Local Government Association

Community Wellbeing Board

Agenda

Wednesday 10 July 2013
11.30am

Smith Square Rooms 3&4
Local Government House
Smith Square
London
SW1P 3HZ

To: Members of the Community Wellbeing Board
cc: Named officers for briefing purposes

www.local.gov.uk

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LGA Community Wellbeing Board
10 July 2013

There will be a meeting of the LGA Community Wellbeing Board at **11.30am** on **10 July 2013** in Smith Square Rooms 3&4 (Ground Floor), Local Government House, Smith Square, London, SW1P 3HZ.

A sandwich lunch will be available from 13.00.

Attendance Sheet:
Please ensure that you sign the attendance register, which will be available in the meeting room. It is the only record of your presence at the meeting.

Pre-meeting for Board Lead members:
This will take place from **10.00am** in Smith Square Rooms 3&4 (Ground Floor).

Political Group meetings:
The group meetings will take place from 10.30 -11.30am. Please contact your political group as outlined below for further details.

Apologies:
Please notify your political group office (see contact telephone numbers below) if you are unable to attend this meeting.

Labour:	Aicha Less:	020 7664 3263	email: aicha.less@local.gov.uk
Conservative:	Luke Taylor:	020 7664 3264	email: luke.taylor@local.gov.uk
Liberal Democrat:	Group Office:	020 7664 3235	email: libdem@local.gov.uk
Independent:	Group Office:	020 7664 3224	email: Vanessa.Chagas@local.gov.uk

Location:
A map showing the location of Local Government House is printed on the back cover.

LGA Contact:
Liam Paul: Tel: 020 7664 3214, e-mail: liam.paul@local.gov.uk

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Local Government Association

Community Wellbeing Board - Membership 2012/2013 rev. 08.05.13

Councillor	Authority
Conservative (8)	
Louise Goldsmith **[Vice-Chair]**	West Sussex CC
Francine Haeberling	Bath & North East Somerset Council
Ken Taylor OBE	Coventry City Council
Elaine Atkinson	Poole BC
Andrew Gravells	Gloucestershire CC
Vacancy*	
Vacancy*	
Vacancy”	
Substitutes:	
Bill Bentley	East Sussex CC
David Lee	Wokingham BC
Colin Noble	Suffolk CC
Konrad Tapp	Blackburn with Darwen BC
Labour (6)	
Linda Thomas **[Deputy-Chair]**	Bolton MBC
Jonathan McShane	Hackney LB
Steve Bedser	Birmingham City
Catherine McDonald	Southwark LB
Iain Malcolm	South Tyneside MBC
Lynn Travis	Tameside MBC
Substitutes:	
Hazel Simmons	Luton BC
Brenda Arthur	Norwich City Council
Liberal Democrat (3)	
Zoe Patrick **[Chair]**	Oxfordshire CC
Doreen Huddart	Newcastle City
Rabi Martins	Watford BC
Substitute	
John Bryant	Camden LB
Independent (1)	
Gillian Ford **[Deputy-Chair]**	Havering LB
***lost seat 02.05.13**	
Alan Farnell	Warwickshire CC (Cons)
Mayor Linda Arkley	North Tyneside (Cons)
***stood down 02.05.13**	
Keith Mitchell CBE	Oxfordshire CC (Cons)
David Rogers OBE	East Sussex CC (Lib/Dem)

Local Government Association

LGA Community Wellbeing Board
10 July 2013

Attendance 2012-2013

Councillors	05.09.12	02.11.12	16.01.13	06.03.13	08.05.13	10.07.13
Conservative						
Louise Goldsmith	No	Yes	Yes	Yes	No	
Keith R Mitchell CBE	Yes	Yes	Yes	Yes	n/a	n/a
Mayor Linda Arkley	No	Yes	No	No	n/a	n/a
Francine Haeberling	Yes	No	No	Yes	Yes	
Ken Taylor OBE	Yes	Yes	Yes	Yes	Yes	
Alan Farnell	No	No	Yes	Yes	n/a	n/a
Elaine Atkinson	Yes	Yes	No	Yes	Yes	
Andrew Gravells	No	Yes	Yes	No	Yes	
Labour						
Linda Thomas	Yes	Yes	Yes	Yes	Yes	
Jonathan McShane	Yes	Yes	Yes	Yes	Yes	
Steve Bedser	No	Yes	No	Yes	Yes	
Catherine McDonald	Yes	Yes	Yes	Yes	No	
Iain Malcolm	Yes	Yes	Yes	No	No	
Lynn Travis	Yes	Yes	Yes	Yes	Yes	
Lib Dem						
David Rogers OBE	Yes	Yes	Yes	Yes	n/a	n/a
Zoe Patrick	Yes	Yes	Yes	Yes	Yes	
Doreen Huddart	Yes	Yes	Yes	Yes	Yes	
Independent						
Gillian Ford	Yes	Yes	Yes	Yes	Yes	
Substitute						
Bill Bentley	Yes	Yes	Yes	Yes		
Colin Noble	Yes	Yes	Yes	Yes		
Hazel Simmonds	No	No	Yes	No	Yes	
David Lee	No	No	Yes	Yes		
Brenda Arthur	No	No	No	Yes		
Rabi Martins	No	No	No	No	Yes	

Local Government Association

Agenda

LGA Community Wellbeing Board

10 July 2013

11.30am

Smith Square Rooms 3&4

	Item	Page	Time
1.	**Implications of the Spending Round 2015-16** To receive an update on discussions at Secretary of State level regarding funding for adult social care and integration, and to discuss how the LGA should take this work forward, including our approach to the reconfiguration issues associated with integration.	**3**	11.30
2.	**Immunisation and the new public health system** Dr Mary Ramsay, Head of Immunisation, Hepatitis and Blood Safety, Public Health England will provide an update on the provision of immunisation services in the new public health system. This item will also update Members on progress of the national catch up programme to increase MMR vaccination uptake in children and teenagers announced in April.	15	12.00
3.	**Supporting Carers** To discuss how to encourage effective joint working between Local Authorities, care providers and other stakeholders to support carers to remain in employment. Cllr Elaine Atkinson will provide a verbal update on the work of the DH-led Carers in Employment Task and Finish Group.	**27**	12.40
	Working Lunch		*13.00*
4.	**Community Wellbeing Board Review of the year** To consider the progress and achievements in relation to the priorities, objectives and deliverables agreed by the Board in September 2012.	**31**	13.20
5.	**Other Business report** To consider an update on activities and policy developments relevant to the Board's agreed work programme which have taken place since the last Board meeting on 08 May 2013.	**43**	13.40
6.	**Decisions and actions from previous meeting**	**55**	14.00

Date of next meeting: Wednesday 10 September 2013, Local Government House

Implications of the Spending Round 2015-16

Purpose

For information and discussion.

Summary

The Chancellor of the Exchequer announced the 2015-16 Spending Review on 26 June.

This paper provides an overview of the announcements made regarding adult social care and health in the recent Spending Round.

The LGA's Briefing is attached at **Appendix 1a**.

Recommendation

Members are asked to note this paper as background.

Action

Officers to progress activity in line with Members' comments.

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Implications of the Spending Round 2015-16

Background

1. On 26 June the Chancellor of the Exchequer announced the Government's plans for spending £740 billion pounds of tax-payers' money between April 2015 and March 2016.

2. The Spending Round announced a 10 per cent cut to council funding in 2015-16, which comes on top of the 33 per cent reduction since 2010. It confirmed local government as the hardest hit part of the public sector.

3. A copy of the LGA's Spending Round 'On the day briefing' is attached as **Appendix 1a** and is available at: http://www.local.gov.uk/c/document_library/get_file?uuid=9615cfda-d0e2-4ca5-a2bc-5898a78bb947&groupId=10171

Adult social care and health

4. Despite a very difficult settlement for local government overall, there was positive news in relation to funding for adult social care and health. This followed weeks of negotiations between the LGA and colleagues from NHS England (NHSE) and Whitehall departments.

5. The Spending Round announced a "£3.8 billion pooled budget for health and social care services, shared between the NHS and local authorities to deliver better outcomes and greater efficiencies through more integrated services for older and disabled people".

6. Our current understanding of how the funding is made up is set out below:

   6.1. 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);

   6.2. An additional amount of funding to accelerate transformation (£200 million – for 2014-15);

   6.3. 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;

   6.4. Clinical Commissioning Group (CCG) funds for reablement services (£300 million – for 2015-16);

   6.5. Money for carers' breaks (£130 million – for 2015-16); and

   6.6. Capital funding for projects to improve integration locally (£350 million – for 2015-16).

7. In addition to the £3.8 billion pooled budget outlined above, the Spending Round also announced £335 million "so that councils can prepare for reforms to the system of social care funding". We understand that this figure covers various implementation issues including the introduction of the cap on individual contributions to care costs and universal deferred payment but are seeking to confirm the detail.

8. The extension to the current transfer for 2014/15 is very welcome and new money to drive forward integration is even better for the longer-term. The LGA has long argued that

integration must be a key priority given its role in improving outcomes for individuals and drawing out the real cross-system efficiencies.

9. Over the coming weeks work will continue with NHS England to agree the detail that will underpin the allocation of the pooled budget – particularly on the performance-related element of the £3.8 billion.

Next steps

10. Members are asked to note this report for information. Any comments will be fed into the Community Wellbeing team's on-going work in this area.

The Spending Round
26 June 2013

Local Government Association

Briefing

LGA Key Messages

- The Spending Round's 10 per cent cut to council funding in 2015-16 is on top of the 33 per cent reduction since 2010 and confirms local government as the hardest hit part of the public sector. Local authority core funding from Department of Communities and Local Government (DCLG) falls by £2.1 billion in 2015-16. This cut will stretch some services to breaking point in many areas.

- The Government has listened to our concerns regarding the importance of providing sustainable funding for adult social care. The announcement of £2 billion additional investment is positive as it will improve health care services for local residents. This will help social care authorities and the NHS to bridge the gap between resources and rising demands. This transfer does not disguise the fact that council funding will have been cut by the equivalent of four times this amount across the life of this Parliament.

- Despite the positive steps taken to target NHS funding at social care, the fact remains that some councils will simply not have enough money to meet their statutory responsibilities for other services.

- Many councils have frozen council tax bills for the past three years to help hard-working families and pensioners during these tough times. Confirmation of the freeze and the 2 per cent referendum limits for the next two years will help local authorities to plan their budgets. We need a longer-term solution for how public services are funded in the future as those local authorities which take up Government's offer to freeze council tax face a real terms cut.

- The Government's support for the Public Service Transformation Network signals that the Treasury and Number 10 are supporting the necessary rewiring of public services. It is absolutely essential that all of Whitehall commits to a community budgets approach as this will make significant savings to the public purse and improve services for local people.

- Tens of thousands of troubled families are already being helped by councils to turn their lives around. The £200 million extension of this fund is a vote of confidence and recognition of just how effective local authorities have been when given the mandate to bring together the work of the whole public sector in their areas.

- There will be a consultation in the autumn about a £200 million reduction in the Education Services Grant. The Chancellor referred to this as a transfer of funding from local government to schools. Such a change may lead to a reduction in local authorities' capacity to support schools. The LGA will be making this very point during the consultation process.

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- The Chancellor has announced that the total annual growth pot will be £2 billion, well below the £70 billion recommended by Lord Heseltine. The LGA will be issuing a further briefing when Government announces more detail tomorrow.

This briefing covers:

- The Spending Round
- Council tax
- Adult Social Care
- Public service transformation
- Children's services and schools funding
- Troubled families
- Local growth
- Fire and Police

The Spending Round

The Spending Round announces that the Government will:

- Reduce total spending in 2015-16, 2016-17 and 2017-18 in real terms at the same rate as during the Spending Review 2010 (SR 2010) period. The overall spending envelopes for Total Managed Expenditure for the three years are confirmed as £745 billion in 2015-16, £755 billion in 2016-17 and £765 billion in 2017-18.

- Make savings from current spending of £11.5 billion in the spending round for 2015-16. The savings from core local government funding is £2.1 billion.

- Reduce local authority core funding by 10 per cent in 2015-16 in real terms. This compares with overall cuts of 5.6 per cent across all other unprotected departmental budgets. Local authority core funding from DCLG falls by £2.1 billion in 2015-16.

- Transfer £2 billion from the NHS to local authorities for social care.

LGA View:

- Today's 10 per cent cut on top of the 33 per cent reduction since 2010 confirms local government as the hardest hit part of the public sector. Local authority core funding from DCLG falls by £2.1 billion in 2015-16. This reduction will stretch essential services to breaking point in many areas.

- The effect of the NHS transfer to local authorities for social care and other measures reduces the reduction to 2.3 per cent for local government overall from 2014-15 to 2015-16.

- Despite the positive steps taken to target NHS funding at social care, the fact remains that some councils will simply not have enough money to meet their statutory responsibilities for other services.

Council Tax

The Government announced that it will provide further support to freeze council tax for 2014-15 and 2015-16. This will be the equivalent of a 1 per cent council tax increase for councils which freeze their council tax on the same lines as in 2013-14. It will set referendum limits of 2 per cent in both 2014-15 and 2015-16. Subject to the Local Audit and Accountability Bill achieving Royal Assent, this limit will now include levying bodies.

LGA View

- Councils want to help families and pensioners during these tough times by keeping their council tax bills down. Many councils have already frozen council tax for the past three years. Local authorities which take up government's offer to freeze council tax face a real terms cut so we need a longer-term solution for how public services are to be funded in the future.

- In addition, including levying bodies in the referendum limits will cause more pressure to those councils with large levies for services such as transport, waste and drainage.

Adult social care and health

The Government's announcement on adult social care for 2015-16 includes:

- A £3.8 billion pooled budget for health and social care services, shared between the NHS and local authorities, to deliver better outcomes and greater efficiencies through more integrated services.

- The pooled budget includes:

    - Continuation of the existing transfer from the NHS to social care as set out in the 2010 Spending Review.
    - An additional £200 million in 2014-15 to accelerate the transformation process.
    - £2 billion a year through the NHS to join up local health and social care services.
    - Funds for carers and people leaving hospital who need support to regain their independence.
    - £350 million of capital funding for projects to improve integration locally.

- £335 million for councils to prepare for reforms to the system of care funding, including the care cap and universal deferred payments.

<u>LGA view</u>

- The Government has listened to our concerns regarding the importance of providing sustainable funding for adult social care. The continuation of the existing transfer of funding from health to social care for 2014-15 is positive, as is the additional £200 million to accelerate transformation.

- New money to drive forward integration is even better for the longer-term. Integration must be a key priority given its role in improving outcomes for individuals and drawing out the real cross-system efficiencies. This is therefore an important signal from Government of their shared commitment to taking this work forward.

- The LGA has worked closely with colleagues from NHS England to secure the additional funding from health to drive forward integration. Attention will now turn to the detail of how the money is released as we expect part of the funding to be conditional on performance. In this respect it is critical that the right balance is struck between locally agreed decisions and conditions emanating from central government. Councils and Clinical Commissioning Groups will need to be supported to demonstrate how stronger joint working can deliver the changes we know are possible from adult social care activity reducing demand on costly hospital services. Early planning will be central to this and we anticipate that councils, working with local partners, will begin preparatory work very quickly.

- The money allocated for adult social care is also an opportunity to improve data sharing between health and social care and strengthen joint planning between the two parts of the whole system.

- The £335 million for implementing care and support reform is welcome. However, with a great deal of detail on the Care Bill still to come in regulations and guidance, and the imminent publication of a government consultation on funding reform, we will want to work closely with the sector to understand the likely costs involved and whether the £335 million is a realistic figure. We have been clear throughout the debates about reform of care and support that any new burdens arising from the proposals must be separately and fully funded.

- In addition, this transfer does not disguise the fact that council funding will have been cut by the equivalent of four times this amount across the life of this Parliament

Public service transformation

The Spending Round signals a major shift in the Government's approach as they now commit to help local public services work more closely together to cut out duplication and invest in reducing demand. This builds on the successful development of whole-place business plans for community budgets in four pilot areas (Essex, Greater Manchester, Tri-borough and West Cheshire) and the analysis the LGA conducted of the pilots.

The Government will invest a £100 million into a council efficiency and transformation fund. In addition, the Government is planning to launch a police innovation fund and provide resources for the transformation of Fire and Rescue Services.

LGA View

- If the local public sector is going to be smaller, it is going to have to be radically transformed to focus on better collective working and on investment in reducing demand and preventing failure. To achieve that, public services need rewiring based on people and places. The whole-place community budget pilots have demonstrated the savings and improvements in outcomes that can result.

- The expansion of support for areas wanting to develop a community budget is positive, as is the Government's decision to provide incentives for blue-light services and the NHS to engage fully in this agenda. However, there will be more to do to secure buy-in from the full range of Whitehall departments.

- The increased certainty that Clinical Commissioning Group and councils will have from being given their funding allowance in advance will enable community budget business plans to be developed with more confidence. In due course we would hope to see this approach being adopted for the funding settlements for all local public service providers.

Children's services and schools funding

The Chancellor confirmed that schools funding and the pupil premium will be protected in real terms. However, the Education Services Grant, which pays for central services to schools will be cut by 20 per cent. The details

will be subject to a consultation in the autumn. There will also be a consultation on how best to introduce a fair national funding formula for schools in 2015-16.

LGA View:

- The 20 per cent cut in the Education Services Grant is disproportionate and will affect spending on school improvement, management of school buildings and tackling non-attendance.

- It will be essential that the sector engages in the consultation to make the case for local authorities' positive contribution to school delivery and improvement. Government policy and Ofsted's expectations on Local Education Authorities must align.

- Any review of school funding should introduce a fairer funding formula for all schools and ensure local flexibility.

Troubled families

The Government has announced a further £200 million will be invested into the Troubled Families programme to extend help to 400,000 families in 2015-16. This additional funding will be subject to match funding from local authorities as with the existing programme.

LGA View:

- Tens of thousands of families are already being helped by councils to turn their lives around. This extension of this initiative is a vote of confidence and recognition of how effective local authorities have been when given the mandate to bring together the work of the whole public sector in their areas.

- The Troubled Families programme has built on the innovative work local authorities were already doing to co-ordinate organisations such as schools, social services, job centres and health centres. It is important that local places have the freedom to tailor solutions to the specific needs of individual families.

- The cuts to local government funding will however make it increasingly hard to provide the key services that troubled families will need.

Local growth

The Government announced that £2 billion would be allocated to the creation of a Single Local Growth Fund, in response to Lord Heseltine's recommendation for growth-related funds to be devolved to the Local Enterprise Partnerships (LEPs) through a single pot. The Fund is expected to be operational in April 2015 and sustained each year of the next Parliament. The Chief Secretary to the Treasury will be announcing more detailed spending plans related to growth tomorrow and the LGA will be on hand to provide member authorities an on the day briefing.

LGA View

- We are extremely disappointed that the Single Local Growth Fund amounts to less than 5% of the £49 billion in central government funding that Lord Heseltine determined could be invested more effectively to support growth if devolved to local areas.

- With public finances set to be constrained until the economy fully recovers, it has never been more urgent to enable councils and their local business partners to meet their full potential to unlock local growth.

Fire and Police

Fire and rescue authorities will see a 7.5 per cent reduction overall in their funding for 2015-16. The Government has also announced two specific funds; a £45 million *Fire Efficiency Incentive Fund* to invest in the fire service; and a £30 million resource fund through the local government settlement to encourage joint working.

The Government will also create an innovation fund of up to £50 million for police forces to work jointly with each other and with local authorities.

LGA view

- The reduction in funding for fire services in 2015-16 is significant and will put additional pressure of Fire and Rescue Services. In establishing new funds the government is signalling its desire to see reform in the sector. Any reform must be led by the sector itself and in our view these funds should be allocated by formula rather than being subject to a competitive process.

- Preventing crime and anti-social behaviour reduces the pressures on the police, councils and the criminal justice system. The announcement of a fund to encourage police forces to work jointly together and with local authorities on new and better ways to prevent crime will provide an important impetus to collaboration.

The full Spending Round can be accessed via this link.

Local Government Association

Community Wellbeing Board

10 July 2013

Item 2

Immunisation and the new public health system

Purpose

For discussion and direction.

Summary

Dr Mary Ramsay, Head of Immunisation, Hepatitis and Blood Safety, Public Health England will provide an update on the provision of immunisation services in the new public health system. This item will also update Members on progress of the national catch up programme to increase MMR vaccination uptake in children and teenagers announced in April.

The LGA's Measles FAQ document, co-produced with PHE, is attached at **Appendix 2a**.

Recommendation

Members are asked to discuss the immunisation strategy and to share their views on how the LGA, Public Health England (PHE), Department of Health (DH) and partners at a local level can work to support vaccination uptake in children and adults across the life course.

Action

Officers to progress as directed

Contact officer: Paul Ogden
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Immunisation and the new public health system

Background

1. Councils via the local Health and Wellbeing Board and their Directors of Public Health are responsible for maximising health and wellbeing in their populations. The take up of vaccination and screening is measured in the Public Health Outcomes Framework. Health and Wellbeing Boards have an oversight role and in challenging their local NHS commissioners to ensure high uptake in their resident populations is achieved and sustained.

2. Most vaccination and screening programmes are delivered by the NHS. GPs conduct the majority of the immunisations in childhood and for adults, although human papillomavirus (HPV) jabs and some boosters are given in schools – and therefore fall under the jurisdiction of local government even though the NHS is responsible for them.

3. Screening tends be done in both hospitals and community health settings. The exception is the National Child Measurement Programme, which is the responsibility of local government and is carried out in schools.

4. Along with their partners in the NHS, councils have also played an active role in engaging with hard-to-reach groups, work which helps address health inequalities, and also working with schools and communities to improve awareness about the importance of screening and vaccination.

Measles Outbreak

5. Measles is an unpleasant illness which starts with a few days of cold-like symptoms and is then followed by a rash accompanied by high fever, red eyes and a cough. It is a highly infectious disease spread by aerosols from the respiratory tract. Someone with measles is infectious from a few days before to a few days after the rash comes out and can spread infection to susceptible people with very casual contact – such as passing briefly in the corridor.

6. Around one in every 10 children who get measles is admitted to hospital. It can be particularly severe in children under 5 years old, teenagers and older people, especially those who have weakened immune system. In these groups, measles can cause complications including pneumonia, ear infections, diarrhoea and encephalitis (swelling of the brain). In rare cases, people can die from measles. Measles in pregnant women can also be very serious and threaten the pregnancy.

7. Prior to the use of measles vaccine, measles was a common childhood infection causing hundreds of thousands of cases, and up to 100 deaths, each year in the UK. The numbers of cases has dramatically declined since the introduction of vaccination in 1968. Between 1994 and 2004, an average of 200 cases were reported each year, mostly due to people acquiring measles abroad and with limited spread to the local community. In the last two years, however, cases and outbreaks of measles have been increasing.

8. The annual total of laboratory confirmed cases in England in 2012 was 1,913, the highest annual figure since 1994. Although the focus of recent media activity has been on South

Wales, smaller measles outbreaks are also occurring in England. Current outbreaks are on-going in the North East (centred on Teeside), the North West (mainly in Greater Manchester and Preston) and the South West (centred on Gloucestershire with some spread into Herefordshire).

9. Between 1998 and 2003, vaccine uptake of MMR fell to a low of 80 per cent following unfounded concerns about vaccine safety. Although coverage of MMR vaccine has been increasing since 2003, and is now at the highest level ever recorded, we have a legacy in older children and young people who were not immunised as toddlers. These children are now in secondary school, where measles can spread very rapidly. Many of the cases in Wales and in England are in older children aged between 11 and 16 years. Children recovering from serious illnesses such as leukaemia, and in schools, pregnant teachers and staff are also put at risk.

10. A national catch up programme to increase MMR vaccination uptake in children and teenagers was announced in April. The aim of the programme is to prevent a measles outbreak by vaccinating as many unvaccinated and partially vaccinated 10-16 year olds as possible in time for the next school year in September.

11. The aim of the catch up programme is to reach over 1 million young people in three areas:

    11.1. A rapid active programme to identify and vaccinate un-vaccinated and partially vaccinated 10 -16 year olds who missed out on both doses of the MMR vaccine in the late 1990's - early 2000s;

    11.2. An urgent targeted communications strategy pushing unvaccinated young people towards primary care; and

    11.3. A sustained intervention over the longer term that target vulnerable and underserved populations (gypsy and travellers, BME, certain orthodox groups).

12. Supporting the national response, councils all across the country have been sending out letters to parents of local school children, handing out flyers to residents and working with the local press to help identify those at risk and encourage them to get vaccinated.

13. Councils are helping roll out the national vaccination catch-up programme in variety of ways:

    13.1. The London Borough of Wandsworth has been promoting a special immunisation hotline and directing concerned residents to out-of-hours community immunisation clinics;

    13.2. Following a measles outbreaks last year, 2,500 children in Teeside have been given an MMR jab since April through vaccination programmes in 120 local schools; and

    13.3. Cumbria County Council has produced a YouTube video reassuring parents about the safety of the MMR vaccine and explaining the need to get children vaccinated.

14. The Local Government Association has been working with the Association of Directors of Public Health, PHE, the Department of Health and with councils themselves to ensure that lead councillors for public health services and directors of public health have access

to data about the number of cases in their area. On 17 July the LGA will be hosting *Immunisation: protection across the life course* and publishing our Immunisation and Screening Resource Sheet aimed at elected members.

Immunisation over the life course

15. The vaccines on offer are evolving all the time. Over the past decade jabs for pneumococcal disease and the human papillomavirus (to protect against cervical cancer) have been introduced for children. Meanwhile the schools-based BCG programme (to protect against TB) ended in 2005 although it is still available for at risk groups.

16. This year a vaccination for rotavirus and shingles is being introduced, while schoolchildren will start to be offered the annual flu jab in the coming years.

Two months
Five-in-one (diphtheria, tetanus, whooping cough, polio and Hib)
Pneumococcal
Rotavirus

Three months
Five-in-one (second dose)
Meningitis C
Rotavirus (second dose)

Four months
Five-in-one (third dose)
Penumococcal (second dose)

12 to 13 months
Hib / Meniningitis C booster (given as single jab)
MMR
Pneumococcal

Three years and four months
MMR (second dose)
Four-in-one booster (diphtheria, tetanus, whooping cough) and polio

12 to 13 years
HPV (three jabs given in six months to girls only)

13 to 15 years
Meningitis C booster (from September 2013)

13 to 18 years
Three-in-one booster (diphtheria, tetanus and polio)

65 and over
Flu (every year)
Pneumococcal

70 to 79 years
Shingles (being rolled out from September)

Others

18. Vaccines for hepatitis B, TB and chickenpox are available for at risk groups, while some travel jabs for conditions such as hepatitis A, typhoid and cholera are also available on the NHS.

Financial Implications

19. None.

Local Government Association

10th Anniversary cfps Centre for Public Scrutiny accountability, transparency, involvement

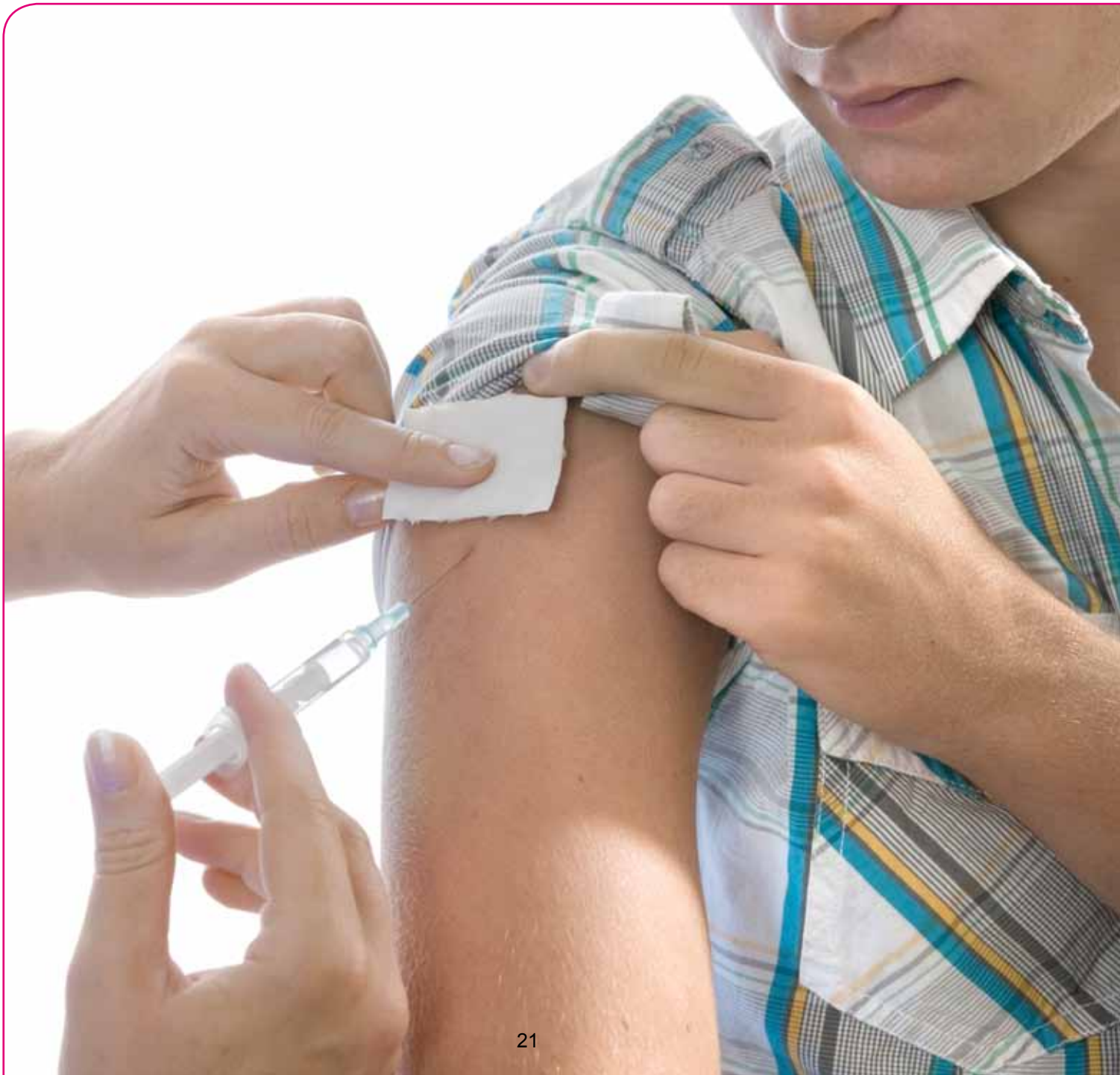
Public Health England

Health, adult social care and ageing

Measles

Frequently asked questions

Briefing for councillors



Introduction

These Frequently Asked Questions (FAQs) have been produced by the Local Government Association (LGA) and Public Health England. They address a number of questions raised by councillors and officers.

What is measles?

Measles is an unpleasant illness which starts with a few days of cold-like symptoms and is then followed by a rash accompanied by high fever, red eyes and a cough. It can be particularly severe in babies under the age of one year, teenagers and older people, especially those who have a weakened immune system. In these groups, measles can cause complications including pneumonia, ear infections, diarrhoea and encephalitis (swelling of the brain).

Around one in every 10 children who get measles is admitted to hospital. In rare cases, people can die from measles. Measles in pregnant women can also be very serious and threaten the pregnancy. Measles is a highly infectious disease spread by aerosols from the respiratory tract. Someone with measles is infectious from a few days before to a few days after the rash comes out and can spread infection to susceptible people with very casual contact – such as passing briefly in the corridor.

How common is measles in England?

Prior to the use of measles vaccine, measles was a common childhood infection causing hundreds of thousands of cases, and up to 100 deaths, each year in the UK. The numbers of cases has dramatically declined since the introduction of vaccination in 1968. Between 1994 and 2004, an average of 200 cases were reported each year, mostly due to people acquiring measles abroad and with limited spread to the local community.

In the last two years, however, cases and outbreaks of measles have been increasing, The annual total of laboratory confirmed cases in England in 2012 was 1,913, the highest annual figure since 1994. Although the focus of recent media activity has been on South Wales, smaller measles outbreaks are also occurring in England. Current outbreaks are ongoing in the North East (centred on Teeside), the North West (mainly in Greater Manchester and Preston) and the South West (centred on Gloucestershire with some spread into Herefordshire).

How do we currently prevent measles?

Protection against measles has been offered to all children since 1968, initially with measles vaccine, and then extended to MMR (measles, mumps and rubella) vaccine in 1988. A second dose of MMR vaccine was introduced in 1996. In the UK, the first MMR vaccination is normally given when a child is 12-13 months old, and a ‘booster’ dose is given before the child starts school, usually around 3½ years of age.

As measles is so infectious, the WHO recommends that more than 95 per cent of children should be vaccinated. Coverage of MMR vaccine by the age of two in England is 92 per cent, with 94 per cent having received the first dose and 88 per cent having had the second dose by the age of five. Coverage varies across the country and is lowest in London.

Why have we seen this recent increase?

Between 1998 and 2003, vaccine uptake of MMR fell to a low of 80 per cent following unfounded concerns about vaccine safety. Although coverage of MMR vaccine has been increasing since 2003, and is now at the highest level ever recorded, we have a legacy in older children and young people who were not immunised as toddlers. These children are now in secondary school, where measles can spread very rapidly. Many of the cases in Wales and in England are in older children aged between 11 and 16 years. Secondary school outbreaks can be very disruptive, both to families and to schools. Children recovering from serious illnesses, such as leukaemia, and pregnant teachers and staff are also put at risk.

Which groups of the population are most affected?

Children and young adults who are catching measles are mainly those who haven't received MMR vaccinations; a small number may have received a single dose of vaccine. Older adults are largely protected by having had measles before. In 2013, 10-16 year olds and children born in 2012 (who were too young to have started vaccination) have been most commonly affected.

Groups with historically low uptake of vaccinations, such as Irish travelling communities across England and the Orthodox Jewish population in London, have had large outbreaks of measles since 2006. Cases are still being reported from these groups, as well as from unvaccinated people in the wider community.

What is being done about this increase?

In response to cases and local outbreaks, the health protection teams in Public Health England Centres are working closely with colleagues in the NHS to reduce the spread of measles outbreaks. In the affected areas, it is important to raise awareness with local health care professionals to ensure prompt reporting and response. In some areas, local school-based campaigns, in which health protection teams have worked closely with local authorities and school nurses, have been successful in reaching the age groups most at risk.

The increase in media interest and any local outbreaks do provide good opportunities to raise awareness in those not vaccinated in the local area. Older children and young adults who have not had two MMR vaccinations should be encouraged to seek catch-up vaccinations via their GPs.

What else can local authorities do?

Local authority Directors of Public Health are responsible for maximising health and wellbeing in their populations. This is measured in the Public Health Outcomes Framework and this framework includes MMR uptake (the proportions of the population taking up the first and second MMR doses). Health and Wellbeing Boards have a role in oversight and challenge of the NHS commissioners to ensure that they achieve and sustain high uptake in young children. Local authorities also have a key role in reducing health inequalities. This should include facilitating appropriate access

to information and vaccination services for 'hard-to-reach' populations, such as those on traveler sites.

Although only some areas of the country have been affected by measles so far, almost all areas have enough older children at risk to sustain outbreaks in schools. Longer term pro-active work, including campaigns in schools yet to be affected, is being actively considered in several areas. Directors of Public Health in local authorities have a major role in supporting the NHS in these important campaigns.

Is there a role for scrutiny?

Council scrutiny is another important way to check whether action to increase MMR vaccination uptake is effective. Through scrutiny, councillors in upper tier and unitary councils have powers to hold health and wellbeing boards, clinical commissioning groups, Directors of Public Health and healthcare and social care providers to account for their decisions and actions – they will be interested to know whether local practice in healthcare and social care settings reflects the best available evidence. For information about scrutiny of healthcare and social care issues visit the website of the Centre for Public Scrutiny at www.cfps.org.uk

Where should people go for more information?

Public health teams within local authorities can disseminate advice, provided by Public Health England, to a wide range of agencies and seek further information via their colleagues in local Public Health England Centres.

A more detailed news story about the current measles outbreak is available via: https://www.gov.uk/government/organisations/public-health-england

Additional resources

'Ten questions to ask if you are scrutinising local immunisation services' http://www.cfps.org.uk/publications?item=7052&offset=0

'Spanning the system – Broader horizons for council scrutiny' http://tinyurl.com/dxnzkfm

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please contact us on 020 7664 3000.
We consider requests on an individual basis.

L13-324

Supporting Carers

Purpose of report

For discussion and direction.

Summary

Cllr Atkinson will update the Community Wellbeing Board on her work undertaken as part of the Carers in Employment Task and Finish Group.

Recommendations

Members are asked to:

1. **note** the update from Cllr Atkinson on her work as part of the Carers in Employment Task and Finish Group; and

2. **suggest** ways in which the LGA can assist with the recommendation as outlined in **paragraph 3** below.

Action

As directed by Members.

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Supporting Carers

Background

1. The UK has three million working carers, many of whom are struggling to combine work with their caring responsibilities. One in five carers give up work to care full time and the difficulties of balancing work and caring may be a contributing factor. Most carers fall into the 45-64 age bracket so businesses can lose experienced staff at the peak of their careers. With the number of carers in the UK set to grow from 6.5 million to 9 million in the next 30 years, ensuring that carers are supported to stay in the workplace is an increasingly significant issue.

Carers in Employment Task and Finish Group

2. As a portfolio holder for Workforce and Carers for the Board, Cllr Elaine Atkinson has been attending the Carers in Employment Task and Finish Group on behalf of the LGA.

3. Co-chaired by the Department of Health and British Telecoms, the Task Group aimed to gather, examine, and present the evidence on the overall social and economic case for interventions which support carers to combine work and care, with a particular focus on the employer and employee benefits.

4. The Task Group also looked at how the care market can grow and support carers to combine work and care through increased availability of technology in the mainstream consumer market. It sought to develop the business and economic growth case for employers, as well as the potential of workplace support to enable carers to combine work and care. The group contains representatives from Government, the statutory sector and businesses.

5. The Task Group's final report is currently being finalised ahead of a launch later this summer. The report will be aimed at a number of audiences including employers, service providers, local and national government, the voluntary sector - including carers' organisations - and other policy makers.

6. Community Wellbeing Board Lead members recently gave their support to a recommendation from the Task Group as follows:

   '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'

7. Cllr Atkinson will give a verbal update on the work of the Task Group at the Board meeting.

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 Heath England and the Department of Heath 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 a 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.

Update on other Board business

Purpose of report

For information and comment.

Summary

Members to note the following:

- Update on Children's Health and Wellbeing Partnership
- Towards Excellence in Adult Social Care (TEASC) and the LGA Adult Safeguarding programme – update on sector led improvement in adult social care
- Changes to the way we inspect, regulate and monitor care services
- Appointment of Medical Examiners to oversee the death certification process
- Health Impact – Gambling
- NHS Complaints Review
- Cold Weather Plan 2013
- Key Principles for commissioning open access sexual health services and cross charging
- Feedback - Ministerial meeting on Perinatal Care
- Feedback - Health & Wellbeing Leadership events
- Feedback - Ministerial meetings on integration
- National Children and Adult Services Conference and Exhibition 2013
- NHS Health Check FAQs

Recommendations

Members are asked to **note** and **discuss** the updates contained in the report.

Action

As directed by Members.

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Update on other Board Business

Introduction

1. This paper provides an update on activities undertaken to progress the Board's agreed work programme not covered by other items on the agenda for the meeting on 10 July and covers key policy developments relating to issues within the Board's remit that have taken place since the last Board meeting on 08 May 2013.

Transfer of Public Health responsibilities for 0-5 year olds to local authorities

2. The Children's Health and Wellbeing Partnership (CHWP) met on 19 June for its first official meeting. The LGA sits on this partnership in addition to representatives from key bodies in the health sector and local councils. The Department for Education has now joined the CHWP and membership from the body representing Clinical Commissioning Groups is still in progress.

3. Work has begun on 3 of 5 priority areas, set out below:

Effective commissioning:

4. A task and finish group focusing on the safe transfer of 0-5 commissioning has been set up under the CHWP. Membership includes; LGA, SOLACE, ADCS, Department of Health (DH), Public Health England and NHS England. The group is responsible for developing a transition plan and assurance process for Ministerial consideration.

5. The key elements of the transition plan will focus on early planning with local government including:

   5.1 a two stage process with a 'light touch' assessment in 2014 to enable early identification of struggling areas and time for local government to respond;

   5.2 joint sign off between NHS England, local government and independent parties;

   5.3 joint and early communications to both sectors; and

   5.4 work by the task and finish group to establish a narrative for the future development of health visiting over the next few years, to ensure services are sustainable.

6. Health Visiting is an extremely high priority for the Government, therefore Ministers will seek a robust assurance process which gives them confidence in a safe transfer of these services in 2015.

7. The issue of whether funds will be available to local authorities for 2014/15 to cover new burdens will be discussed bilaterally between DH and the LGA. A proposition paper will be brought to the next task and finish group meeting in July for consideration and sign off, with a view to taking the proposition to the Minister before summer recess.

8. There are a number of key issues that will need to be taken into consideration to ensure the transition and assurance plans are robust for local authorities. The LGA is working to ensure these issues are considered, these issues include:

8.1 early joint planning with local government through Health and Wellbeing Boards and Children's Partnerships is essential so that commissioning plans for 2013/14 are developed in light of the planned transition in April 2015 to minimise risks;

8.2 using the opportunities from the transfer of 0-5 public health services and commissioning for Health Visitors to improve early intervention by linking up more holistically to wider local systems and ensuring services are sustainable; and

8.3 ensuring that there is sufficient funding transferred to local authorities from NHS England and that this is communicated early to local authorities so they can plan effectively, especially at a time when some local authorities may be undergoing service reconfiguration as a result of funding cuts.

Early Intervention, Identification and Prevention:

9. A full work programme is being developed, however partners agreed a cross departmental approach on early intervention issues will be taken by the CHWP and it will engage with the Early Intervention Foundation (EIF) to help define this work programme.

Integrated care and support for children and young people:

10. Work will focus on outcome measures for children and young people with long-term conditions and a series of case studies of children and young people with particular conditions will be developed to track where the issues are and what happens next.

Next Steps

11. In addition to continuing work on the priorities listed above, future meetings will identify the key pieces of work to be taken forward by task and finish groups for the remaining two priorities:

11.1 good transitions throughout the life course; and

11.2 operating the new system and understanding how best to make it work.

Towards Excellence in Adult Social Care and the LGA Adult Safeguarding programme – update on sector led improvement in adult social care

Towards Excellence in Adult Social Care

12. Developing and implementing the model of sector led improvement in Councils' adult social care is led by the Towards Excellence in Adult Social Care (TEASC) programme board. The Programme Board is a partnership with senior representation from the LGA, ADASS, DH, LGA, CQC, the Social Care Institute of Excellence, Solace and Think Local Act Personal. The three year programme is funded by a grant from DH, with £800,000 provided for the final year of confirmed funding. The TEASC Programme reports to the Community Wellbeing Board every six months, with the Lead Members of the Board acting as the leads for sector led improvement.

13. As noted in previous updates to the Board, the Programme has been developed by councils and partners locally, based on the LGA principles that councils are self-aware of their performance; that they are engaging with local people in delivering priorities for improvement; and that there is collective ownership of improvement.

14. Key components of the programme for 2013/14 will include:

    14.1 A focus on the regions: the majority of funding will be provided to the ADASS regions. Regions will also report, collate and share good practice in regional activity order to ensure consistency and coherence.

    14.2 Peer support and challenge: Councils can access the chargeable LGA Adult Social Care and Safeguarding Adults peer challenges. Shorter, subject specific challenges on safeguarding; use of resources; choice and control; and learning disability will also be developed. Free peer challenge training for members and officers is offered, as well as one free peer challenge per region. There are also continuing regional programmes of lighter touch peer support.

    14.3 Managing the risk of underperformance: a protocol has been agreed which describes the roles of key partners and organisations where there is a risk of underperformance, in the context of statutory powers for Ministerial intervention remaining.

    14.4 Political leadership: working with the LGA, the offer for lead members includes an induction event, a leadership academy, on line 'must knows' and regional lead members networks.

    14.5 Use of Resources: a set of self-assessment tools for councils to use flexibly to assess their use of resources in adult social care has been developed. The tools and approach is closely linked to the DH/LGA Adult Social Care Efficiency programme.

    14.6 Information to support improvement: an annual national report using national statistical returns will be made available to assist local improvement work. Most councils will be testing the use of quarterly reporting on this dataset, building on local and regional benchmarking activity.

    14.7 Local Accounts: most councils now produce a local account in which priorities for improvement are set out, ideally based on engagement with local people. A national analysis of local accounts will take place in the Autumn.

15. The TEASC Programme Board has supported the development of a 'statement of purpose' for further ensuring more consistency and clarity in the priorities of the programme. It is a proposed that the statement be issued as a 'pack' to the sector, alongside the Managing the Risk of under Performance protocol. Further work also will be undertaken to look at the sustainability of the programme once funding has ended and ensuring that the programme reflects the rapidly changing policy environment in adult social care.

LGA Adult Safeguarding programme

16. Safeguarding Adults is a key theme in the overall performance of adult social care. The LGA Adult Safeguarding Programme has been running for almost three years, seeking to identify, develop and share good safeguarding practice; to identify themes for development; and to support improvement.

17. In 2012/13, the LGA Adult Safeguarding Programme delivered a series of reports, guides and other documents, including 'Advice and Guidance to Directors of Adult Social Services', 'Councillor's Briefing - Adult Safeguarding' April 2013 and 'Learning from Safeguarding Adults Peer Challenges'. It held a national conference attended by

Robert Francis and a range of workshops for Chairs of Safeguarding Adults Boards in the Spring. There has also been continued development of the Safeguarding Community of Practice on the Knowledge Hub, which has over a thousand members with over 250 documents in the library.

18. Priorities for 2013/14 include contributing to guidance associated with the Care Bill. Linked to this, the LGA will work with ADASS, the NHS Confederation and the Association of Chief Police Officers to produce a joint framework for making Safeguarding Adults Boards effective. Support for peer challenge will continue, both regionally and nationally, with a focus on disseminating learning.

19. The programme has attracted £30,000 from the Department of Health for work in local authorities on 'Making Safeguarding Personal'. This will work with councils to ensure a more outcomes based approached to safeguarding responses, including measuring the impact of the responses made. Regional learning events will be held to share current policy and practice development.

Recommendation

20. To note the above update on planned activity as part of six monthly update reports to the Board on sector led improvement in adult social care and the priorities for sector led improvement in adult social care in 2013/14.

Changes to the way we inspect, regulate and monitor care services

21. The Care Quality Commission (CQC) is currently carrying out a consultation on the plans it has developed to help ensure that people receive high-quality care, with a response deadline of 12 August. CQC is seeking feedback on its plans to:

    21.1 inspect all care services, NHS trusts and foundation trusts and independent acute hospitals;

    21.2 develop clear standards of care that health and social care services must meet;

    21.3 make better use of information and evidence we receive to decide when, where and what to expect;

    21.4 introduce Chief Inspectors to lead national teams of expert inspectors which will include people who receive care, clinical experts and others; and

    21.5 develop a ratings system to help people choose between services and to encourage services to make improvements.

22. In response to a previous consultation on its three year strategy, the LGA welcomed the open and honest way in which CQC is developing and consulting on its work. We noted CQC's new commitment to the improvement of health and care and stated that we are keen to continue to ensure that this dovetails with our work on sector led improvement.

23. Our response also indicated that the Community Wellbeing Board has been uncomfortable in the past with CQC's focus on compliance with, and enforcement of, minimum standards alone, and the abandonment of quality rating of providers. A broader engagement with the sector on quality, improvement and individual and carer

experiences is needed and CQC should be part of challenges to the appropriateness of models of care that do not reflect best practice, values or policy.

24. The LGA has supported the reintroduction of aggregate quality ratings for social care providers. Users and carers regularly report to councils that they find it impossible to distinguish between providers and would welcome an objective indication of the quality of nursing and care homes and home care services. In addition, many councils used the previous ratings to promote and reward quality through quality premiums.

25. The LGA is also concerned that there is confusion around councils' roles in relation to contract compliance and safeguarding and we are aware of councils developing their own reassurance ratings in this vacuum. We believe it is relatively straightforward to produce such a rating for regulated social care services but recognise that there is more complexity in developing ratings in the NHS.

Next Steps

26. **Community Wellbeing Board Members are asked to provide their views on the above detailed CQC consultation** on the inspection and regulation of social care to inform the LGA response.

Appointment of Medical Examiners to oversee the death certification process

27. On 10 June, the Chairman of the LGA met Health Minister Anna Soubry and representatives of funeral directors to discuss the implementation of the new duty for upper-tier local government to appoint medical examiners to oversee the death certification process. The costs of the new medical examiners (ME) services, likely to be implemented in October 2014, will be met through a new fee for death certification. The LGA is keen to develop a voluntary national agreement between local authorities and funeral directors, for funeral directors to collect the death certification fee on behalf of local government. The Minister endorsed this as a pragmatic approach and emphasised that any agreement would be purely voluntary, with local authorities and funeral directors having discretion to opt in or not. A further meeting has been arranged between LGA officers, the Department of Health and representatives of the funeral directors to make progress on a voluntary national agreement.

28. In addition to progress on the national voluntary agreement, LGA officers have a meeting to conduct a new burdens assessment on the ME duty. This process will identify all the potential financial impacts of this new duty and ensure that local government will not have any additional financial burdens as a result.

29. The Department of Health has set up the Death Certification Implementation Board to oversee implementation of the new duty and ensure that all stakeholders are adequately prepared. The DH has also established an implementation support team to provide support, information and implementation resources to local authorities, the medical profession and other stakeholders to prepare for the new duty.

30. The public consultation document on the new duty to appoint MEs is expected to be published before the summer recess. The LGA will be providing our member authorities with an on the day briefing, which summarises the Government's proposals and the LGA's initial response.

Health Impact – Gambling

31. It is now five years since the Gambling Act 2005 commenced and introduced a new system of governance for gambling of all kinds, from the national lottery to scratch cards, betting shops to horse racing. It is timely to reflect on the impact that this has had and consider if there are ways in which the system could improve. Councils will have a primary interest in betting shops, bingo halls, casinos and arcades as they have a formal licensing role with these premises.

32. Responsibility for regulating the gambling industry is shared between councils and the Gambling Commission, with the Lottery Commission overseeing large lottery operators. An operator will typically require a premises licence from the council, and a personal and operator's licence from the Gambling Commission. The clustering of betting shops in an area has been raised regularly with the LGA by members, and has also been the subject of a private members bill, lobbying by the Campaign for Fairer Gambling, and a recommendation in the Portas review that betting shops should be given their own planning class.

33. Problem gambling describes a state where an individual's gambling is causing harm to themselves or those around them. In 2010, about 0.9% of adults in the UK meet the clinical criteria to be considered Pathological Gamblers. This is based on the National Gambling Survey and showed an increase from the previous national surveys in 2007 and 1999 (0.6%). Problem gamblers in the UK have an average debt of £17,500 each and are frequent users of pay day loan companies. The survey also found that another 900,000 people were at "moderate risk" of becoming problem gamblers, while 2.7 million more displayed "some risk factors".

34. The LGA Community Wellbeing Board is developing a guide to help councils identify and address local levels of gambling addiction. Councils are considering gambling addictions as part of their new public health role, but there is no health objective in the Gambling Act. Some Health and Wellbeing Boards have included problem gambling in their work plan but this is not widespread.

35. The LGA has also pressed for greater powers for councils to respond to local concerns about the shape of their high street through greater flexibilities to set permitted development rights at the local rather than the national level.

NHS Complaints Review

36. The Francis report on the scandal at Mid Staffordshire Hospital was a reminder that there have been many attempts to try to improve the way complaints about health services are handled. A review of NHS complaints handling was first announced by the Prime Minister in his response to Robert Francis's report into failings at Mid Staffordshire NHS Foundation Trust and will report before the end of the Summer parliamentary recess.

37. The Review, co-chaired by Ann Clwyd, MP for Cynon Valley and Professor Tricia Hart, Chief Executive of South Tees Hospitals NHS Foundation Trust, took evidence from thousands of patients, their families, doctors, GP's, nurses, NHS Managers and other key stakeholders. The review will examine existing best practice for handling complaints, and make recommendations for a set of common standards by which all NHS hospitals will be assessed and held to account.

38. Local government is working ever more closely with the NHS through health and wellbeing boards, taking a holistic view of the health, public health and social care system. The NHS has a lot it can learn from complaints handling in other parts of the public and private sector. At the same time, the whole of the healthcare system and the public accountability mechanisms which surround it are grappling with the implications of the Francis inquiry.

39. LGA key messages:

    39.1 Use of risk of litigation to excuse lack of candour must end;

    39.2 There is a fundamental need for a more open and honest approach to investigating and responding to complaints. This will require a shift in current culture and behaviour which tends to be defensive or not treat complaints seriously enough;

    39.3 The implementation of a statutory Duty of Candour will greatly assist in bringing about this change if it is robust enough to ensure that every organisation and every staff member in it has to take it seriously, and is held to account if they do not;

    39.4 Patients and health professionals should be viewed as partners who learn from each other, not as passive recipients of care on one side and expert providers of care on the other;

    39.5 The NHS must to look at complaints handling across local government, Police, social security, private sector and so on to capture the very best practice that exists in other fields;

    39.6 NHS, CQC, Health and Wellbeing Boards, Healthwatch, Safeguarding Boards to name but a few, need to collectively establish an Integrated complaints procedure that triggers the relevant interventions for the various partners. Unfortunately current narratives and procedures vary;

    39.7 The LGA does not consider that management of complaints is an uncomfortable addition to service provision but rather an integral part of that provision. Complaints systems are not mechanisms for apportioning blame but an important part of an organisation's learning and development;

    39.8 Complaints can be a rich source of information and learning about how a council's performance is perceived and how it can be improved. What we recommend is a clear, accessible and flexible process that forms part of service provision and does not overwhelm individuals, departments or other council processes;

    39.9 It is also helpful to record comments, concerns and compliments as a way of gathering performance information. Many service users want to make comments that they wish to be taken into account but that are not necessarily complaints;

    39.10 At a local authority level Health Overview and Scrutiny with their power to request data will also have an interest in this review as they regularly review complaints data for trends or common patterns; and

    39.11 Since April, Councils commission NHS Complaints Advocacy services, and will be looking to develop a more robust service over the next couple of years.

Cold Weather Plan 2013

40. There were about 22,900 'excess winter deaths' in winter 2011-12. The publication of the first Cold Weather Plan for England in November 2011 marked a milestone for public health in the UK. For the first time there was a clear recognition of the need to deal with the impact of cold weather on health and reduce the number of excess deaths that are observed in the winter months compared with the rest of the year.

41. Many winter deaths are preventable and the Cold Weather Plan recognises that more needs to be done to protect vulnerable people during cold winter months. Tackling excess winter deaths is a high level indicator in the Public Health Outcomes Framework 2013-16 published in January 2012. The aims of the Cold Weather Plan are to reduce winter related morbidity and mortality and to alleviate pressures on the health and social care systems. It is built around the delivery of Cold Weather Alerts that in turn inform public health actions. It aims to enhance resilience and wider health promotion in the event of severe weather, and to provide advice for individuals, communities and agencies on how to respond to severe cold weather.

42. The Cold Weather Plan for England is being revised and a review commissioned by the Department of Health and carried out by the policy Innovation and Research Unit at the London School of Hygiene and Tropical Medicine. In view of the new role of Public Health England, and changes to the health and social care system from April 2013, the aim of the revised plan is to help local authorities to plan and respond to extreme cold weather events as part of their new public health responsibilities. Officers will keep Board Members informed as the Cold Weather Plan for 2013 develops.

Key Principles for commissioning open access sexual health services and cross charging

43. Guidance issued by the Department of Health, *Commissioning Sexual Health Services and Interventions, Best Practice Guidance for Local Authorities,* highlighted that further information about payment systems for open access sexual health services would be issued in due course. Since 1 April 2013, local authorities are mandated to commission comprehensive, open access, confidential sexual health services for all who are present in their area (whether resident in that area or not). A council is only funded under the terms of the grant to support its residents and does not cover visits to sexual health services used by residents of other Local Authorities under open access arrangements. The Advisory Committee on Resource Allocation (ACRA) recommended the development of a system of "cross-charging" for these circumstances.

44. It is for local determination how these arrangements work and solutions that meet the needs of local areas and local populations should be in place. LGA and Public Health England (PHE) have developed a key principles document to encourage a consistent and equitable approach to cross-charging for out of area service users from both a commissioning and provider perspective and published this month.

Feedback - Ministerial meeting on Perinatal Care

45. On 18 June Cllr Ken Taylor attended a Department of Health & NSPCC Ministerial roundtable on Perinatal Mental Illness on behalf of the Board. Concern was raised at the meeting regarding the duplication and variation of perinatal mental health services.

At present some areas have a specialist perinatal mental health team whilst in others no support exists. MPs present also made the point that children's groups in the voluntary sector and the public sector had not combined their actions as had happened in sectors such as adult social care. Without better cooperation and planning the Government could not be expected to continue to grant fund numerous charities.

46. Ken emphasised the point that local government looked forward to its new responsibilities from 2015, but emphasized the need for appropriate funding to come with the new responsibilities and suggested that Government should not introduce new systems at this point without consultation with the LGA. Both Government and staff should also be conscious of the different culture and way of working within local government.

47. An urgent priority is training of Midwives, Health visitors and GPs who in many cases have a very limited knowledge of perinatal mental health problems. Financially there are large savings to be made by identifying and treating the problem early on and avoiding the long term emotional, health, and economic costs of supporting those suffering from depression.

Feedback - Health & Wellbeing Leadership events

48. Cllr Louise Goldsmith and/or Cllr Linda Thomas to provide a verbal update on the Health and Wellbeing Leadership: Delivering Improved Outcomes for Local Communities events held in Leeds and London.

Feedback - Ministerial meetings on integration

49. Cllr Gillian Ford to provide a verbal update on the series of fortnightly meetings with Care Minister, Norman Lamb MP to discuss different aspects of the integration agenda.

National Children and Adult Services Conference and Exhibition 2013

50. The conference will this year be held at Harrogate International Conference Centre and will open on Wednesday 16 October and close with lunch on Friday 18 October. The programme will give many opportunities to hear keynote ministerial addresses and take part in plenary sessions. There will be a variety of participatory breakouts and networking sessions.

51. Regularly attended by more than 1,000 delegates, this conference is widely recognised as the most important annual event of its kind for councillors, directors, senior officers, policymakers and service managers with responsibilities for children's services, adult care and health in the statutory, voluntary and private sectors. This is your opportunity to hear the very latest thinking on key policy and improvement agendas, put your questions and comments to those involved in shaping them at the highest level, and network with your peers on the issues that matter to you locally.

52. Speakers confirmed include Norman Lamb MP, Andy Burnham MP, Stephen Twigg MP.

http://www.local.gov.uk/web/national-children-and-adults-conference-2013

NHS Health Check FAQs

53. From 1 April 2013, local authorities took over responsibility for the national NHS Health Check programme, previously the responsibility of Primary Care Trusts (PCTs). The provision of NHS Health Check risk assessments is a mandatory requirement for local authorities. The FAQ document published by the LGA aims to support local authorities in understanding their legal duties. The FAQ's address a number of transitional issues relating to the transfer of responsibility for commissioning NHS Health Check to local government.

54. Public Health England and the LGA are working together to produce a further guide for councillors and both the NHS Health Check website and the LGA Health and Wellbeing Knowledge Hub group provide forums for councillors, commissioners and public health professionals to share their challenges and solutions. In addition to these FAQs the Department of Health (DH) have published a revised edition of the NHS Health Check Best Practice Guidance.

55. The FAQ document is available at: http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10171/4009729/PUBLICATION-TEMPLATE

Note of decisions taken and actions required

Title:	Community Wellbeing Board
Date:	Wednesday 08 May 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	Linda Thomas	Bolton MBC
Members	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
	Jonathan McShane	Hackney LB
	Steve Bedser	Birmingham City Council
	Lynn Travis	Tameside MBC
	Doreen Huddart	Newcastle City Council
	Rabi Martins	Watford BC
Apologies	Louise Goldsmith	West Sussex CC
	Iain Malcolm	South Tyneside MBC
	Catherine McDonald	Southwark LB
	Colin Noble	Suffolk CC
	Bill Bentley	East Sussex CC
In Attendance	Cllr Keith Cunliffe	Wigan Council
	Stuart Cowley	Wigan Council
LGA Officers	Sally Burlington	Head of Programmes
	Geoff Alltimes	Chair of LGA Health Transition Task Group
	Chris Bull	Programme Director, Winterbourne View Joint Improvement Programme
	Abigail Burridge	Senior Adviser
	Paul Ogden	Senior Adviser
	Emma Jenkins	Senior Adviser
	Samantha Ramanah	Adviser
	Liam Paul	Member Services Officer

Item	Decisions and actions	Action

Welcome and introductions

Cllr Zoe Patrick introduced herself and her new role as the new Chair of the Community Wellbeing Board.

1 Creative Councils – Wigan Council

The Chair introduced Cllr Keith Cunliffe, Cabinet Member for Health and Adult Social Care, and Stuart Cowley, Director of Personalisation and Partnerships, who gave a presentation on Wigan's Creative Councils project. The presentation is attached as **Appendix 6a**.

Cllr Cunliffe explained that Wigan Council were one of 6 Councils chosen from 135 applicants who had been selected to receive support and funding through the Creative Councils programme. Faced with severe financial demands upon their care services as a result of cuts and growing demand, Wigan's project seeks to develop an economic and social model of social care in Scholes, an area of Wigan. The council wished to utilise the community's strong neighbourliness and community resourcefulness whilst fulfilling its target of personal budgets for 70% of service users, all in a way which was made a difference to the lives of the individuals.

Wigan's project focused on four interdependent components based on a central idea of 'people at the heart of Scholes':

1. Different conversations with users;
2. Co-producing solutions with users and community members;
3. New local forms of trading and value exchange; and
4. New uses of enabling technology

Stuart Cowley explained that his team's work has been focused on establishing multi-disciplinary teams of officers who can broker packages of care for individuals which are personalised and offer greater value for money than traditional models of delivery such as day-care centres.

Alongside this the project has identified loneliness as a problem for elderly service users and sought to involve and then reward those from the community willing to help, acting to connect supply and demand in a safe way.

Stuart saw great a great opportunity to apply a community budget style approach to coordination and cooperation across the public sector whereby local services work together and barriers such as the fragmentation of funding and assessments across separate agencies are overcome. Similarly ensuring that the local Clinical Commissioning Group (CCG) and NHS viewed themselves as investors in adult social care was also crucial for success.

The Chair of the Board then invited questions and comment from the Board, and the following themes emerged in discussion:

Adapting to new ways of working
Wigan's experience was that although it can be difficult to inspire staff, this can be achieved by giving them concerted backing and the power and tools to do the job. In order for this to occur, the Members of the Board felt

that it was essential to get the message across to Government that the skills agenda must change and that investment in skills for care will generate savings.

Rooting projects in local communities
The project in Scholes had shown that it was essential to give communities responsibility and allow them to rise to the challenge. Once change had begun, it is difficult to maintain momentum without jeopardising the principle of co-production or alienating the community with a surplus of initiatives.

Scaling up the service and developing exit strategies
Wigan had treated their project not as a pilot, but as a prototype to be developed and rolled out to other areas. Certain elements of the process have now been tested and can be finalised and then simply rolled-out to other areas, whereas other elements would need to be developed with each community area. Part of the work was developing an exit strategy once the community had assumed responsibility and was capable of delivering certain elements of the programme.

Engaging the wider community
It was noted that when changing the model of social care provision, it was essential to engage not just those currently in care, but the generations who would likely receive care and support from the council in the coming years so they are receptive to the ideas when they require care. A community consortia had been established which would handle engagement in partnership with Wigan Council. Members of the Board also welcomed the focus on combating loneliness amongst older people.

Stuart and Keith concluded the item by outlined a number of next steps occurring across the council in response to issues identified through the programme such as:

- A reduction in the number of social care staff but investment in care package 'brokers' and physical therapists;
- Closure of a number of day centres as part of a shift towards providing personalised care based in the community;
- Investigating the possibilities for future housing growth to include extra care settings; and
- Aligning council work with existing community sports clubs as part of a preventative and community-based approach to public health.

Decision

The Board **noted** the presentation and report

2 The LGA's work on integrated care and support

Geoff Alltimes, LGA Associate and Chair of the Health Transition Task Group (HTTG), introduced himself and summarised his report.

Geoff explained that work on i**ntegrated care and support** has been developed jointly by the LGA, NHS England (NHSE), Public Health England (PHE), the Association of Directors of Adult Services (ADASS) and the Association of Directors of Adult Services (ADCS). Across all partners there is a strong agreement to prepare the ground for integration

The programme consisted of four main areas of work:

- a case for change;
- a common purpose framework;
- a narrative for change; and
- targeted support for a number of pioneering areas

Within this work, Geoff felt that recent agreement on a single narrative agreed by all key partners, including a shared definition of integrated care, would allow local organisations, politicians, officers and clinicians to shift their focus to delivery.

As a part of this programme the LGA is supporting the Care Minister's aspiration by establishing support for a number of pioneering areas over a period of three to five years with a key aim of mainstreaming integrated care across the country. The Pioneers programme will operate in a similar manner to community budgets, and there is an expectation that learning will be shared on an ongoing basis, recognising the need for integration to happen across the country at pace.

Finally Geoff noted that work in this policy area would be directed by an Integrated Care Implementation Group consisting of representatives of all the national partners. The Group will be led by those who are responsible for delivery i.e. local government and the NHS, and will be chaired by the LGA's Chief Executive, Carolyn Downs.

The Integrated Care Implementation Group would be the one key forum where all the decision-makers in this policy field could discuss and agree actions and address concerns emerging as more and more areas accelerate their move towards integrated care and support.

Members made the following comments in the question and answer session:

Realistic expectations – It was acknowledged that whilst the 'I' statement used to define integrated care was clear and succinct; sometimes what is important to an individual service user needs to be considered as part of a wider range of health issues across a whole population.

Unrealistic timescales – Some Members questioned the purpose of the work if it did not demonstrate financial savings which can be replicated across the country within the next two years, as councils under severe financial stress across the country are already making changes to integrate health and care, and may not be viable if these do not rapidly achieve success.

Success Measures – Members requested that client or user satisfaction and reduced hospital admissions be explicitly stated as part of the expectations for the Pioneer areas, which are to be given support. Officers confirmed that these measures are already included in the work.

Disconnect between DCLG, Treasury and DH decision making – The Department for Health needed to become more aware of the urgency of the challenge to councils posed by on-going budget cuts, and central government departments were urged to communicate to each other better so objectives such as integrated care can be supported in a holistic way.

Skills and staff – There was widespread agreement that fundamental reform of the way care staff are recruited, trained, valued and utilised is required. Truly integrated care should be delivered by multi-disciplinary teams, who would provide a range of services previously considered in isolation as the preserve of either clinical, care or social work teams.

Person-based care – Members reiterated that changes to the health and care system should always be person-based.

Absence of a compelling vision for the future at local level – Future reports should have a focus on what the programme is doing at local level and what the future should look like.

In response to Members' comments, the Chair assured the Board that the new Integrated Care Implementation Group existed and was designed to drive forward implementation at a local level. Officers undertook to take Board Members' comments into account as the programme is developed.

Decision

The Board **noted** the report, progress made over the last 11 months, and the direction and proposed areas of focus for the coming year.

Actions

Officers to prepare a briefing which illustrates the key boards and governance structures across the LGA, including details of each board's purpose, elected member representation and its links to the Community Wellbeing Board and other LGA structures. **Community Wellbeing Team, Geoff Alltimes**

UPDATE: The organogram of LGA structures and list of regular external meetings are attached at **Appendix 6b** and **Appendix 6c**.

3 Next steps for the Show us you Care Campaign

Sally Burlington, Head of Programmes gave an update on the progress of the Show us you Care campaign, noting the success achieved by the Coalition's commitment to legislate for a Dilnot-style cap on care costs in this session of parliament through a Care and Support Bill.

Members noted that the LGA's submission on the government's forthcoming Spending Round 2015-16 had stressed the urgency and significance of the fair funding for social care and it was proposed that the next phase of the campaign would focus on the funding pressures facing adult social care and the importance of securing sustainable baseline funding for the system as a foundation for the wider care and support reforms.

In discussion Members made the following points:

Government must listen – Members reiterated that other key services would soon be placed in jeopardy by the growing financial strain of funding adult social care: adoption of a Dilnot-style cap on costs would not solve the crisis. The LGA should intensify its campaign to ensure that the Government understands, and is responsive to its message.

Engaging local authority Treasurers – The LGA was asked to speak to the Association of Local Authority Treasurers. Officers explained that the LGA

Finance team works closely with councils' financial teams to inform our policies and campaigning and when modelling financial pressures upon the sector.

Communicating the true cost of care – The LGA was urged to highlight the costs of providing various care services, both to the public and the health and care workforce. For a culture focused on efficiencies to develop, those working within the system must be aware of the true cost of care.

Questioning protection for the NHS and DH budget – Members discussed the LGA's agreed line as expressed through the LGA's submission on the Spending Round, that funding from the NHS to social care should not be ring-fenced and that the NHS Outcomes Framework must recognise genuine health outcomes which can be linked flexibly to activity. It is logical, and in the interests of integration, to increase resource transfers from the NHS to support social care to enable pressures to be managed locally.

Board Members then considered how we should position public health priorities within the LGA, in light of legislation for minimum pricing and plain packaging being omitted from the Government's legislative programme outlined in the Queen's speech.

The Chair of the Board agreed that an item on the LGA's messaging on public health should form part of the agenda for the Board's September meeting.

Decision

Members of the Board:

1. **noted** the presentation and report;
2. **agreed** that the next phase of the focuses on baseline funding for the current system; and
3. **agreed** the future suggested activity in support of the campaign.

Actions

1.	Officers to incorporate feedback from the Board into future campaigning work.	**Kirsty Ivanoski-Nichol**
2.	An item on Public Health lobbying to be part of the agenda for the September meeting of the Community Wellbeing Board.	**Paul Ogden**

4. Health and social care improvement programmes

Abigail Burridge, Senior Adviser summarised the report which outlined the LGA's emerging Health and Wellbeing System improvement programme and Chris Bull, Programme Director introduced the improvement programme being established in response to the failure of care at Winterbourne View.

Chris stressed that the Winterbourne View programme was a genuinely joint response across health and social care which sought to ensure the delivery of personalised and high-quality care. He noted that a stocktake would soon take place and this would ask local authorities to assess how

local partners across health and social care feel they are delivering against key aspects of the programme.

The programme's emphasis is not to simply provide a solution for the 3500 or so individuals whose care and funding arrangements will need to change as a result of the events at Winterbourne View, but to develop appropriate local settings which allow future service users to follow a different, more community based care pathway.

In discussion Board Members made the following points:

Recognition of the role of carers and status of the profession – Members reiterated points made earlier in the meeting that the system for training of professional care staff required reform. Additionally it was felt that wider recognition of the importance of the work of both professional and voluntary carers was urgently needed.

Shifting financial burdens – Board Members expressed concern that costs may be 'shunted' from one part of the system to another, negating any additional funding for adult social care that may be received as a result of transfers from the NHS. Similarly it was noted that a shift of provision of residential to social care does not always provide a saving for councils.

Impact of housing reforms - Members expressed concern that housing teams in local authorities had little capacity to introduce the new ways of working demanded by this approach whilst simultaneously dealing with the housing elements of the government's welfare reform programme. Chris Bull acknowledged the critical role that housing played in the success of the project and added that the impact of the welfare reforms would also have to be considered.

Decision

Members of the Board:

1. **noted** the update on the Health and Wellbeing System Improvement Programme as outlined in the report to inform the discussion at the Board; and

2. **noted** the update on the Winterbourne View Joint Improvement programme.

5. Other Business

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

Some Members commented that they felt that the role of council scrutiny was overlooked in the Government's response to the Francis Report.

Officers updated Members on continuing work with senior DH officials and Ministers to broker a solution with Funeral Directors regarding the implementation of the new duty on upper-tier councils to appoint independent medical examiners to oversee the death certification process.

Cllr Ford also provided feedback on the series of Ministerial meetings on Integrated Care she had attended on behalf of the Board. Members noted that the LGA would be represented on the selection panel for the

Integrated Care Pioneers project. There had also been a suggestion at the meeting that unsuccessful applicants would be encouraged to share learning with the Pioneers by working in clusters of authorities.

Decision

The Board **noted** the update provided.

Actions

Officers to circulate an update on discussions with the public health Minister regarding the Death Certification process.	**Alyson Morley**

6. Notes of the last meeting and actions arising

The Board agreed the note of the previous meeting.

7. Date of next meeting

Wednesday 10 July 2013, 11.30am

Slide 1

People
at the heart of
Scholes

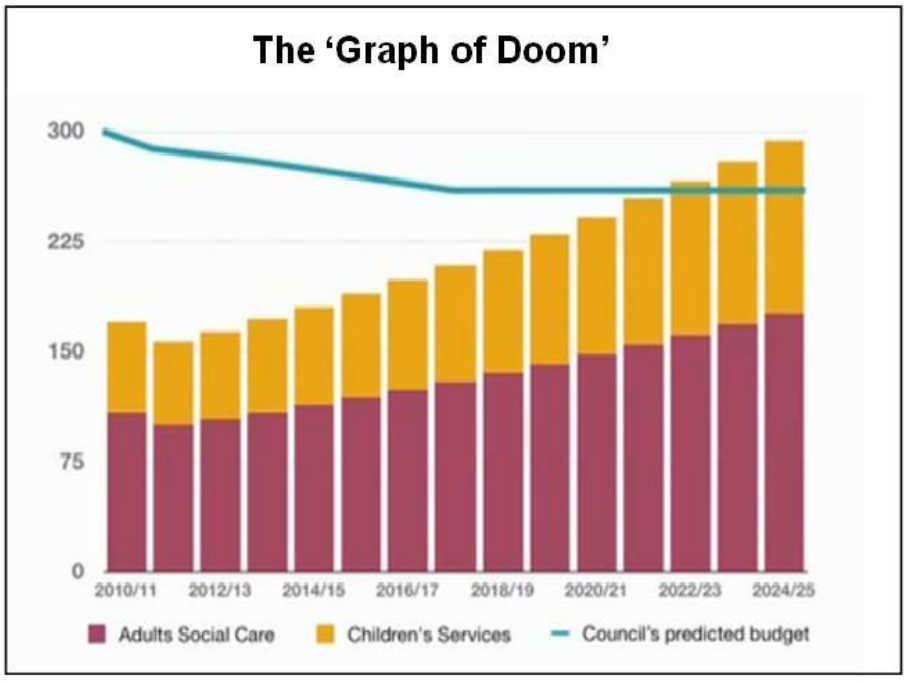
Wigan Council

CREATIVE COUNCILS

Confident Place, Confident People.

1

Slide 2



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Slide 3

My challenge

- ❖Manage the move to Personal Budgets
- ❖Save 20%+ in social care
- ❖Give personal control and choice
- ❖Keep it legal and safe

- **BUT**……the change has to be meaningful
- New relationships, real choices…..

3

Slide 4

"Dave"

"dave" following a brain tumour operation was left with epilepsy. He was previously a lorry driver and therefore could not drive. He had access to an estimated personal budget of £70 for getting out and about with some personal care and support. The suggestion for Dave's personal budget was a pair of work boots to allow him to get to college to retrain, a rugby season ticket and out of rugby season "sailability" disabled sailing club to give his wife respite and build his fitness, all for £17 a week.

Slide 5

New conversations with users:

- *getting deep inside the lives and of users and their local networks in new ways that connect with their real challenges and aspirations*
- *drawing insights into needs and offers that generate new types of support solutions*

New forms of value exchange

- *exploring alternative currencies and forms of social and economic exchange that will incentivize new forms of activity and support*
- *utilization of technology platforms to liberate forms of lateral engagement and exchange*

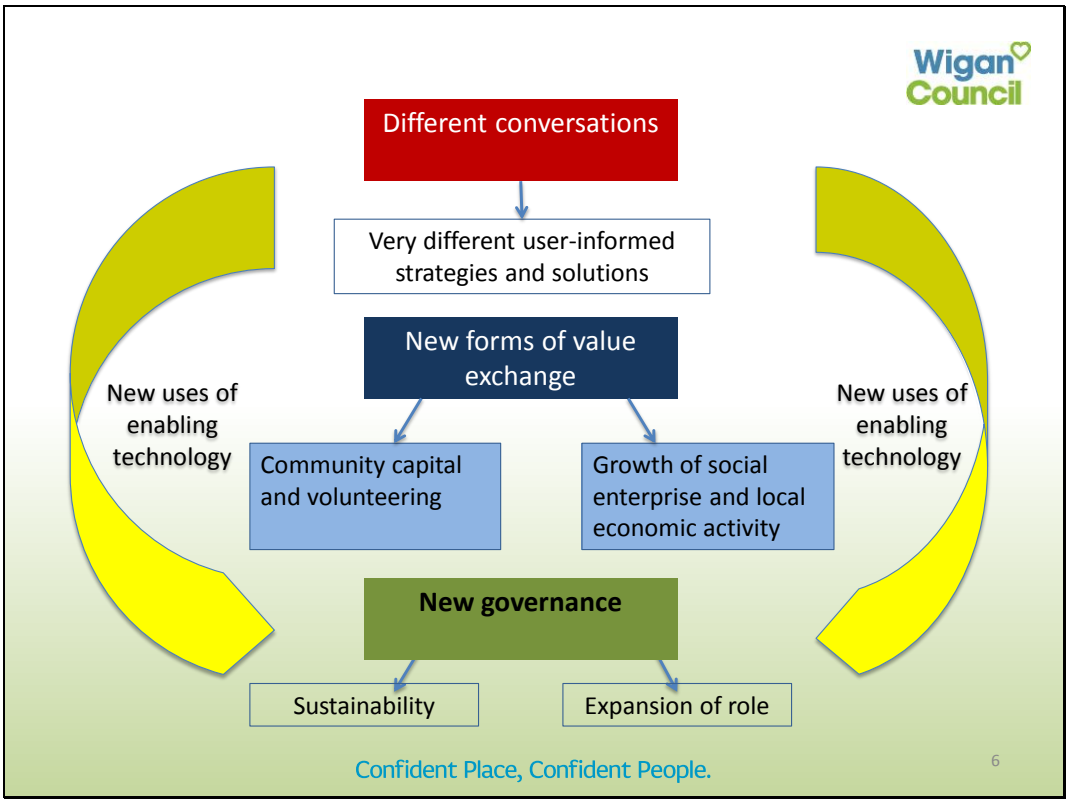
New forms of local governance

- *empowering local communities to co-design and own new activity programmed*
- *designing for sustainability and self-sufficiency*
- *building capacity for extension to other services*

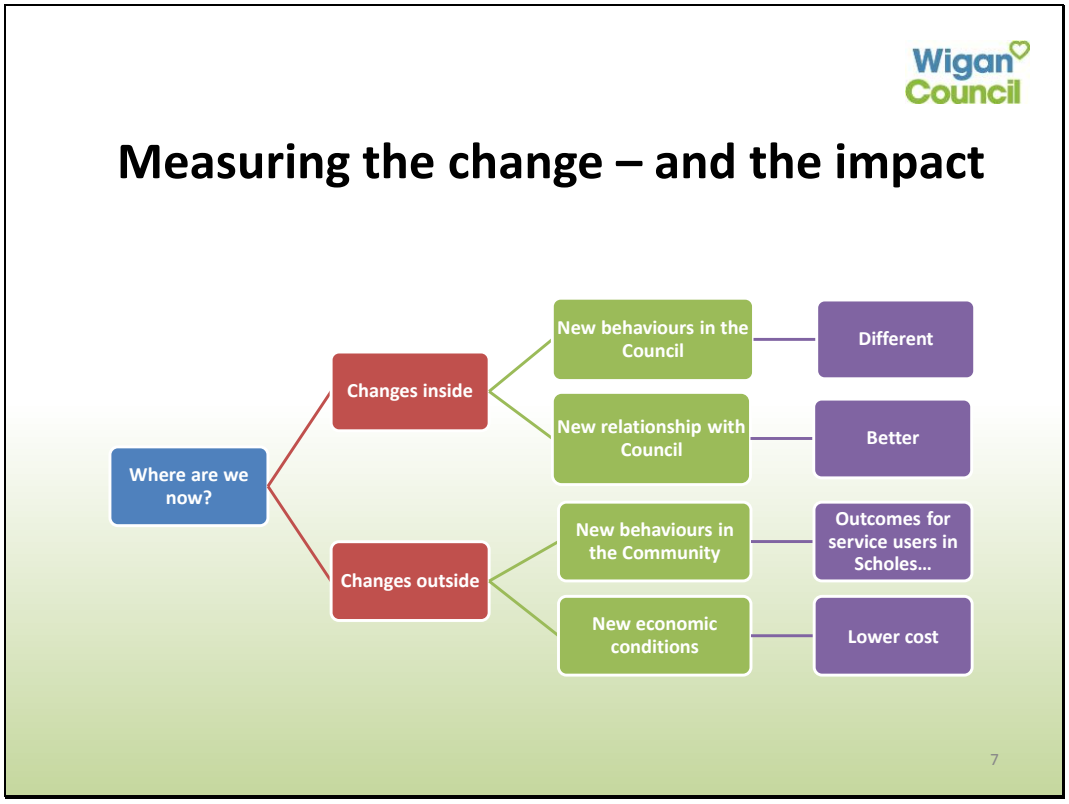
New forms of enabling technology

- *Utilising technology to imagine new possibilities:*
  - ✓ *Access to services and support*
  - ✓ *Social networking*
  - ✓ *Brokering the currencies of exchange*

Slide 6



Slide 7



Slide 8

Slide 9

Slide 10

The journey: lessons to date

- "The business plan is unlikely to survive contact with reality"
- Not everyone feels the same about innovation and change – threat as well as opportunity
- Creating capacity in the context of the scale of social care challenge is really hard
- Councils as enablers for community innovation- sometimes our practice gets in the way
- Rare to find anything brand new – but creating space for new ideas has been key to our innovation

10

Slide 11

Wigan Council

LGA Support & Further Discussion

- Flexibility to 'suspend' the system
- Workforce reform- real social work culture and practice change, real personal budgets flowing into local economy
- Meaningful integration with the NHS
- Supporting policy reform to promote investment flows that fit with prevention
- Making personalisation a reality- facilitating sharing of good practice & learning

11

The LGA's internal structures

LGA Leadership Board
Directs the Association's activities and business, in accordance with the strategic priorities and direction set by the LGA Executive; reports and makes recommendations to the LGA Executive on the Association's activities

LGA Executive
The Executive provides strategic direction to the work of the Association and the central bodies, having regard to any advice from the LGA Leadership Board and the boards of the central bodies and representing the views of local government.

Community Wellbeing Board
The Boards engage with and develop a thorough understanding of councils' priorities in relation to their particular area; helps shape the LGA business plan and oversee work to deliver, through extensive engagement with councils, the strategic priorities set by the LGA Executive. The Community Wellbeing Board's remit includes health and social care services, integration, public health, social inclusion and equalities, and the Asylum, Refugee and Migration Task Group.

Expert advice and input from…

Sector led improvement Boards – receive direction from CWB, report to Board meetings

Health Transition Task Group (HTTG)

An informal advisory forum for the LGA, DH, PHE and partners at which they can discuss and agree action on the wide range of issues relating to health and social care reform.

Regional Lead Member networks

The regional networks on Adult Social Care, Public Health, and Migration give the LGA insight into the issues affecting council decision-makers on a range of policy areas.

Health and Wellbeing System Leadership Steering Group

Holds LGA, DH, PHE, NHSE to account on how well they are co-ordinating support on health and wellbeing improvement and to review capacity and progress. A Health and Wellbeing peer reference group acts as a sounding and discussion board on LGA shaping the Health peer challenge.

Towards Excellence in Adult Social Care programme board

Directs the 3-year DH-funded programme to ensure that a coherent approach to sector-led improvement is taken and that available resources are used effectively.

Chaired by ADASS. LGA, CQC, DH, SCIE, SOLACE and Think Local, Act Personal.

Winterbourne View Joint Improvement Programme Board

Provides national leadership for the transformation of local services following the events at the Winterbourne View Hospital.

The programme is jointly managed with NHS England.

Vacancy for Member representation.

Regular and scheduled Ministerial meetings and other working groups

Community Wellbeing Board Members sit on a range of official groups as LGA representatives. Board Members work in this regard is a key part of the LGA's influencing strategy and LGA positions and briefings follow the Board's and wider LGA's agreed policy positions.

Community Wellbeing Board Members also represent the board on an ad-hoc basis at a number of parliamentary and business events, APPGs, Select Committees and at Bill Committees.

Health Protection

None – Ad-hoc meetings as required

Public health and NHS

Ministerial Mental Health Advisory Group – **Vacancy**

Mental Health System Board – **Vacancy**

Ministerial Obesity Roundtables - **Cllr Linda Thomas**

Public Health Responsibility Deal Network Meetings **- Various**

Health and Wellbeing improvement

Dignity in care working group - **CWB Lead Members**

National Inclusion Health Board - **Vacancy**

Adult Social Care: Funding and reform

DH Care and Support Transformation Group - **Cllr Louise Goldsmith**

Ministerial regular integrated care meetings – Pioneers - **Cllr Gillian Ford**

Integrated Care Implementation Group - **Carolyn Downs**

Dignity in care and personalisation

Think Local Act Personal (TLAP) meetings - **Cllr Bill Bentley + Cllr Colin Noble**

PM's Dementia Friendly Communities Champion Group - **Cllr Gillian Ford**

Dementia Action Alliance Quarterly Meetings – **Cllr Gillian Ford**

Employers for Carers Task and Finish Group - **Cllr Elaine Atkinson**

Ministerial Learning Disability Programme Board **– Vacancy**

Disability Action Alliance - **Cllr Bill Bentley**

Ministerial Autism Programme Board - **Cllr Linda Thomas**

Asylum, Refugee and Migration Task and Finish Group **– Regional Reps**

National Leadership

NHS England - LGA Joint Leadership group meetings - **Cllr Sir Merrick Cockell + Carolyn Downs**

Liaison with NHS Confederation - **Cllr Sir Merrick Cockell + Carolyn Downs**

Community Covenant Reference Group - **Andrew Gravells**