the Healthwatch England Board.

Anna Bradley then set out her views on the role and offer of Healthwatch England as well as the nascent organisation's early priorities. She emphasised in particular how crucial an effective relationship between Healthwatch England (HWE), Local Healthwatch (LHW) and local authorities will be if Healthwatch is to deliver on its role as a consumer and user champion for health and social care services.

Anna explained that HWE has been in operation since October 2012, and will seek not just to be 'loud hailer' for the public's concerns, but also tell an argument about what elements of the system must change to enable improvement for users. This will require good collaborative relationships with CQC, Monitor, policy-makers and other health networks, to establish HWE as a system leader and respected voice.

A further key role for HWE will be to support the establishment of LHWs, via a shared brand, the 'Healthwatch Hub' and awareness and engagement toolkits. Five regional events are planned over the upcoming months for emerging LHWs, followed by a national conference in April.

The organisation recently held its first board meeting and identified the following four priorities:

- Improving complaint systems in Health and Adult social care
- Public involvement in specialised commissioning
- The 1st Healthwatch 'State of the Nation' report
- Mental Health services (integration)

Following Anna's comments, Community Wellbeing members asked a number of questions on the following topics:

How will Healthwatch be more effective than its predecessors?
Anna felt that the strength of the new system was that it was a combination of national and local bodies, which will be tied into the health system at their respective levels, by LHWs' place on Health and Wellbeing Boards and HWE's powers to demand a response from the Secretary of State on issues of concern.

How will HWE step in if a LHW is performing poorly?
Healthwatch England will be a network for LHWs, which must have a meaningful offer for its members in order to win their trust and their buy-in to national initiatives. It is a legal fact that Healthwatch England cannot command and control LHWs, and commissioning responsibility lies with the local authority.

LHW's relationship with scrutiny committees
Members noted that the LGA and HWE are working together on a stakeholder agreement setting out how both organisations will support the system in the future, which will include co-produced guidance targeted at Health scrutiny committees and LHWs.

LINKs Legacy
Members were keen to ensure that expertise from well-functioning LINKs was not lost in the transition, whilst ensuring the new LHWs had an authentic voice. Anna explained that HWE would be drawing on research to establish good practise, but would not be prescriptive in its advice, as the system should allow variation.

Ensuring public awareness
It was explained that HWE is not currently engaged with the public as the network of LHWs is not yet fully in place. Its efforts are instead focused on relationship-building with HWBs and CCGs, and the production of branding guidance for LHWs.

Paul Ogden, LGA Adviser then reminded Board members that local government had a legal responsibility to ensure an LHW was effectively operating from April 2013. The LGA has a programme for councils to support the delivery of their Healthwatch duties including:

- Healthwatch good practice guides
- Work with the Centre for Public Scrutiny (CfPS) to avoid conflict between health scrutiny committees and new LHWs
- The LGA's HealthWatch Implementation Programme, led by

Lorraine Denoris

- Regular readiness reporting.

The latest readiness report showed some problems with the supply of providers, but officers were confident that these problems were not widespread and could be resolved to get LHWs in place by April.

Decision

The Board **noted** the presentation and report

Actions

LGA to work with Healthwatch England to ensure that all parts of the health protection system are equipped with the relevant evidence and guidance to make effective decisions. **Community Wellbeing Team**

4. Future of the LGA Health Transition Task Group (HTTG)

Councillor Rogers invited Geoff Alltimes, LGA Associate and Chairman of the Health Transition Task Group (HTTG) to introduce his paper.

Geoff set out the history and remit of the HTTG as an advisory group consisting of chief executives and other senior officers from local authorities, health bodies and the professional associations which was established to support local government in advance of the transfer of new powers and duties under the Health and Social Care Act 2012 from April 2013.

He explained that the HTTG had ensured the participation of the embryonic new organisations such as the NHS Commissioning Board (NHS CB), and as a result there is now willingness across all partners to engage with local government early in the process of policy development and change.

Geoff also highlighted the priorities for the coming year as the LGA's developing strategy on integration, continuing developments in adult social care and sector-led improvement. The HTTG will be able to offer advice and information on issues which arise as the new health system, Health and Wellbeing Boards, and new public health responsibilities bed down.

The Chair began discussion by highlighting the scale and pace of change at a local and national level as the new health system approaches the 'live' date in April 2013. Members were supportive of the HTTG continuing for a further year to assist and advise as the new public health system establishes itself. Questions focused on the following issues:

- *Cultural Change* – Supporting staff and leadership through the transition and equipping transferees with the understanding to operate effectively in a political environment was identified as a key priority for Board members.
- *Councils' readiness to deliver their Public Health duties* – Members were directed to the LGA's report on readiness submitted to the Secretary of State in December: Public health transition at local level - LGA national summary of progress
- *Reporting arrangements* – Establishing clear reporting

arrangements was welcomed by Board members as a way to ensure the HTTG received political direction on its choices of activities and had license to be forthright in its conclusions.

- *Analysis and evaluation of research* – Members commented that a valuable role for the group to assess and analyse research and evidence as part of spreading good practice.

Decision

The Board:

1. **noted** the achievements of the HTTG's work over the last 12 months;
2. **agreed** that the HTTG continue as described into 2013-14 to help the changes to the public health system become successfully established, and to provide information on progress to the Board; and
3. **agreed** that the HTTG report back to the Board via written updates every quarter and items on the Board every six months.

5. Update on Public Health funding

Alyson Morley provided a brief verbal update on the 2013-15 Public Health settlement for local government, as announced on Thursday 10 January, referring members to the LGA's On the day briefing. It was explained that the announcement had been delayed (from December) by the Department for Health in order to provide a two-year settlement. The key points of the Government's announcement were as follows:

- The Government confirmed that total public health spending in 2013-14 will be set at £2.66bn and in 2014-15 will be £2.79bn. This is a significant increase on the initial baseline estimates which were £2.2 billion for 2013/14.
- A commitment that no area will be worse off than they are at present.
- Councils will receive two years of above inflation increases in their public health budgets.
- Government has agreed that if any mistakes or unforeseen problems are identified (and are strongly evidenced) they can be addressed in year with extra funding.
- The Department of will work with LGA and the Association of Directors of Public Health (ADPH) to refine the distribution formula.
- The Department of Health will also work with LGA and ADPH to develop proposals for the health premium incentive payment, which will be introduced no earlier than 2015/16.

Despite the difficulties in budget planning caused by such a late announcement, the settlement represented a key win for local government, enabled by effective working between the DH, the Advisory Committee on Resource Allocation (ACRA) and LGA finance advisers, which successfully established the need for more funding to enable the new public health system to be a success.

LGA work on the Public Health settlement will continue to ensure that the funding formula adopted in 2015-16 will be based on health needs of each area's population, rather than historic spend.

The Chair thanked the Board and the LGA's political groups for their strong support for the LGA policy position which enabled lobbying to be a success.

Decision

The Board **noted** the update provided.

Actions

Members of the Board requested that officers circulate a map or chart illustrating the funding figures per head of population, for each local authority area.	**Paul Ogden / Finance Team**

Final figures are available at:
https://www.wp.dh.gov.uk/publications/files/2013/01/Public-Health-Grants-to-Local-Authorities.pdf

6. Other business report

Proposals for an Improvement Support Offer on Health Outcomes
The Chair introduced Abigail Burridge, who will lead on the LGA's sector-led improvement offer for health. Abigail spoke to her report explaining that the LGA's offer for the sector was in development, and that the Board would be central to its governance.

As the programme is develops its key aims are to avoid fragmentation of various offers, and to build on the lessons learned and expertise developed from existing work. Funding is yet to be secured but will be around £2 million per year from the Department for Health.

Members were supportive of the approach outlined in the paper, and emphasised the importance of bringing together the LGA's existing improvement strands into a coherent whole.

Decisions

The Board **noted** the update papers provided.

Actions

Members of the Board to comment via email on the proposals.	**CWB Board**

7. Notes of the last meeting and actions arising

The Board agreed the note of the previous meeting.

8. Date of next meeting

Wednesday 06 March 2013, 11.30am