

Community Wellbeing Board Review of the year

Purpose

For information and discussion.

Summary

This report summarises the key achievements of the Community Wellbeing Board from September 2012 – July 2013:

- Public Health and transition
- Health Improvement
- Adult Social Care funding and reform
- Adult Social Care Improvement
- Integrated Care
- Healthwatch and Citizen Engagement in Health
- Equality and diversity
- Annual Children and Adult Services Conference

Recommendation

Members of the Board are invited to **note** the achievements against the objectives and deliverables agreed for 2012/13.

Action

As directed by the Board.

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Community Wellbeing Board Review of the year

Background

1. At its meeting in September 2013 the Community Wellbeing Board agreed a vision and an outline set of objectives and deliverables on each of its priority areas of work. The key achievements in the priority areas are set out below.
2. The profile and influence of the Community Wellbeing Board has remained high with the Chair and other Members of the Board meeting with Ministers and other senior stakeholders to discuss policy issues on a regular basis. Engagement at senior level with key partners has been consolidated including Department of Health, Public Health England, NHS England, NHS Confederation, and Royal College's, CQC, Healthwatch England and strengthened relationships have added weight to our lobbying.
3. In support of our lobbying positions Members of the Board have given evidence to a number of select committees and all party parliamentary groups across the Board's remit and have represented the LGA at numerous public, private and third sector conferences and events. The Board has also maintained a strong media presence with 35 press releases issued between July 2012 and June 2013, and there has been frequent further coverage of the Board and its priority areas of work on radio and television broadcasts and in newspaper, including the Show us You Care campaign. Since January, the Community Wellbeing Board has been mentioned or quoted 54 times by national newspapers and broadcasters.

Public Health and transition

4. Objectives:
 - 4.1 *For the LGA to lead the development of a new system of public health, in partnership with our key stakeholders, that adopts a place-based approach to public health to improve outcomes for our communities;*
 - 4.2 *To ensure that local government have sufficient resources and a fair funding formula that enables them to meet their new public health responsibilities; and*
 - 4.3 *To ensure the smooth transition of the public health workforce to local government by 1 April 2013. In the longer term to fully embed the public health workforce within local government and to develop a public health workforce strategy that ensures we have a flexible and skilled workforce that is able to meet the public health demands of the future.*
5. Key achievements:
 - 5.1 The LGA, through the Community Wellbeing Board has consistently demonstrated strong national leadership of the new public health system. In October 2012, the Board led a national stocktake of progress towards transition of public health and found that in 95 per cent of all areas, there was strong evidence of good progress. LGA officers and Members worked closely with the remaining 5 per cent of areas to ensure that they received the support they needed to prepare for transition. In November 2012 we updated our resource sheets on public health transition and gave a progress report on each of the case

study areas to illustrate the progress made since the original case studies were undertaken in February 2012;

- 5.2 The Community Wellbeing Board has lobbied determinedly on behalf of local government regarding the public health grant. As a result the Government increased their total allocation of the ring-fenced public health grant from £2.2 billion (as originally proposed in summer 2012) to £2.66 billion for 2013/14. Furthermore, in response to our calls for greater certainty over public health funding, the Government has also announced that in 2014/15 local authorities will receive £2.79 billion for public health. We continue to work closely with the Department of Health to ensure that the allocation formula is transparent and fair and that any financial anomalies are put right;
- 5.3 The LGA has also worked closely with DH and other public health stakeholders to transfer the public health workforce to local government in April 2013. Over 3,500 staff were successfully transferred from PCTs to local government and work continues nationally and locally to ensure that they are fully embedded in the local government workforce. The LGA, Public Health England and the Department of Health have also published a joint public health workforce strategy which outlines the actions each partner is committed to in order to develop and support the public health workforce in the future.
- 5.4 The Community Wellbeing Board published 'Getting in on the Health and Social Care Act 2012' in June 2012, which is a succinct guide to all the provisions of the Act. It is the most downloaded publication on the LGA website, with over 28,000 downloads. We have also produced more than 15 publications to help councils understand their new public health responsibilities including:
 - 5.4.1 National Child Measurement programme: briefing for elected members
 - 5.4.2 Sexual Health Commissioning – Frequently Asked Questions
 - 5.4.3 NHS Health Check – Frequently Asked Questions
 - 5.4.4 Tackling teenage pregnancy: local government's new public health role
 - 5.4.5 Measles: frequently-asked questions
 - 5.4.6 Tackling mental health issues: local government's new public health role
 - 5.4.7 Integrated care and support resource sheet
 - 5.4.8 Tackling drugs and alcohol – local government's new public health role
 - 5.4.9 Tackling tobacco: local government's new public health role
 - 5.4.10 Tackling obesity: local government's new public health role
 - 5.4.11 A quick guide to local government for health commissioners and providers
- 5.5 New web resources have been produced which include guidance and information on local actions that councils can take as they develop their Health and Wellbeing Strategies. These include information sheets, briefings and slide packs. The Health and Wellbeing Forum on the LGA's Knowledge Hub (KHUB) has over 1,200 members.

- 5.6 Over the past 12 months Members of Community Wellbeing Board have chaired 15 public health conferences organised by the Board, which covered the key public health and policy issues ahead of and following the transfer of responsibilities. These have included the LGA's second public health annual conference, sexual health, physical activity, health protection, alcohol strategy, tackling health inequalities in two tier areas, tobacco control, Mental Health, obesity and children's health. The conferences shared examples of good practice, key messages, stimulated discussion and enabled information sharing. Over 1,400 delegates attended these events.

Health Improvement

6. Objectives:

- 6.1 *to secure a single funding grant for 2013-2014 to the LGA from DH to support health and wellbeing boards, public health and local Healthwatch;*
- 6.2 *to develop and begin implementation of a health and wellbeing system improvement support programme; and*
- 6.3 *to share and align resources and support programmes on health and wellbeing between key national partners, particularly NHS England, Public Health England and Healthwatch England to provide a coherent and joined up offer at the local level.*

7. Key achievements:

- 7.1 As a result of negotiations with DH, NHS England, Public Health England, and Healthwatch England, the LGA was able to bring together the separate funding strands allocated for support to Health and Wellbeing Boards, Public Health and Healthwatch into a single funding grant of £1.925 million for 2013-2014.
- 7.2 In response the Community Wellbeing Board has developed an improvement programme that encompasses health and wellbeing boards, public health and Healthwatch. During 2013/14 the Programme will deliver:
- 7.2.1 Up to 16 Peer Challenges on health and wellbeing;
- 7.2.2 Devolved funded to accountable regional bodies for locally-specific support;
- 7.2.3 Information on health and wellbeing within LG Inform;
- 7.2.4 Continuation of the Healthwatch Implementation Team;
- 7.2.5 A joint work programme with Healthwatch England; and
- 7.2.6 Platforms and events to share knowledge and learning.
- 7.3 The LGA has convened a 'leadership group' to share and align support programmes and resources. In addition to the LGA, the leadership group membership includes DH, NHS England, Public Health England, Healthwatch England, ADPH, and a health and wellbeing board representative.

- 7.4 The LGA has set up a Steering Group to help review and guide the programme. In addition to members of the Leadership Group, the Steering Group involves NAVCA, the Royal Society for Public Health, the Faculty of Public Health.
- 7.5 As of 1 July 2013, the programme has:
- 7.5.1 agreed an Memorandum of Understanding with the Department for Health;
 - 7.5.2 recruited staff to the programme, including a Director;
 - 7.5.3 successfully delivered three Peer challenges and has agreed the programme for delivery of a further 13 through the year, with a waiting list for 2014. Expressions of interest to participate in a Health and Wellbeing Peer Challenge were received from almost 25 per cent of single and upper-tier authorities;
 - 7.5.4 delivered two national learning and leadership events;
 - 7.5.5 produced a partnership prospectus;
 - 7.5.6 developed a revised self-assessment toolkit for launch at the end of July;
 - 7.5.7 agreed a joint work programme with Healthwatch England, including an outcomes and impact framework and a Health Inequality Toolkit; and
 - 7.5.8 established a comprehensive set of communication channels.

Adult Social Care funding and reform

8. Objectives:

- 8.1 *to achieve sustainable funding for adult social care (as a foundation for wider reforms to care and support);*
- 8.2 *to understand the detail of the proposals for care and support funding reform and ensure the model is workable for local government; and*
- 8.3 *to influence the pre-legislative and legislative process as the Care Bill passes through Parliament.*

9. Key achievements:

- 9.1 Throughout the year the Community Wellbeing Board has been vocal in highlighting the importance of putting adult social care on a sound financial footing – both as a foundation for the wider reform of care and support, and for helping to secure the longer-term sustainability of local government as a whole. Our key messages in written and oral evidence to numerous inquiries – notably those conducted by the Health Select Committee and the Select Committee on Public Service and Demographic Change – featured heavily in their final reports.
- 9.2 The importance of implementing reforms from the foundation of an adequately funded system is a message we have consistently highlighted in our work on the Care Bill. This featured as the opening message in the final report of the pre-legislative scrutiny Joint Committee on the Draft Care Bill and the LGA has been mentioned numerous times in the debates so far on the Care Bill in the House of Lords.

- 9.3 The LGA worked closely with the sector to influence the Spending Round 2013 and in the final weeks before the June announcement we worked intensively with government departments and NHS England to make the case for more money. We secured an excellent result – the continuation of the existing transfer from the NHS to social care (plus an additional £200 million), plus more than £2 billion additional money to take forward integration at scale and pace. Our work also helped secure a separate pot of £335 million to fund funding reform.
- 9.4 On care and support reform we produced an explanatory guide to the proposals, including our policy positions on them, which was extremely well received and proved very popular when it was published in the autumn. Behind the scenes we have worked closely with the Department of Health to inform the detail of funding reform and have ensured senior local government representation at a number of key groups looking at specific elements of the reform agenda. We are currently in discussions with the Department to establish a Joint Programme Office, based in the LGA, to oversee implementation of care and support reform. This will put local government at the heart of the work.
- 9.5 On the Care Bill we have, as indicated, achieved clear recognition of the importance of funding – both for the system itself, and for the reforms emanating from the legislation. Part One of the Bill – the main part covering care and support – has recently begun being debated in the Lords. We have secured support from Peers for three amendments to address funding, integration, and quality.

Adult Social Care improvement

10. Objectives:

- 10.1 *The Department of Health provided funding of £500,000 for 2012/13 and £800,000 in 2013/14 for the Towards Excellence in Adult Social Care (TEASC) programme of sector led improvement in adult social care. The LGA-led programme will use the commitment of partners at a local, regional and national level to enable councils to take responsibility for their own improvement. The work will have a focus on the role of innovation, peer challenge and new ways of engaging with local people and data, to act as drivers for improvement in the quality of local services;*
- 10.2 *The LGA has secured funding of around £2.5 million for each year of a two year Winterbourne View Joint Improvement Programme, in partnership with NHS England. The Programme should provide leadership and support to transform services locally so that services are personalised, safe and local, building on current good practice. This should result both in a movement away from the use of long stay, large-scale hospital services and also lead to real and rapid change in the attitudes and culture; and*
- 10.3 *The LGA's safeguarding adults programme aims to support councils in their lead roles in safeguarding, aiming to decrease the incidents of abuse and neglect of people needing care and support and to improve outcomes for them once concerns are identified. It aims to elicit, develop and share good safeguarding practice and support improvement.*

11. Key achievements:

- 11.1 In addition to the LGA's core offer of improvement and leadership support to councils, the TEASC programme devolved the majority of its budget to regions, reflecting the shift from a top-down approach to performance to a collective ownership of improvement. The programme worked with councils previously judged 'adequate' for adult social care by the Care Quality Commission in 2010 to develop an improvement plan funded by the programme. Based the principles of transparency and data sharing, the programme board launched its first report on progress in adult social care in England at National Conference using nationally available data and distributed with a range of tools to aid analysis and improvement;
- 11.2 Further work on bringing together the information needed to support improvement in 'real time' is under development, with LG Inform as the key mechanism to host this. The majority of councils are on their second iteration of 'local accounts' used to report back to local people on performance in adult social care. A similar approach is being utilised for a self-assessment for authorities to analysis how they are managing reduced resources. The programme is working with key partners to develop its thinking on how best to identify councils in need of extra sector led support and how to support leadership development;
- 11.3 The Winterbourne View Joint Improvement Programme has established a programme board and held a series of national events to engage with commissioners and lead partners. It has developed a good practice good on undertaking reviews of care plans. It is asking local areas to complete a stocktake of progress, which should enable local areas to assess their progress. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted. The sharing of good practice is also an expected outcome; and
- 11.4 The LGA Adult Safeguarding Programme has delivered a series of publications aimed a tackling current policy and practice challenges in Councils and local Safeguarding Boards. A number of peer challenges have been undertaken in a range of authorities and learning from these synthesised in order to further inform practice. It concluded some pilot work in three local authorities on developing a more outcomes-based approach to safeguarding and attracted funding from the Department of Health for further direct work in a wider number of authorities.

Integrated Care

12. Objectives:

- 12.1 *to develop strong relationships and joint work plans with our national partners (including NHS England, Public Health England, ADASS and ADCS);*
- 12.2 *to work jointly with national partners to provide the tools and support needed by local areas to deliver integrated care; and*
- 12.3 *to work with national partners to develop a joint recognition that Health and Wellbeing Boards are at the heart of a joint approach to delivering whole system integrated care.*

13. Key achievements so far:
- 13.1 Steered by the Community Wellbeing Board, the LGA has worked closely with NHS England, Department of Health and other national partners to establish a joint work plan;
 - 13.2 Signing of a concordat agreement outlining joint priorities between NHS England and LGA;
 - 13.3 A Narrative for Integrated Care, driven by patients and service users to ensure the health and care system has a common understanding of integrated care. National Voices and Think Local Act Personal jointly developed and signed off the Narrative;
 - 13.4 A resource sheet on integrated care, signposting existing evidence and case studies of good practice for Health and Wellbeing Boards;
 - 13.5 Integrated care Knowledge Hub page signposting further examples of good practice and evidence; and
 - 13.6 A commitment to provide joint support for a cohort of 'Pioneers' to accelerate and share learning across the system.
14. There are also a number of other joint pieces of work in development, including:
- 14.1 An LGA-led, jointly sponsored piece of work to develop the evidence base for integrated care, including detailed value case summaries, and a toolkit; and
 - 14.2 Alignment of support for Pioneers and the wider system including LGA work on Community Budgets, system leadership and sector led improvement. There is also a commitment to develop a joint online platform to share and disseminate learning on a real-time basis.
15. As a result of the close working relationship with NHS England and other partners, there is a cross-organisational consensus about the need for integrated care, the critical role of local government and Health and Wellbeing Boards to deliver it, and the need for whole system focus. This is reflected in, for example:
- 15.1 The commitment in the Spending Review to transfer £3.8bn from the NHS to social care to support whole system integrated care initiatives locally, with oversight by Health and Wellbeing Boards;
 - 15.2 The requirement for Pioneers to have a whole system focus, and be signed off by Health and Wellbeing Boards; and
 - 15.3 Attendance by Community Wellbeing Board Lead members and NHSE senior officials at fortnightly meetings with the Minister for Care and Support to influence the Department's approach to supporting integrated care.

Healthwatch and Citizen Engagement in Health

16. Objective:
- 16.1 *to support councils to help ensure they have everything in place to set up robust and credible Local Healthwatch organisations by the 1 April 2013.*

17. Key achievements:

- 17.1 The Board made the case for additional Healthwatch funding for councils in letters and in meetings with Ministers;
- 17.2 The Community Wellbeing team provided a series of local Healthwatch masterclasses for lead officers. These events helped equip decision makers with the tools and techniques to support engagement with providers, local people and external partners on issues relating to patient and public engagement; to understand the impact of these new measures; and to prepare accordingly to ensure making the right local decisions for their council and the community they serve;
- 17.3 The LGA established the Healthwatch Implementation Programme, which worked with local authorities to gather and share good practice. Our core offer was a network of regionally based officers to provide support free to local authority Healthwatch commissioning leads and key strategic partners;
- 17.4 Over 25 briefings were produced which provided elected members and officers with practical information on local Healthwatch. The documents were developed based on discussions with commissioner peer and member networks;
- 17.5 The event 'Local Healthwatch – building a strong consumer champion in health and social care' was held on the 4th October 2012. Over 120 delegates attended from Local Authorities, Local Involvement Networks, NHS Trusts and the Voluntary and Community Sector. The event and workshops provided delegates with an opportunity to discuss share and explore ways of developing specific aspects of local Healthwatch. The event was a spring board for the focused Link Legacy work undertaken by the Healthwatch Implementation Team and partners;
- 17.6 The LGA also held a series of regional simulation events that brought together key people from organisations that would have a direct relationship with a local Healthwatch. Events were held in London, Midlands, North West, and South East areas and designed around specific scenarios for delegates to work through and test relationships between organisations within the new health and social care architecture; and
- 17.7 We have also established a network of local authority lead commissioners for Local Healthwatch and NHS Complaints Advocacy Service to explore best practice and ensure learning from events is shared across relevant peers.

Equality and diversity

- 18. The LGA continues to provide advice and support to the sector with meeting its legislative duties and improving local outcomes. This year, work has focussed on understanding how equality is essential to the effective design and delivery of local services. It is at the heart of effective, efficient and transparent decisions, including how to implement spending cuts, devolve power to communities and move to new ways of working.
- 19. The Government has, since September 2012, been carrying out a review of section 149 of the Equality Act 2010, the Public Sector Equality Duty, which came into force in 2011. The review will assess whether the duty is operating as intended, and whether there are better ways of achieving the objectives set out under the Act. The main aim of the review was to engage widely with a range of interested stakeholders from the legal

sector, private/public sector, VCS etc. and to build up an understanding of how the Duty is working in practice. This work was overseen and supplemented by discussions at the PSED Review Officials Group, which meets bi-monthly. There has been a local government input from LGA.

20. Outside of this meeting, with regards to the PSED evidence gathering more specifically, LGA coordinated and developed a full response to the review from the 11 authorities currently at the “excellent” level of the Equality Framework for Local Government. This was submitted to the Government Equalities Office. The “Officials” group will now meet in July to formally discuss the recommendations set out by the Steering Group.
21. The event Doing the Duty – using the Equality Framework to make evidence-based decisions was held on 24 September 2012. The message from the sector is that councils have reaffirmed their commitment to Equality as a result of budget reduction process, and recognise that equality is even more important when hard decisions have to be made.
22. The Equality and Diversity Forum on the LGA Knowledge Hub remains one of the most popular discussion Forums with over 1,400 members and feedback from the sector remains positive.
23. We have also published our report Faith and Belief in Partnership.

Annual Children and Adult Services Conference

24. The Annual National Children and Adult Services conference took place in Eastbourne in October. Given the current economic climate, it is pleasing that it attracted over 1,000 delegates and over 80 exhibitors. All the arrangements went smoothly and all feedback was very positive.
25. A key theme running through several of the sessions was the central role of health and wellbeing boards in driving through system change. From the keynote address by Norman Lamb MP to the final address by Jeremy Hunt MP, the Secretary of State for Health, the clear message is that local and central government need to work together to realise real change in health and wellbeing, and that Health and Wellbeing Boards will be a new type of partnership for delivering lasting improvements in this area.