

Community Wellbeing Board

Agenda

Tuesday 10 September 2013
11.15am

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

This meeting is



Guidance notes for visitors

Local Government House, Smith Square, London SW1P 3HZ

Welcome!

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Please don't forget to sign out at reception and return your badge when you depart.

LGA Community Wellbeing Board

10 July 2013

There will be a meeting of the LGA Community Wellbeing Board at **11.15am** 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 at 1.00pm

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 **9.30am** in Smith Square Rooms 3&4 (Ground Floor).

Political Group meetings:

The group meetings will take place from 10.00 -11.00am. 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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Carers' Allowance

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Social Media

The LGA is committed to using social media in a co-ordinated and sensible way, as part of a strategic approach to communications, to help enhance the reputation of local government, improvement engagement with different elements of the community and drive efficiency. Please feel free to use social media during this meeting. **However, you are requested not to use social media during any confidential items.**

The twitter hashtag for this meeting is #lgacwb

Community Wellbeing Board - Membership 2013/2014 rev. 08.08.13

Councillor	Authority
Conservative (7)	
Louise Goldsmith [Vice Chair]	West Sussex CC
Colin Noble*	Suffolk CC
Ken Taylor OBE	Coventry City Council
Izzi Seccombe*	Warwickshire CC
Victor Pritchard*	Bath & NE Somerset
Andrew Gravells	Gloucester City Council
Elaine Atkinson	Borough of Poole
Substitutes:	
Bill Bentley	East Sussex CC
Colette Wyatt-Lowe**	Hertfordshire CC
David Lee	Wokingham BC
Elizabeth Mallinson**	Cumbria CC
Labour (7)	
Linda Thomas [Deputy-Chair]	Bolton MBC
Steve Bedser	Birmingham City Council
Jonathan McShane	Hackney LB
Catherine McDonald	Southwark LB
Iain Malcolm	South Tyneside MBC
Lynn Travis	Tameside MBC
Sandra Samuels*	Wolverhampton City Council
Substitutes:	
Mohammed Khan OBE**	Blackburn with Darwen BC
Sue Whitaker**	Norfolk CC
Liberal Democrat (2)	
Katie Hall* [Chair]	Bath & NE Somerset
Jason Zadrozny*	Ashfield DC
Substitute	
Doreen Huddart <i>[full member in 12/13]**</i>	Newcastle City Council
Independent (2)	
Gillian Ford [Deputy-Chair]	Havering LB
Mark Ereira-Guyer*	Suffolk County Council

*new member

**new substitute

Agenda

LGA Community Wellbeing Board

10 July 2013, 11.15am

Smith Square Rooms 3&4

Item	Page	Time
Welcome and introductions		11.15
1. Rewiring Public Services – The LGA’s priorities for 2013-14 This item will update the Community Wellbeing Board on the LGA’s corporate priorities and key campaigning messages over the coming year.	3	11.20
2. How the LGA works for you Sally Burlington, Head of Programmes, LGA will outline how the Board operates and what the Community Wellbeing team can offer Board Members and member authorities.	7	11.35
3. Board objectives and work programme 2013-14 To examine and discuss the Board’s objectives and our shared plan of work. Sally Burlington will outline a draft work programme, prior to a group discussion, led by the Community Wellbeing Board Lead members.	25	11.55
<i>Lunch</i>		13.00
4. Discussion – The future of public health The Board will be joined by Chris Bull, LGA Director and Jonathan Marron, Director of Strategy, Public Health England, PHE to consider the local obstacles and upcoming challenges which councils face in seeking to improve their communities’ public health.	35	13.30
5. Discussion – Health and Adult Social care The Board will be joined by Jon Rouse, Director General for Social Care, Local Government and Care Partnerships, Department for Health and Andrea Sutcliffe, Chief Inspector of Adult Social Care, Care Quality Commission to discuss the future of health and adult social care at a local level.	37	14.30
6. Reflections on the afternoon discussions and implications for the Board objectives and work programme		15.30
7. Decisions and actions from previous meeting	39	15.55
8. Any other business		16.00

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

Rewiring Public Services – The LGA’s priorities 2014-15

Purpose

For information.

Summary

This report details the LGA’s Business plan priorities and provides an introduction to the Rewiring Public Services campaign, which seeks to rejuvenate democracy, transform public services and boost economic growth.

Recommendation

That the Board **note** the LGA’s Rewiring Public Services document and the verbal update provided.

Action

As directed by Members.

Contact officer:

Sally Burlington

Position:

Head of Programmes

Phone no:

0207 664 3099

E-mail:

Sally.burlington@local.gov.uk

Rewiring Public Services – The LGA's priorities 2014-15

Background

1. Local government has managed huge cuts in public spending and is working hard on new ways to deliver services, but the outlook for public spending tells us that more cuts are in the pipeline. That means reforms to big services, like social care are vital, but that a return to growth and growing tax revenues are needed to avoid damaging cuts to vital frontline services in future; councils must therefore play their full part in getting the UK economy back into growth, and must be given the policy levers to do so.

Our priorities for local government

2. The LGA's Business Plan for 2013/14 sets out priorities for the organisation which are based on those issues that matter most to our membership, and is available at http://www.local.gov.uk/c/document_library/get_file?uuid=e2f772ff-1c5e-4ed5-a35c-20a3d57b97e5&groupId=10171.
3. For 2013/14 the three top priorities for local government are:
 - 3.1 **Funding for local government** – reform of the finance system so councils have confidence their financing is sustainable and fair, the opportunities to raise more funds locally, and greater ability to promote collective working across local public services.
 - 3.2 **Economic growth, jobs and prosperity** – councils are recognised as central to economic growth.
 - 3.3 **Public service reform** – independent councils are at the centre, and seen to be at the centre, of public service reform, delivering more effective services for local people and holding other providers to account.
4. These three priorities are supported and underpinned by the Rewiring Public Services campaign, which seeks to rejuvenate democracy, transform public services and boost economic growth.

Rewiring Public Services

5. The Rewiring Public Services campaign expands on how these priorities can be achieved through ten big ideas which are:
 - 5.1 **Give people a meaningful vote on local tax and spending issues.** A local treasury in every place.
 - 5.2 **Cut red tape.** Bring local services and decision together in one place.
 - 5.3 **Reduce bureaucracy and Whitehall silos.** Merge six government departments and creating an England Office.
 - 5.4 **Share money fairly around the UK.** Replace the Barnett formula with a new needs-based funding model.

- 5.5 **Take financial distribution out of the hands of Ministers hands.** Replace it with agreement across English local government.
 - 5.6 **Strengthen local say.** Reduce Ministers' powers to intervene in local decisions.
 - 5.7 **End flawed tick-box inspections by bureaucrats.** Create local service user champions.
 - 5.8 **Boost investment in infrastructure.** Create a thriving market in municipal bonds.
 - 5.9 **A multi-year funding settlement** tied to the life of the Parliament.
 - 5.10 **Protect local democracy.** Give the local government settlement formal constitutional protection.
6. The full publication is available to download from the LGA website:
http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10171/4047947/PUBLICATION-TEMPLATE

How the LGA Community Wellbeing Board works for you

Purpose of report

For noting and approval.

Summary

This report sets out the role the LGA Community Wellbeing Board plays in the LGA's governance structures and how the LGA works to support the objectives and work of its member authorities. It also gives details of the Community Wellbeing team and Political Group offices which will support you in your role as a Board Member. Lastly the report sets out a proposed approach to portfolio holders and Outside Bodies for Members' comment and approval.

Members are asked to note the Membership and Terms of Reference and Remit of the LGA Community Wellbeing Board for 2013/14. Members are also asked to agree the Board's nominations to Outside Bodies and its portfolio holders for the 2013/14 year.

Recommendations

The Board is asked to:

1. Formally note the membership (**enclosed at the front of Agenda papers**) and terms of reference (attached as **Appendix A**) for the LGA Community Wellbeing Board;
2. Formally appoint to outside bodies and portfolio holder roles in accordance with the role description and suggested areas outlined in **Appendices C, D and E**, ensuring that the outside bodies to which the Board wishes to appoint accurately reflect LGA priorities; and
3. Agree an appropriate mechanism for feedback from members representing the Board at outside meetings and external engagements over the forthcoming meeting cycle.

Action

Officers to inform outside bodies of any changes in, or confirm continuation of LGA representatives. Officers to confirm appointments directly to members via email.

Contact officer:

Liam Paul

Position:

Project Support Officer, Member Services

Phone no:

020 7664 3124

E-mail:

Liam.paul@local.gov.uk

Background

1. The LGA's Boards seek to lead the agenda for local government on the key challenges and issues within their remit and support the overall objectives of the organisation as set out in the LGA's Business Plan.
2. They take an active role in helping to shape the Association's business plan through extensive engagement with councils and oversight of the programmes of work that deliver these strategic priorities.
3. Each board has full responsibility for its designated policy area(s). Boards are encouraged to find their own most effective way of working that ensures active engagement with councils and groups of councils, and not be restricted by a set timetable of formal meetings in London. However most hold at least 4 formal meetings a year.
4. The LGA seeks where possible to work on the basis of consensus across all four groups.

Community Wellbeing Board membership and terms of reference

5. 2013 has been a momentous year for health and social care, with the Community Wellbeing Board and team playing a vital role in supporting and promoting the leadership role of local government in improving health and social care for their communities.
6. This year we hope to build on our successes in both lobbying, and improvement and support for the sector, as work continues on the transfer of public health responsibilities, sustainable funding for adult social care and integration of health and care services, amongst many other priorities.
7. A draft work programme is outlined at **Item 3**.
8. Members are asked to formally note the Board's Membership (**enclosed at the front of Agenda papers**) and its Terms of Reference and Remit (**Appendix 2A**).

The Community Wellbeing Board team

9. The Community Wellbeing programme team supports the LGA's work on the Board's priorities relating to health and adult social care, and also a number of other discrete issues which are within the Board's remit. The team works with the LGA Press office and political groups to maintain local government's reputation on health and adult social care issues in the media, directs our lobbying work (according to Members' steer) in conjunction with the Parliamentary affairs team, and works with the joint programme boards and improvement teams on systems improvement and implementation.
10. The team also supports Members in person or by briefing when they represent the LGA on external speaking platforms or at Ministerial or Whitehall events. We will provide briefing notes and/or suggested speaking notes as required in advance if each engagement.
11. LGA advisers and senior advisers also participate in a number of working groups and programme boards, representing the sector's interests and putting forward the LGA's agreed policy positions.

12. A table detailing the names, contact details and roles of the Community Wellbeing team is attached as **Appendix B**.
13. The Board and team also provide input to, and receive reports from, a number of joint sector led improvement and implementation programmes, funded by the Department for Health, in the following areas
 - 13.1 Health and Wellbeing System Leadership;
 - 13.2 Towards Excellence in Adult Social Care;
 - 13.3 Winterbourne View Joint Improvement Programme; and
 - 13.4 Care and Reform Support joint programme office (emerging)

Portfolio holders

14. In order to maximise the involvement of Board Members in LGA work, best represent the Board, and to allow the Community Wellbeing Board to best utilise and develop the expertise of Members across the Board's wide-ranging remit, Board Lead Members have agreed to a system of portfolio holders.
15. Portfolio holders will have a variety of roles, all of which are an extension of the role of members of the board and have been grouped into five key areas:
 - 15.1 Health Protection;
 - 15.2 Public health and NHS;
 - 15.3 Health and Wellbeing improvement;
 - 15.4 Adult social care: funding and reform; and
 - 15.5 Dignity in care and personalisation.
16. In order that we establish a pool of interested councillors from varying political groups under each portfolio area it is proposed that each political group should put forward a nominee, or multiple nominees, for each area.
17. The list of portfolio holder areas is attached as **Appendix 2C** and a role description is attached as **Appendix 2D**. The attached document also lists which *continuing* members of the Board have previously expressed an interest in relevant areas.
18. It should be noted that as an LGA spokesperson, a portfolio holder should speak for the Association, and not one particular political Group.
19. Members will be assisted in their role by officers. This will include passing on invitations to meetings and events in good time, preparing briefings, taking notes of meetings, providing press lines and including agenda items for a wider Board discussion at key points to inform policy making.
20. Our aim is to provide appropriate support which is proportionate to the risks of the events and needs of Members, to make best use of limited resource.

Outside Bodies

21. The LGA currently benefits from a wide network of member representatives on outside bodies across all its Boards. These appointments are reviewed on an annual basis across the organisation to ensure that the aims and objectives of the outside bodies remain pertinent to the LGA.
22. A list of the organisations to which the Board currently appoints member representatives, along with a note of the 2012/13 representation, is attached at **Appendix 2E**. Members are asked to nominate the appointments for this meeting cycle, which are to be made in proportion with political representation across the LGA.
23. Members are requested to consider where they have particular interests and expertise and discuss with their political groups which bodies they might best become involved with. Any deviations from political proportionality agreed by all four Lead Members.
24. Please note that responsibility for Adult Learning and Skills is now the responsibility of the Economy and transport Board, and that Board will now provide a LGA representative for the National Institute of Adult Continuing Education (NIACE) Board.
25. The current Board balance is *7 Conservative, 7 Labour, 2 Liberal Democrat, 2 Independent* and there are two outside bodies to which to appoint representatives:
 - 25.1 Skills for Care; and
 - 25.2 the Dignity in Care Commission.

Feedback

26. To maximise the value of Members attending regular or ad-hoc outside engagements it is proposed that Members agree an appropriate mechanism, such as an update report to subsequent meetings of the Board, to allow for feedback from members representing the Board at outside over the forthcoming meeting cycle.

Political Party conferences

27. **Appendix F** gives details of the LGA Members who will be officially representing the organisation on platforms relating to the work of the Community Wellbeing Board at the Conservative, Labour and Liberal Democrat party conferences.

Financial Implications

28. There are no substantial financial implications arising directly from this report.
29. Reasonable travel and subsistence costs will be paid by the LGA for expenses incurred by a member appointee, whilst carrying out a representative role on an outside body or attending an ad-hoc meeting, on behalf of the LGA.

LGA Community Wellbeing Board - Terms of Reference and Remit

The purpose of the Community Wellbeing Board is to engage and develop a thorough understanding of the issues within their brief and how legislation does or could affect councils and their communities, in particular with regard to the growing integration of health and social care services.

The Board works to support local government in delivery of its public health, social inclusion and equalities responsibilities, as well as issues relating to an ageing society and the reform and funding of adult social care.

It is also responsible for maintaining a close relationship with the work of the Asylum, Refugee and Migration Task Group.

The Community Wellbeing Board's responsibilities include:

1. Representing and lobbying on behalf of the LGA including making public statements on its areas of responsibility.
2. Building and maintaining relationships with key stakeholders.
3. Ensuring the priorities of councils are fed into the business planning process.
4. Developing a work programme to deliver the business plan priorities relevant to their brief, covering lobbying campaigns, research, improvement support and events and linking with other boards where appropriate.
5. Sharing good practice and ideas to stimulate innovation and improvement.
6. Involving representatives from councils in its work, through task groups, Commissions, SIGs, regional networks and mechanisms.
7. Responding to specific issues referred to the Board by one or more member councils or groupings of councils.
8. The Community Wellbeing Board may:
 - 8.1. Appoint members to relevant outside bodies in accordance with the Political Conventions.
 - 8.2. Appoint portfolio holders from the Board to lead on key issues.

LGA Community Wellbeing Team

August 2013

Head of Programmes	Sally Burlington		sally.burlington@local.gov.uk
Senior Advisor	Paul Ogden	Public health and equalities	paul.ogden@local.gov.uk
Senior Advisor	Alyson Morley	Health systems and transformation)	Alyson.morley@local.gov.uk
Senior Advisor	Abigail Burrridge	Health improvement and local systems	Abigail.burrridge@local.gov.uk
Advisor	Samantha Ramanah	Health inc. Children and Young People's Health	Sam.ramanah@local.gov.uk
Senior Advisor	Matt Hibberd	Adult Social Care – Policy and Reform (Care and Support Bill Lead)	Matthew.hibberd@local.gov.uk
Senior Advisor	Emma Jenkins	Adult Social Care – Quality and Improvement, Dignity in care	Emma.jenkins@local.gov.uk
Advisor	Kevin Halden	Adult Social Care	Kevin.Halden@local.gov.uk
Project Support Officer	Katerina Charalambous	Project support, HTTG support	Katerina.Charalambous@local.gov.uk
Member Support Officer	Liam Paul	Member Services, Project Support	Liam.paul@local.gov.uk
Public Affairs	Laurence Meehan	Public Affairs Adviser	Laurence.Meehan@local.gov.uk
Media team	Simon Oliver	Public Health / Adult Social Care	Simon.oliver@local.gov.uk

Portfolio Areas

Health Protection

- Reduce rates of TB
- Vaccination and Screening
- Emergency response / planning
- Health Surveillance
- Heatwave and Cold Weather plans
- Health related infections (e.g. MRSA)

Public health and NHS

- Mandated functions including NHS Health Checks
- Premature Mortality / Health Inequalities
- HIV and Sexual Health Services
- Reduce the prevalence of smoking
- Alcohol
- Obesity and malnutrition
- Drugs
- Physical activity, sports, active travel
- Healthy workplace / Workforce Health / healthy living spaces / environment
- Children and Young People's health [0-5s covering child measurement service (including school nursing, health visiting, family nurse - to be held jointly by CYP Board)]
- Public Mental Health

Health and Wellbeing improvement

- Sector led improvement in adult social care inc. TEASC and Winterbourne View programmes
- Sector led improvement in public health and community well being
- Peer Challenge
- Safeguarding
- Regulation and quality
- Local Healthwatch

Adult social care: funding and reform

- Baseline funding / Spending Round / Spending Review
- Care Bill (incl. assessment, eligibility, information and advice)
- Funding reform (incl. capped-cost model, deferred payments)
- Show Us You Care campaign
- Integration and Pioneers including MS(CS) representative
- Market development
- Links to Community Budgets
- Links to Continuing Care
- Links to Care and Housing
- Links to Welfare Reform

Dignity in care and personalisation

- Dementia and dementia-friendly communities
- Later Life / ageing well
- Dignity in Care
- Equalities and Diversity
- Learning Disabilities and Autism
- Adult learning including NIACE liaison
- Supporting carers
- Care Workforce issues
- Information and signposting
- Personalisation

Role of portfolio holder

The role of portfolio holder will be to:

- Develop or share expertise in a specific area(s) of the Board's work
- Represent the Community Wellbeing Board at external and LGA events
- Engage at a national level with key stakeholders
- Provide regular written and verbal feedback to the Board and officers on this engagement activity
- Represent agreed Board lines rather than personal or party opinions
- Develop awareness of practice in other authorities
- Be involved with the planning and presentation of items within their portfolio to the Board.

Members will be called upon for private input, public comment, LGA events and engagement with external partners. There are five broad groupings:

- Health Protection
- Public Health and NHS
- Health and Wellbeing improvement
- Adult social care: funding and reform
- Dignity in care and personalisation

Board members can of course develop their knowledge and specialisms in a particular area and also can be part of more than one portfolio area.

The board will remain the forum for collective decisions regarding the LGA's policy and lobbying lines

Community Wellbeing Board - Representation on Outside Bodies

Appointments to LGA bodies

Organisation	Background	Representatives	LGA Contact Officer
Skills For Care Skills for Care Albion Court 5 Albion Place Leeds LS1 6JL Contact: Lynsey Banks 0113 245 1716	'Skills for Care' is the employment-led body leading on education, training and workforce development strategy for social care, including social work.	1 place Currently: Vacancy	Emma Jenkins, Senior Adviser 02076643046 Emma.jenkins@local.gov.uk
Partnership in dignity in care NHS Confederation / LGA / Age UK	Partnership in dignity in care to oversee a joint campaign and programme of work on dignity in care for older people in residential and hospital care. This will include participating in a bi-annual steering group and liaising with the chairs on progress on what is expected to be a high profile, DH funded campaign in between meetings.	1 place - Co-chair, along with the Chair of Age UK and from NHS Confederation Currently: Vacancy (Lead Members have agreed to hold this on a revolving basis)	Emma Jenkins, Senior Adviser 02076643046 Emma.jenkins@local.gov.uk



Appointments to LGA bodies

LGA body	Background	Representatives	
Asylum, Refugee and Migration Task Group	<p>The Task Group membership covers all of the English regions, Wales and Scotland and focuses upon the issues around the asylum, refugee and migration agenda from a local government perspective.</p> <p>Its aims are to influence and facilitate national and European policy developments, provide a clear conduit between national government and local government in the regions on asylum, refugee and migration issues, ensure that Government is properly and regularly informed of the implications of its policies on local authorities and to make representations accordingly; continue to lobby for sufficient resources to cover local authorities' responsibilities.</p> <p>The Task Group also provides a forum for reports from the National Migration Partnership.</p> <p>The Task Group meets twice a year and reports to the LGA Community Wellbeing Board.</p>	<p>1 place</p> <p>Cllr David Simmonds (Conservative) [Children and Young People's board]</p>	<p>Emma Jenkins, Senior Adviser</p> <p>02076643046</p> <p>Emma.jenkins@local.gov.uk</p>
Urban Commission Steering Committee	<p>The Urban Commission provides a forum LGA for member authorities whose areas are wholly or partly urban. The Urban Commission will act in a way that complements the principals of the LGA as a whole.</p>	<p>1 place</p> <p>Currently: Vacancy</p>	<p>Kamal Panchal, Senior Adviser</p> <p>020 7664 3174</p> <p>kamal.panchal@local.gov.uk</p>

LGA activities at the 2013 party conferences

1. The LGA will be holding a corporate reception at each of the three main party political conferences this year, to publicise the *Rewiring Public Services* campaign. Each reception features a front bench party spokesperson. At the time of writing, the Deputy Prime Minister and Leader of the Opposition have been confirmed for the Liberal Democrat and Labour events, with an invite extended to Secretary of State for Communities and Local Government for the Conservative reception.
2. As part of the LGA's efforts to influence the 2015 party manifestos, a fringe event is being held at Liberal Democrat conference to debate the content of *Rewiring Public Services*. Panellists include:
 - 2.1 Chair: Mayor Dorothy Thornhill, Deputy Leader of LGA Liberal Democrat Group, elected Mayor of Watford
 - 2.2 Rt. Hon. Don Foster MP, Parliamentary Under-Secretary of State for Communities and Local Government
 - 2.3 Lord Shipley
 - 2.4 Annette Brooke MP, Co-Chair of Liberal Democrat backbench CLG Committee
 - 2.5 Cllr Ruth Dombey, Leader of London Borough of Sutton
3. The LGA has also proactively sourced over eighty speaking platforms for member councillors across the three events, offering a bespoke briefing for each opportunity. See below for a selection of those events sourced by the LGA for member councillors, on subjects related to the work programme of the Community Wellbeing Board:
 - 3.1 Older People's Care: Fit for the Future?**
 - 3.1.1 Private roundtable organised by NHS Confederation and the Royal College of Physicians. Cllr Izzi Seccombe attending at Conservative conference.
 - 3.2 How can we address rising rough sleeping?**
 - 3.2.1 Private roundtable organised St Mungo's and Crisis. Cllr Louise Goldsmith attending at Conservative conference.
 - 3.3 Mental health – the biggest inequality**
 - 3.3.1 Private roundtable organised by the Centre for Mental Health. Cllr Ken Taylor attending at Conservative conference; Cllr Catherine McDonald attending at Labour conference; and Cllr Doreen Huddart attending at Liberal Democrat conference.
 - 3.4 Housing and dementia care**
 - 3.4.1 Private lunch organised by the Alzheimer's Society. Cllr Louise Goldsmith attending at Conservative conference; Cllr Steve Bedser and Cllr Jonathan McShane attending at Labour

conference; and Cllr Doreen Huddart and Cllr Katie Hall attending at Liberal Democrat conference.

3.5 Defusing the healthcare time bomb: More for less in health and social care

3.5.1 Private roundtable organised by Reform. Cllr Ken Taylor attending at Conservative conference.

3.6 NHS' progress towards quality and efficiency goals

3.6.1 Private roundtable organised by the Royal College of Nursing. Cllr Louise Goldsmith attending at Conservative conference; Cllr Jonathan McShane attending at Labour conference; and Cllr Doreen Huddart attending at Liberal Democrat conference.

3.7 Integration without reorganisation

3.7.1 Private roundtable organised by Reform. Cllr Jonathan McShane attending at Labour conference.

3.8 Living well for longer...fitter, happier, more productive

3.8.1 Public fringe organised by Age UK. Cllr Jonathan McShane chairing the event at Labour conference; Cllr Katie Hall chairing at Liberal Democrat conference.

3.9 Responsible Retailing: Our Contribution to Healthier Lives

3.9.1 Private roundtable organised by the British Retail Consortium. Cllr Steve Bedser attending at Labour conference.

3.10 Whole Person Care' for Older People

3.10.1 Private roundtable organised by the NHS Confederation and the Royal College of Physicians. Cllr Jonathan McShane attending at Labour conference.

3.11 Launch of updated Best Practice Guide to Community Covenants

3.11.1 Public reception organised by the Royal British Legion. Cllr Gerald Vernon-Jackson, LGA Vice-Chairman speaking at Liberal Democrat conference.

3.12 Compassionate Care for Older People in the New NHS

3.12.1 Private roundtable organised by NHS Confederation and the Royal College of Physicians. Cllr Katie Hall attending at Liberal Democrat

3.13 Transforming Social Care: Beyond Personalisation

3.13.1 Private roundtable hosted by Respublica and Dimensions UK. Cllr Jonathan McShane attending at Labour conference.

4. Details of all the public events that the LGA is involved in across the three party conferences, including the LGA's own receptions and fringe event, can be found online at <http://www.local.gov.uk/party-conferences>

Priorities and Work Programme for 2013/14

Purpose

For discussion and agreement.

Summary

This report sets out proposals for the Board's priorities and key areas of work for discussion. It identifies outcomes, priorities, key activities and partners in each case. Once amended in line with comments from the Board, this will form the work programme for the year ahead.

Recommendation

That the Board **agrees** its priorities and work programme for the 2013/14 meeting cycle.

Action

Over the course of the next year officers to progress the Board's agreed priorities and projects in line with available resources.

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Priorities and Work Programme for 2013/14

Introduction

1. The LGA Business Plan for 2013/14 sets three corporate priorities, to which the work programme of CWB contributes. They are:
 - 1.1 Funding for local government that is sustainable and fair and that promotes greater collective working across public sector agencies;
 - 1.2 Economic growth with local government leading locally; and
 - 1.3 Public service reform in which independent councils work with their communities and partners to determine their own priorities.
2. The work of the Community Wellbeing Board makes a significant contribution to all of these issues: we have continued to press for fair and sustainable funding for adult social care and for the public health ring-fenced grant to local authorities; better health and support to people with long-term conditions is vital to the economic growth agenda; and to use our work on shaping and supporting the new health and wellbeing system to help councils to improve links with local communities and make a difference to health outcomes.
3. Rewiring Public Services: Rejuvenating Democracy, launched at the 2013 LGA Annual Conference, further develops and refines our priorities for the future. It lays out the LGA's vision for transformed and sustainable public services that rebuild democracy and participation through local leadership and a revitalised economy. It has a strong focus on adult social care and health as essential components of a transformed public sector, shaped by the needs and assets of local people.
4. The proposed work priorities for the CWB outlined below all contribute to the LGA's corporate priorities for 2013/14 and beyond.

Proposed 2013/14 Work Programme and Resources

5. The LGA will continue to horizon scan and to identify emerging issues and lobbying opportunities in health, including those coming from government departments, parliament, national and local campaigns and other initiatives in partner organisations;
6. The proposed work programme is ambitious and has been scoped to be deliverable within the resources available to the Board. We will have a limited reactive capacity outside these areas to respond to key issues and developments that may arise, however the resource implications of work outside this work programme will need to be considered on a case by case basis and if necessary identified projects will need to be downscaled, postponed or dropped if new priorities arise.
7. Based on the Business Plan priorities, Rewiring Public Services principles, and feedback from the Community Wellbeing Board and its Lead Members through 2012-13, this paper suggests the Board's work programme for the coming year be focused on the following priorities and projects:

Public Health

7.1 The transfer of many public health responsibilities to local government which occurred in April 2013 represents the most significant expansion of local government responsibilities in a generation. The new public health system is now in place but we will need to continue to develop relationships with existing and new partners in the health and care system at national and local level.

7.2 Proposed work priorities:

- 7.2.1 Undertake joint work with Public Health England, Department of Health and NHS England to ensure that all key partners in the new health system, including health and wellbeing boards, public health and other local authority officers and elected members, are properly supported and resourced to effectively deliver their new responsibilities;
- 7.2.2 Work with PHE, DH and local authorities to develop a framework for ensuring that local authorities are making an effective contribution to the public health system;
- 7.2.3 Support councils in the delivery of their new mandatory functions i.e. Sexual Health, NHS Health check, Child Measurement Service and develop a series of events and products looking at the new challenges that will impact on public health;
- 7.2.4 Develop and maintain strong alliances with professional societies, academia and networks such as Association Directors of Public Health, Faculty of Public Health, Association Directors Adult Services and Royal Colleges by ensuring regular flows of communication and engagement;
- 7.2.5 Identify leading experts and commentators both from within local authorities and across the public sector who can contribute to our policy development and/or lobbying; and
- 7.2.6 Promote ways of engaging district councils in the new public health system.

Public health funding

7.3 The LGA continues to work with the local government sector to make a strong case for adequate funding to carry out our new public health functions.

7.4 Proposed work priorities:

- 7.4.1 Continue to work with LGA Finance Advisers and DH to develop a strong business case for maintaining LA public health funding and refining the formula to ensure that it is related to the level of public health need rather than historic public health spend by PCTs;
- 7.4.2 Represent the interests of local government in developing arrangements for the health premium incentive payments;
- 7.4.3 Secure adequate resources to take on the public health responsibilities for children aged 0 – 5 in 2015.

Implementation of the health reforms / Children's health

- 7.5 Though the majority of the health reforms of the Health and Social Care Act 2012 came into effect in April 2013, there are some new duties on local government which have not yet been implemented. In particular: the proposed new duty on upper-tier authorities to appoint medical examiners to oversee the death certification process.
- 7.6 April 2015 will mark the last public health function to transfer to local government; local authorities will take on responsibility for commissioning children's public health services for under 5 year olds and commissioning the health visiting service and Family Nurse Partnership. More important than ever will be the need for councils' to effectively and efficiently receive and embed these new public health functions for young children and to join up services across existing council functions across childhood (0-19 years).
- 7.7 Furthermore the new health landscape presents further opportunities for councils and partners to improve the experience of children and their families and to integrate public health, social care, and school services with wider council led work to deliver seamless services which deliver lasting improvements to the health and wellbeing of local children, young people and their families.
- 7.8 Proposed work priorities:
- 7.8.1 Work with local authority advisers to support and inform councils to implement the new duty.
- 7.8.2 Negotiate a transition and assurance process for the 2015 transfer (including providing effective assurance to Ministers regarding Health Visitors and other top governmental priorities) whilst delivering a proportionate and collaborative approach appropriate for local government.
- 7.8.3 Develop and promote good practice examples, resources and conferences.
- 7.8.4 Working with partners influence policy and implementation of Government priorities on Children's Health including integration, prevention and early identification, effective commissioning, good transitions and making the new health system work for children.
- 7.8.5 Continue to represent the interests of local government in the implementation of the new duty on LAs to appoint medical examiners to oversee the death certification process, and secure adequate resources and a realistic time scale for implementation.

Healthwatch and patient and public engagement in health and social care

- 7.9 Healthwatch works at national and local level to ensure a strong voice for patients and the public in the commissioning and provision of healthcare, public health and social care services. Local Healthwatch is commissioned by upper-tier councils and the LGA has developed the Healthwatch Implementation Team to support councils in this role.

7.10 Proposed work priorities:

- 7.10.1 Develop an understanding of best practice in patient and service user engagement, and how different approaches can improve service standards and outcomes.
- 7.10.2 To support the goal in the 'Rewiring Public Services to promote consumer champions.
- 7.10.3 Continue to support local authorities in commissioning effective Local Healthwatch through the Healthwatch Implementation Team.
- 7.10.4 Respond to the outcome of the Caldicott review into information governance will contribute to the context in which council confirm their local information governance arrangements.
- 7.10.5 Respond to the report of the Clywd Inquiry on NHS Complaints in partnership with the Centre for Public Scrutiny.
- 7.10.6 Continue to respond to the recommendations relating to local government that came out of the Francis Inquiry.

Health and Wellbeing Boards

- 7.11 Health and Wellbeing Boards are in their first year of full operation. Bringing together local leaders from health and local government, they are becoming the focal point for local decisions on health priorities, health service reconfiguration and integration. As a result of negotiations with DH, NHS England, Public Health England, and Healthwatch England, the LGA was able to bring together separate funding strands into a single funding grant of £1.925 million for 2013-2014 to provide a health and wellbeing system support programme.

7.12 Proposed work priorities:

- 7.12.1 To demonstrate to the Government and associated health agencies the important of independence and sufficient resourcing for health and wellbeing boards, particularly avoiding top-down performance management in favour of a sector-led improvement approach, so that they can make genuinely local decisions on health that transform health services for the benefit of local people.
- 7.12.2 To deliver the £1.925 million health and wellbeing system improvement support programme.
- 7.12.3 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.
- 7.12.4 To secure additional resource for 2014-2015, and further if possible, to the LGA from DH to continue to support Health and Wellbeing Boards, Public Health and Local Healthwatch.

Adult social care is reformed so that the individual's experience of care and support is improved

7.13 After a number of years lobbying for changes to care and support we are now in a position of real opportunity. Legislation, in the form of the Care Bill, is currently working its way through Parliament, and proposals for how individuals pay for care are the subject of a major consultation. A satisfactory outcome for the LGA would deliver a system that supports people to plan ahead for the future, is easier to navigate, is fairer, and has a greater focus on prevention and keeping people well.

7.14 Proposed work priorities:

7.14.1 **Influencing:** we will need to continue to influence both the Bill and the funding reform proposals to ensure the best deal for local government. This will link to the priority above regarding the costs of reform but will also need to look at potential barriers to implementation and possible implications of some of the proposed system changes.

7.14.2 **Preparing for implementation:** the care and support reform agenda is complex and wide-ranging. We will need to support councils by raising awareness of the agenda (both to the sector and beyond), gathering intelligence on 'ground level' issues as they emerge, and sharing best practice.

7.14.3 Joint working to co-design and manage, with ADASS and DH, a Care and Support Programme Office, funded by DH. This office will support the delivery and implementation of the Care Bill and related reforms in a way which ensures that they fully reflect the views of local government.

Sustainable funding for adult social care

7.15 Adult social care is facing considerable pressure. Budgets have reduced by £2.68 billion over the last three years, there are demographic pressures stemming from an increase in the number of older people and working age adults with a disability, and options to offset shortfalls in resources are becoming increasingly limited. Alongside these pressures the sector is facing a programme of major reform, the cost implications of which are still uncertain, and is attempting to take forward integration at scale and pace.

7.16 Proposed work priorities:

7.16.1 **The Integration Transformation Fund:** £3.8 billion was announced in the June Spending Round to improve integration between health and social care. This is a significant opportunity to improve the lives of some of the most vulnerable people in our society and make savings for the public purse. A good deal of work is needed on the detail of how the fund will operate, the conditions that are attached to it, and how the performance-related element might work.

7.16.2 This will require close working with national partners, particularly NHS England, and local authorities to capture and share learning and best practice.

- 7.16.3 **Understanding the costs of reform:** the Care Bill and the proposals around funding reform (including the Dilnot 'capped-cost' model and universal deferred payment) carry cost implications for local authorities. This was a point we made strongly in our Spending Round submission and the Government responded by providing £335 million for the cost of reform. Work is needed to understand whether this amount is likely to be sufficient.

Integrated care

- 7.17 Delivering integrated care and support is crucial to delivering on a number of the LGAs business priorities and is the key theme in the LGA's Rewiring Public Services campaign. At its heart it is about improving care and support by working together to design services around people, making the best use of resources and jointly planning and commissioning services. The LGA has been working very closely with a range of national partners (Department of Health, NHS England, Monitor, ADASS among others) to develop plans around supporting the delivery of integrated care locally.
- 7.18 This has resulted, amongst other things, in a joint work programme, joint governance arrangements and a joint publication entitled 'Our Shared Commitment' which included commitments from national partners and corresponding expectations from local areas. A 'Narrative' which defines integrated care from the individual's perspective underpins all of the work of the national partners. In addition we have supported DH's ambitions to select and support integrated Care 'Pioneers', and negotiated the £3.8bn 'Integration Transformation Fund' which will be available for all local areas from 2014.
- 7.19 Proposed work priorities:
- 7.19.1 Continue to work jointly with key national partners on a joint work programme for integrated care, including supporting the Pioneer areas and others.
- 7.19.2 Continue to lead, in partnership with NHSE, on the implementation of the Integration Transformation Fund, and produce accompanying guidance and support materials.
- 7.19.3 Continue to influence and shape the work of other national partners, including NHS England and the Department of Health, to ensure that it aligns with the interests of local authorities, Health and Wellbeing Boards and the people they represent.
- 7.19.4 Develop resources for local areas including a toolkit to support joint business planning across the health and care system.

Adult Social Care improvement.

- 7.20 Supporting the Business Plan aim of public service reform and the aim to end flawed tick-box inspections by bureaucrats in Rewiring Public Services, the adult social care improvement project contains a range of grant funded improvement programme and a focus on supporting local leadership.

7.21 Proposed work priorities:

- 7.21.1 Deliver the DH-funded Towards Excellence in Adult Social Care (TEASC) programme of sector led improvement in adult social care. The work will have a focus on the role of innovation, peer challenge and new ways of engaging with local people and data, to driver improvement in the quality of local services. Deliver the LGA's safeguarding adults programme to support councils in their lead roles in safeguarding by influencing policy, sharing good safeguarding practice and providing support for improvement.
- 7.21.2 Co-deliver, with NHS England, the two-year Winterbourne View Joint Improvement Programme. The Programme aims provide leadership and support to transform services locally to ensure that services are personalised, safe and local, building on current good practice.
- 7.21.3 Continue to provide leadership support to lead members of adult social care and health. An induction event for new portfolio holders has been held, to be followed by a leadership academy which several Board members are attending and a revision of the online 'must knows' for lead members.
- 7.21.4 Continue to support regional lead member networks to share best practice and provide mutual support.
- 7.21.5 Continue to support, along with the Children and Young People Board, the LGA Asylum, Migration and Refugee Task Group, which is chaired by the Cllr David Simmonds, Chair of the Children's Board.

Equalities

- 7.22 The Government's recommendations on the review of the effectiveness of the Public Sector Equality Duty are due to be announced immediately after the summer recess. Understanding local government's role in 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.

7.23 Proposed work priorities:

- 7.23.1 A conference in November 2013 to focus on the Government's recommendations on the Public Sector Equality Duty, the implications for local government and how local authorities can improve their performance.
- 7.23.2 Develop a response to the Government's recommendations of the Review of the Public Sector Equality Duty.
- 7.23.3 Refresh the Local Government Equalities Framework toolkit

Financial Implications

- 8. We believe that the above projects can be delivered within the available resources. However, the work programme will be constrained by the overall resource envelope of the LGA, which may have implications for the scale and timing of the work to be delivered should unforeseen reactive work be required or new priorities arise during the year.

Next Steps

9. Members are asked to comment upon the suggested priorities and projects set out at above and to agree a final work programme for the year.
10. The Board's work programme will be a standing item on every agenda to enable the regular review of priorities and monitoring of progress.
11. As the body with responsibility for holding all Boards to account, every quarter the LGA Executive will receive an overview of all Board's work programmes and progress to date.

Panel Discussion – Public Health

Biography – Chris Bull, Local Government Advisor, PHE and Programme Director, Winterbourne View Joint Improvement Programme, LGA

1. Chris Bull is the Local Government advisor to Public Health England, and currently chairs the Department for Health's Public Health Engagement Group, which has worked during the transition period to ensure the smooth transferral of Public Health responsibilities to local government, as well as providing a forum for discussion from a wide cross-section of local government and health organisations.
2. Chris was the joint Chief Executive of Herefordshire Council and Herefordshire PCT from 2007 to 2012. Prior to that he was the Deputy Chief Executive of Southwark Council and before that he was the joint chief executive of Southwark Primary Care Trust and the Strategic Director of Social Services in Southwark Council.
3. Chris Bull is also leading the LGA and NHS Commissioning Board's Joint Improvement Programme, announced by the Department of Health following its final report on events at Winterbourne View Hospital, published on 28 March. The aim of this programme is to support local areas to provide swift and sustainable action across the system and across people's life course. 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 around care.

Biography – Jonathan Marron, Director of Strategy, Public Health England,

4. Jonathan is the Director of Strategy for Public Health England. He is responsible for the development of Public Health England's vision and corporate plan, focusing on securing the best possible improvements in the public's health and wellbeing.
5. Jonathan started his career in the Department of Health and spent 12 years in a range of roles covering Choice, ISTC, the comprehensive Spending Review, Legislation and was Private Secretary to both Simon Burns and Paul Boateng. He went on to work with Monitor as Policy Director and then, Director of Strategy for NHS SW Essex PCT. He was seconded to DH as a Director in the PHE Transition Team before securing the role of Director of Strategy.
6. Jonathan holds a first degree in Natural Sciences and an MBA from SDA Bocconi, Milan.

Panel Discussion – Health and Adult Social Care

Biography – Jon Rouse, Director General for Social Care, Local Government and Care Partnerships, Department for Health

1. Jon Rouse was appointed Director General, Social Care, Local Government and Care Partnerships in March 2013. Before joining the department, he was Chief Executive of the London Borough of Croydon.
2. Other previous roles include:
 - 2.1. Chief Executive, Housing Corporation
 - 2.2. Chief Executive, Commission for Architecture and the Built Environment
3. Jon has also held a wide range of non-executive positions with organisations including English Partnerships and Homelessness International, and was a non-executive director on the Department of Health's board until 2010.
4. Part of the Department of Health senior team and an executive member of its board, the Director General, Social Care, Local Government and Care Partnerships is responsible for:
 - 4.1. policies on care and support for adults, and health services for children;
 - 4.2. the department's relationship with local government across all of health and care;
 - 4.3. mental health;
 - 4.4. disability;
 - 4.5. health equalities

Biography – Andrea Sutcliffe, Chief Inspector of Adult Social Care, Care Quality Commission

1. Andrea takes up her new post as the first Chief Inspector of Adult Social Care at the Care Quality Commission on Monday 7th October 2013. She will lead CQC's inspection and regulation of adult social care and will be responsible for developing the new approach to the way CQC regulates social care, in consultation with people who use and provide services. She will also oversee the development of a new rating system for social care providers.
2. Andrea has joined CQC from the Social Care Institute for Excellence where she was Chief Executive from April 2012. Previously Andrea was Chief Executive of the Appointments Commission and was an executive director at the National Institute for Health and Clinical Excellence for seven years. Andrea has nearly 30 years' experience in health and social care, managing a range of services including those for children and for older people.
3. Andrea is an advocate for the use of social media to share information and learn from others and blogs regularly for sites such as the Guardian Social Network and on the SCIE website. You can follow her on twitter @Crouchendtiger7.

Note of decisions taken and actions required

Title: Community Wellbeing Board

Date: Wednesday 10 July 2013

Venue: Westminster Suite, Local Government House

Attendance from the Community Wellbeing Board

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

Item	Decisions and actions	Action
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Welcome and introductions

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

1 Implications of the Spending Round 2015-16

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

Members noted the makeup of the funding as below:

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

In discussion Members of the Board made the following points:

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

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

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

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

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

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

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

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

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

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

Decision

The Board **noted** the presentation and report

Actions

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

**Matt
Hibberd**

2 Immunisation and the new public health system

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

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

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

In discussion with Members the following points were made:

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

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

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

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

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

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

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

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

Decision

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

Actions

None

3 Supporting Carers

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

Tasks

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

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

Decision

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

**Emma
Jenkins /
Cllr Elaine
Atkinson**

Actions

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

**Matt
Hibberd /
Emma
Jenkins**

4. Community Wellbeing Board Review of the year

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

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

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

Decision

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

5. Other Business report

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

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

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

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

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

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

Decision

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

Actions

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

**Samantha
Ramanah**

6. Notes of the last meeting and actions arising

The Board agreed the note of the previous meeting.

7. Date of next meeting

Tuesday 10 September 2013, 11.15am

LGA location map

Local Government Association

Local Government House
Smith Square
London SW1P 3HZ

Tel: 020 7664 3131

Fax: 020 7664 3030

Email: info@local.gov.uk

Website: www.local.gov.uk

Bus routes – Millbank

87 Wandsworth - Aldwych

3 Crystal Palace - Brixton - Oxford Circus

For further information, visit the Transport for London website at www.tfl.gov.uk

Public transport

Local Government House is well served by public transport. The nearest mainline stations are:

46 Victoria and Waterloo: the local underground stations are

St James's Park (Circle and District Lines), **Westminster** (Circle, District and Jubilee Lines), and **Pimlico** (Victoria Line) - all about 10 minutes walk away.

Buses 3 and 87 travel along Millbank, and the 507 between Victoria and Waterloo stops in Horseferry Road close to Dean Bradley Street.

Bus routes – Horseferry Road

507 Waterloo - Victoria

C10 Canada Water - Pimlico - Victoria

88 Camden Town - Whitehall - Westminster - Pimlico - Clapham Common

Cycling facilities

The nearest Barclays cycle hire racks are in Smith Square. Cycle racks are also available at Local Government House. Please telephone the LGA on 020 7664 3131.

Central London Congestion Charging Zone

Local Government House is located within the congestion charging zone.

For further details, please call 0845 900 1234 or visit the website at www.cclondon.com

Car parks

Abingdon Street Car Park (off Great College Street)

Horseferry Road Car Park
Horseferry Road/Arneway Street. Visit the website at www.westminster.gov.uk/parking

