

Note of decisions taken and actions required

Title: Community Wellbeing Board

Date: Wednesday 10 July 2013

Venue: Westminster Suite, Local Government House

Attendance from the Community Wellbeing Board

Position	Councillor	Council / Organisation
Chair	Zoe Patrick	Oxfordshire CC
Deputy chair	Gillian Ford	Havering LB
Deputy chair	Louise Goldsmith	West Sussex CC
Members	Iain Malcolm	South Tyneside MBC
	Steve Bedser	Birmingham City Council
	Francine Haeberling	Bath & North East Somerset Council
	Ken Taylor OBE	Coventry City Council
	Elaine Atkinson	Poole BC
	Andrew Gravells	Gloucestershire CC
	David Lee	Wokingham BC
	Doreen Huddart	Newcastle City Council
	Katie Hall	Bath and North East Somerset Council
Apologies	Lynn Travis	Tameside MBC
	Linda Thomas	Bolton MBC
	Jonathan McShane	Hackney LB
	Catherine McDonald	Southwark LB
	Colin Noble	Suffolk CC
	Bill Bentley	East Sussex CC
	Rabi Martins	Watford BC
In Attendance	Mary Ramsey	Public Health England
LGA Officers	Sally Burlington	Head of Programmes
	Caroline Tapster	Director, Public Health Improvement
	Paul Ogden	Senior Adviser
	Alyson Morley	Senior Adviser
	Samantha Ramanah	Adviser
	Liam Paul	Member Services Officer

Item	Decisions and actions	Action
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Welcome and introductions

Cllr Zoe Patrick introduced Cllr Katie Hall, a new Member of the Community Wellbeing Board for the 2013/14 Board Cycle and a substitute for the meeting.

1 Implications of the Spending Round 2015-16

Members received an update from the Head of Programmes on the £3.8 Billion pooled budget for health and social care services. It was noted that some of the funding was a transfer from funds already within the wider health system and some of the funds were genuinely 'new' money.

Members noted the makeup of the funding as below:

1. A continuation of the current transfer from the NHS to adult social care as set out in the 2010 Spending Review (c. £900 million – for 2014-15);
 2. An additional amount of funding to accelerate transformation (£200 million – for 2014-15);
 3. Additional funding for integration (£2 billion – for 2015-16). This figure comprises money for demography and the proposed new national 'substantial' eligibility threshold (c. £1 billion), plus a further £1 billion, part of which will be subject to conditions and performance against agreed outcomes;
 4. Clinical Commissioning Group (CCG) funds for reablement services (£300 million – for 2015-16);
 5. Money for carers' breaks (£130 million – for 2015-16); and
 6. Capital funding for projects to improve integration locally (£350 million – for 2015-16);
- A further funding stream would also be forthcoming to assist councils to implement the cost cap, deferred payments and the associated assessments. The LGA will continue to ensure that the Government's commitment to fully fund new burdens is honoured.

In discussion Members of the Board made the following points:

LGA's role in securing the funding and in future – Members acknowledged the LGA's success in negotiations with the Department for Health and others, but recognised that the Community Wellbeing Board and the wider LGA must continue to work to unpick the detail and implications of the funding and to negotiate the conditions placed upon each stream. It is essential that the local government can maximise the effectiveness of the funding.

Adequacy of funding – Some Members felt strongly that whilst the new adult social care funding was welcome, in absolute terms the implications of the Spending Review for councils were extremely concerning.

Other initiatives – Members noted the recent person-focused care innovation areas announced by Andy Burnham MP, which amongst other aims had a focus on a single point of contact for the patient/carer.

Governance, accountability, conditionality – Members noted that use of the

funding streams would be approved at a local level by Health and Wellbeing Boards in co-operation with Clinical Commissioning Groups. Some elements of the funding will be performance managed and the LGA will continue to negotiate with the Department for Health to agree appropriate success measures. Members felt strongly that establishing appropriate governance arrangements was essential if the desired outcomes were to be achieved.

Local Government is willing and ready to take on the challenge – There was strong agreement around the table that local government has an appetite and willingness to do what is necessary to reform health and social care. This enthusiasm should be harnessed and communicated to partners and stakeholders.

Bringing together similar initiatives and funding streams – Members noted that there are several whole place based pioneer/pilot projects running across local government. Where possible these programmes should be brought together or connected at the local level to ensure that work is not duplicated and that councils get the best outcomes possible for their citizens. Members noted the financial, social and personal benefits for councils and families involved with the Troubled Families scheme.

Skills agenda – There was broad agreement that the announcements in the Spending Review reinforce the need for reform of the way care skills are developed. Education and care providers should work to ensure they create and maintain a workforce which has the appropriate skills to succeed in an environment where integrated care is the norm. This will require different career pathways from those currently available to employees and in many cases a move away from traditional notions of social work. Members noted that this was also a key message of the recently published '[Cavendish review: an independent review into healthcare assistants and support workers in the NHS and social care settings](#)'.

Cllr Gillian Ford then provided a brief verbal update on the progress of the Pioneers programme of integrated care pilots:

- There were 111 submissions to be part of the programme, of which 99 met the criteria for approval.
- The LGA and NHS England (NHSE) have been developing the criteria against which applicants will be sifted, and 20 Pioneers will be chosen by a panel assessment over the summer.
- An announcement on successful applicants is expected in September.
- All the chosen Pioneers will be expected to share learning to nearby areas. NHS Improvement and Quality will collate and share this information and learning.
- Work is underway to establish what support will be offered to failed applicants.

Decision

The Board **noted** the presentation and report

Actions

Officers to keep the Community Wellbeing updated and briefed as negotiations following the Spending Round announcement continue.

**Matt
Hibberd**

2 Immunisation and the new public health system

Members received a presentation from Dr Mary Ramsay, Head of Immunisation, Hepatitis and Blood Safety, Public Health England. The presentation is attached as **Appendix A** to these minutes.

Dr Ramsay explained that the reform of the Public Health and NHS system represented the most fundamental change in Immunisation for decades. She felt that the UK's position and expertise in Immunisation was world leading, partly as a result of having a population based health system. In 2001/2002 some of this impetus was following controversial and clinically disproved media coverage relating to the combined Measles, Mumps and Rubella vaccination, but vaccination levels have now recovered to pre-2001 levels.

Those individuals who were not vaccinated as a result of the MMR controversy (now 10-16 year olds) are vulnerable, as recent outbreaks of measles in south-Wales and areas of England have confirmed. In response a catch-up immunisation campaign was launched in April 2013, with the support of the Department for Health and local government. The campaign used GPs to actively identify those who have not been vaccinated. Vaccination of around 120,000 unvaccinated children should approach 95% coverage, and bring coverage in to line with that of younger children.

In discussion with Members the following points were made:

What does PHE foresee as the next challenge to be faced? Mary highlighted the emergence of whooping cough as a problem in some areas and also the need to both maintain and extend the flu vaccine programme over the coming year. At risk groups will continue to receive vaccinations for flu, including children for the first time, as a means of tackling transmission. A shingles programme will accompany the flu vaccines for over 70s.

Have the health system reforms created risk? Mary noted that as PHE was established from its predecessor organisations and new teams put in place, some in the system underestimated the scale of change and impact that staff turnover would generate. However structures and relationships are now bedding in, and the Measles catch-up campaign has been conceived, developed and delivered in an unprecedentedly short period, to a good degree of success.

NICE guidelines on new vaccines – Members discussed the potential for a vaccine to be rejected by NICE but available on the market. HWBs and CCGs could potentially find themselves lobbied by both industry and pressure groups at the local level to provide un-economic immunisation programmes. Mary noted that whilst producers will rightfully seek a return on the investment put into vaccine research and development, the majority of vaccination producers act very responsibly. However anything which could give rise to a damaging perception of improper relationships must be avoided to maintain public confidence in the immunisation system.

Data sharing – It was acknowledged that data is a potential problem for the Measles catch-up programme. The PHE's predecessor organisations'

recorded immunisation data against those registered with their GP rather than the larger population of those who are resident in the area. In some areas there is an absence of robust data on take-up.

GP sign-up and PR role – Mary stated that in some areas GP practices had not signed up to the catch-up programme, but felt assured that this was primarily administrative lag, rather than a problem in itself. Members felt that local GPs had a large responsibility for communicating the safety and importance of immunisation to their communities.

Rhetoric and responsibility – Regarding recent negative media stories about the safety of the HPV vaccine, Mary explained that the PHE's role in such circumstances is primarily to rebut such unfounded stories and ensure that health care providers are on-board. Members felt that offering choice of vaccination options (for example with regards to MMR) can drive uptake and encourage parents to get their children vaccinated. Children too should be encouraged to learn about and take responsibility for their own health.

Impact of immigration – Asked about the impact of immigration, Mary explained that no screening process was applied when people enter the UK, and statistics are maintained on the basis of ethnicity not country of origin, which makes it imperative that any outbreaks amongst particular communities are identified and countered quickly.

Decision

Members of the Board **noted** the presentation given and the progress made on the Measles vaccination catch-up programme.

Actions

None

3 Supporting Carers

Cllr Elaine Atkinson provided a verbal update on her work with the Employers for Carers task group. She explained that the work of the Group, facilitated by the Department for Health and British Telecom, was focused on keeping carers in employment. Ensuring that carers are able to combine their responsibilities for care and work is especially important given the growing numbers of older people requiring care, and the commensurate growth in carers. As most people will be middle-aged when they assume caring responsibilities they are often valued and difficult to replace members of the workforce, who should be supported before they reach crisis point, rather than after.

Members felt strongly that caring responsibilities should be recognised by employers in a similar way to which most good employers currently recognise childcare responsibilities. Each carer's situation is unique, so there is a requirement for some element of bespoke assistance. Members also highlighted the potential role of LEPs in driving attitudinal change, and also felt that involvement of the Department for Work and Pensions was crucial at the national level.

Concern was also expressed at the difficulty of supporting those who hold caring responsibilities but who do not identify as such. Members requested further detail on the funding for supporting carers announced as part of the

Tasks

Decision

The Community Wellbeing Board **agreed** that the LGA and ADASS should encourage effective joint working between Local Authorities and Care Providers, and the sharing of best practice on how they can work with Local Enterprise Partnerships, (LEPS), Health and Wellbeing Boards, Chambers of Commerce, local Business and other stakeholders in their area to support carers to remain in employment.

**Emma
Jenkins /
Cllr Elaine
Atkinson**

Actions

Officers to provide further detail on the composition and conditions of the funding for supporting carers announced as part of the Spending Review 2014-15.

**Matt
Hibberd /
Emma
Jenkins**

4. Community Wellbeing Board Review of the year

The Chair began the item by thanking the rest of the Board for their work over the year, especially those who have represented the Board as part of the portfolio holders system. Attention was drawn to a first draft of the revised portfolio positions for the 2013-14 municipal year. Portfolio positions will be finalised over the summer once the membership of the Board has been revised.

The Head of Programmes then summarised the report, noting the strong position which adult social care and health hold within the LGA's new key campaigning document 'Rewiring Public Services'.

Members considered also considered a draft programme for the September Community Wellbeing Board meeting.

Decision

The Community Wellbeing Board **noted** and **approved** the report.

5. Other Business report

Members noted the LGA's policy positions and lobbying work on the items contained within the update paper.

Members' attention was drawn to the forthcoming transfer of public health responsibilities for those aged 0-5years old. It was explained that the transfer is a key ministerial priority, particularly in light of the Government's ambitions regarding health visitors. The LGA Chief Executive and Leadership Board are in dialogue with the Department of Health regarding a possible assurance process for this element of the transfer. The LGA is also engaged in a wider programme of preparatory work, directed through the Children's Health and Wellbeing Partnership (CHWP) which includes the Department of Health and other stakeholders.

Cllr Ken Taylor then provided a brief verbal update on his attendance at a joint DH/NSPCC roundtable on Perinatal Mental Health. He highlighted the concerning statistic that 50% of suicides per year amongst young woman are related to perinatal mental health. Awareness amongst health

professionals varies and not all areas have specialist teams in place or professionals who feel equipped to deal with the matter. Cllr Taylor felt that local government's current role is limited, but it was an area where well-coordinated preventative action could save lives and money.

Cllr Louise Goldsmith gave an update on the Health and Wellbeing Leadership events which were very well-attended and highly productive example of the enthusiasm in local government for improving the health of local area's populations.

Caroline Tapster, Director, Public Health Improvement, LGA introduced herself. Members highlighted the importance of a clear system wide understanding of the role, accountability and functions of Health and Wellbeing Boards. Caroline viewed HWBs as responsible both for those functions set out in statute, but also as the local forum for difficult discussions.

Decision

The Community Wellbeing Board **noted** the report.

Actions

Officers to investigate the ways that the LGA can contribute to the forthcoming NSPCC report and recommendations

**Samantha
Ramanah**

6. Notes of the last meeting and actions arising

The Board agreed the note of the previous meeting.

7. Date of next meeting

Tuesday 10 September 2013, 11.15am