

Update on other Board business

Purpose of report

For information and comment.

Summary

Members to note the following:

- Update on Integration Transformation Fund
- LGA work on sector-led improvement: Winterbourne View Joint Improvement Programme; TEASC; Health and Wellbeing Systems Improvement Programme
- Children's Health update
- Children's Mental Health update
- Cold Weather Plan 2013
- NCAS Conference feedback
- Annual Public Health Conference 2014
- Care and Support Reform Programme

Recommendations

Members are asked to:

1. **note** and **discuss** the updates contained in the report; and
2. give their views on possible ways to strengthen the Boards' links to the sector led improvement programmes, for example through a full discussion at the next board, a workshop with those interested, a joint board discussion with the Improvement Board (like last year, or building on last year), or closer bilateral links with portfolio holders.

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 6 November and covers key policy developments relating to issues within the Board's remit that have taken place since the last Board meeting on 10 September 2013.

Update on Integration Transformation Fund

2. The June 2013 Spending Round announced £3.8 billion worth of funding to ensure closer integration between health and social care. The funding is described as: "a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities". We are calling this money the health and social care Integration Transformation Fund (ITF).
3. Whilst the ITF does not come into full effect until 2015/16 we think it is essential that CCGs and local authorities build momentum in 2014/15, using the additional £200m due to be transferred to local government from the NHS to support transformation. In effect there will need to be two-year plans for 2014/15 and 2015/16, which must be in place by March 2014. To this end we would encourage local discussions about the use of the fund to start now in preparation for more detailed planning in the Autumn and Winter.
4. The LGA, NHS England and ADASS are currently engaging with DH, DCLG, CCGs and local authorities on the following issues:
 - 4.1 allocation of funds;
 - 4.2 conditions, including definitions, metrics and application;
 - 4.3 risk-sharing arrangements;
 - 4.4 assurance arrangements for plans; and
 - 4.5 analytical support e.g. shared financial planning tools and benchmarking data packs.
5. A fuller description of the overarching issues and next steps for implementing the fund was outlined in a joint letter from Carolyn Downs, Chief Executive – Local Government Association and Bill McCarthy, National Director Policy - NHS England, which was sent to stakeholders on 17 October 2013. This can be found [here](#).

Sector led Improvement

6. This section provides an update on the LGA's sector led improvement programmes. Members' views are invited on possible ways to strengthen their links to the programmes, for example through a full discussion at the next board, a workshop with those interested, a joint board discussion with the Improvement Board (like last year, or building on last year), or closer bilateral links with portfolio holders.
7. The Improvement Board have asked for an update on Sector led Improvement and the following information will form the basis of our submission.

i) Winterbourne View Joint Improvement Programme

8. In response to the abuse which took place at Winterbourne View, the two year Winterbourne View Joint Improvement Programme (WV JIP) was established to help local areas fundamentally transform health and care services for people with learning disabilities or autism and behaviour that challenges. The aim of the joint LGA and NHS England programme is to ensure that individuals have the care and support they need to enable them to live fulfilling and safe lives in their communities. The programme will receive £2.8 million in 2013/14; with discussions underway with DH around what levels of funding will be required for 2014/15.

Recent progress

9. **Stocktake of progress:** Significant progress has been made in recent months, as evidenced by the return of their 'stocktake of progress' from every local area. An analysis of each of the returns has been returned to local partners and a full national report published at NCAS Conference, signed off by CWB Board lead members, which is available on the LGA website. Key findings from the stocktake included that 80% of local areas reported that Health and Wellbeing Boards are engaged with the programme.
10. **The 'Enhanced Quality Assurance Programme'** will work alongside local commissioners to support former Winterbourne View patients and individuals placed with providers which have been flagged by CQC as being of particular concern. Learning from these 'deep dive' reviews also will inform the on-going work of the Programme, in terms of flagging up any barriers to progress and any innovative solutions.
11. **Leadership and governance:** Cllr Bentley represents the Board on the Ministerial Programme Board which oversees national work post Winterbourne. A range of organisations met in July and on 5 November to discuss progress, as part of a joint Programme and DH event. A tripartite letter has been sent from the Minister, LGA Chairman and Jane Cummings stressing the need for local leadership and confirming the cohort that that local and national activity needed to focus on. The Programme is strengthening its governance arrangements, including regular quadripartite meetings of the DH, NHS England, LGA and the Joint Improvement Team to focus on delivery, risk assessment and monitoring spend. A multi-agency Programme Board meets every month and Board members will lead on areas of national priority and activity.

Forthcoming milestones

12. **Improvement offer:** The findings from the stocktake will be triangulated with other data sources, as highlighted in the Board paper on the Autism Action plan. This will form the basis of a regionally and locally based improvement offer from the programme team. Regional leads have been assigned within team and links are being made with the LGA Principal Advisers, as well as to existing and developing regional work. There were 340 examples of good practice identified from local partners' returns which will be analysed and shared widely. Local areas made 86 specific requests for follow up via their Stocktake returns. Bespoke support also will be offered to local partners based on their own self-reported current stage of development. These, and any offer from the programme, will be based on joint agreement with the local areas, reflecting sector led improvement principles. The stocktake also identified a range of priorities where the

programme will need to focus activity nationally to unblock any barriers to progress locally.

13. **Working with providers:** The Learning Disability Census, carried out in September, will provide a snapshot of current provision. This will be repeated one year on to ascertain progress. Follow up meetings with providers will be held on a national and regional basis to review the findings from the Stocktake and Census. An in depth discussion with key financial institutions will be held at the end of October to discuss new models of care.

Overarching issues

14. The WV JIP is an ambitious programme for change seeks to bring about changes in commissioning and provision where other programmes and policy initiatives have not been successful. It will have to balance a number of significant risks nationally and locally, particularly in terms of the need to work with local leaders to ensure - and to assure stakeholders – that that there is rapid, visible changes taking place. This wish to evidence progress publicly needs to be balanced with the need to move at pace that also ensures lasting transformation and improvement in care.
15. Significant change is needed, particularly from early years to impact patterns for the future, if a fundamental shift is to occur. The Programme therefore needs to work with others to utilise resources from the sector, Government and other sources to support to achieve some of the fundamental changes in the way planning, decision making and care is delivered from childhood onwards.

ii) Towards Excellence in Adult Social Care

16. The Department of Health provided funding of £800,000 in 2013/14 for the Towards Excellence in Adult Social Care (TEASC) programme of sector led improvement in adult social care. The programme uses the commitment of local authorities locally, regionally and nationally to enable councils to take responsibility for their own improvement. Aligned to the LGA's core offer of improvement and leadership support to councils, the programme focuses on support to regions; sharing innovation; peer support and challenge; new ways of engaging with local people; and information to support improvement.
17. Aligned to TEASC, 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.

Recent progress

18. **Support for regions:** The TEASC programme devolves the majority of its budget to regions, reflecting the shift from a top-down approach to performance to a collective ownership of improvement. Quarterly regional progress is monitored via regional updates of activity related identified priorities, proportionate to level of funding. Regular teleconferences are held with regional leads to share current practice and discuss key issues. Support and advice to regions in developing and piloting their own approaches to peer support has been offered, with free training at a national and regional level for members and officers in LGA peer challenge methodology to ensure consistency.

TEASC contributes to LGA work on political leadership and development, including an induction for new lead members in July which members of the Board presented at.

19. **Information to support improvement:** The programme board issued its second report on Progress in Adult Social Care using nationally available data in August. This was distributed with a range of tools to aid analysis and improvement bespoke to each authority. Local authorities have also piloted providing quarterly data based on the normally annual returns in order to provide data to support improvement in 'real time'.
20. **Adult Safeguarding:** the programme has delivered a series of publications aimed at tackling current policy and practice challenges in Councils for both members and officers. Several peer challenges have been undertaken and learning from these has been publicised in order to further inform practice. The programme attracted funding from the Department of Health for further work with over 50 authorities on developing a more outcomes-based approach to safeguarding. Work has been undertaken with CQC to establish a task and finish group to attempt to clarify the overlaps between commissioning, regulation and safeguarding, particularly in terms of care quality. SCIE also offered to help with disseminating learning. The Knowledge Hub continues to act as a key safeguarding resource. The Programme facilitates the Independent Chairs Network and will produce a guide or other material to support effective safeguarding boards. Links with the LGA work on the Care and Support Bill have also been made.

Future milestones

21. **Engagement with local people:** Over 90% of Councils are in their second iteration of 'local accounts' used to report back to local people on performance in adult social care. A national overview report highlighting further areas for development in local accounts will be launched at a conference on 25 November.
22. **Managing risk:** The programme is also working with key partners to develop its thinking on how best to identify councils in need of extra sector led support, utilising national data sets and sharing 'soft' intelligence. This builds on regional work on self-assessment and risk analysis. A self-assessment approach has been piloted within 13 authorities to analysis how they are managing reduced resources. This approach now will be rolled out on a regional basis.
23. **Peer support and challenge:** a choice of bespoke peer challenge offers incorporating safeguarding, use of resources and other models which are more flexible and responsive to the sector's needs are in development. There will be an evaluation of regional and national approaches to peer support and challenge, as well as survey work of lead members and directors to assess their confidence in the developing model of sector led improvement.
24. **Safeguarding:** The programme is rolling out a learning event in safeguarding in each region. The intent of these events is to a) share learning from national work and b) elicit learning from sector led improvement from the regions to share outside of that region. ACPO, ADASS LGA and NHS Confederation have produced a draft joint statement and this will form the basis of revision to the current Safeguarding Standards used in peer challenges. The programme is also involved in the National Group working on Sexual Violence, specifically with regards to people who are 'in the care of the state'.

Overarching issues

25. Given the relatively low funding, both TEASC and the Safeguarding Programme have to ensure that they contribute to and are informed by the work of other programmes and the needs of the sector. Further work has to be undertaken to ensure engagement of Members and Chief Executives and future work may have to explore how the model can best be communicated to citizens and providers. Both programmes also have to develop a sustainable approach and programme for 2014/15, whether they receive future government funding or not, based on sharing current innovative practice and established sector led improvement mechanisms.

iii) Health and Wellbeing Systems Improvement Programme

26. There is high demand for the current programme which has a limited reach and whilst the initial set up of Health and Wellbeing Boards (HWBs) has gone well there is a need for on-going development support to build their capacity to move from transition to transformation.
27. Consideration needs to be given on how we make the most effective use of the limited resources available in responding to current needs and developing a future support programme. This should include how we offer more bespoke support to those managing local difficulties and how/who should determine the areas needing this support.

Recent progress

28. The following progress has been made to date in implementing the Health and Wellbeing Systems Improvement Programme:

Governance

- 28.1 The Health and Wellbeing Systems Improvement Programme Leadership Group has met twice and the Steering Group once
- 28.2 Engagement has been made with speakers from Kent and Bath and North East Somerset Health and Wellbeing Boards (HWBs).

Communications

- 28.3 Five electronic bulletins have been produced.
- 28.4 The Prospectus has been revised and re-printed due to demand.
- 28.5 Tweeting and Knowledge Hub activity show good engagement.
- 28.6 There has been direct communication with chairs of HWBs.
- 28.7 A Policy session and elected members session at NCAS involving members of CWB Board.
- 28.8 An article was published in 'First' Magazine on HWBs.

National activity

- 28.9 Peer challenge methodology revised on 1st October following input from key national stakeholders.
- 28.10 A co-designed web-based self-assessment tool for HWBs has been launched as a universal offer and alternative to peer challenge.
- 28.11 LG Inform's public health data offer was launched in September to all councils.
- 28.12 A third national event was arranged to share learning from the peer challenge pilots and to launch the rapid early evaluation by Shared intelligence to identify common learning themes and the progress of HWBs

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- 28.13 Action learning set for pilot peer challenge areas have been trialled.

Regional activity

- 28.14 Outcomes and Impact Development Tool for Healthwatch were launched through four regional events in London, Taunton, Leeds and Manchester bringing together both council commissioners and local Healthwatch.
- 28.15 Nine regional partnerships led by a designated Chief Executive with LGA Principal Advisers and DH Deputy Directors have been set up to develop regional support plans.
- 28.16 A regional 'position statement' has been produced.

Local activity

- 28.17 Six peer challenges have been delivered.
- 28.18 A programme of a further 11 peer challenges has been established after expressions of interest from 35 localities

Future milestones

29. The following future milestones for the programme have been identified:

Governance

- 29.1 Leadership and Steering Groups to be arranged with planned speakers include CCGs, Leeds and LB Bexley HWB and Healthwatch England.
- 29.2 The Grant has now been received and regions have now received their funds.

Communications

- 29.3 A joint Communications Strategy has been developed.

National activity

- 29.4 The Peer challenge training sessions in November and January are now over-subscribed.
- 29.5 LG Inform Plus will be publically available in November.
- 29.6 The NEF research on health inequality and Healthwatch will be promoted.
- 29.7 Research into Healthwatch commissioning is currently being finalised.
- 29.8 A looking to the future event is set to be arranged for March 2014 to share learning to date.

Regional activity

- 29.9 Regional funding has now been released for the delivery of regional plans once the grant is received.
- 29.10 Information on facilitators for HWBs and on mentoring for chairs will be provided in the coming months.

Local activity

- 29.11 Healthwatch Outcomes and Impact Tool to be developed and launched in localities
- 29.12 the peer challenge programme to be rolled out during November.

Overarching issues

30. The rapid evaluation study concludes that HWBs are at a key stage of development and that after a solid start need to "change gear". The common learning themes are

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around tighter prioritisation; securing effective delivery; driving change on big issues e.g. – Integration and reconfiguration; and more effective engagement with districts, providers and the user voice. To support this the following is recommended:

- 30.1 Create opportunities for HWBs to reflect – create the space to think
 - 30.2 Producing tools/enabling facilitation that can support the process of reflection
 - 30.3 Continue to disseminate wider learning from peer challenges
31. As part of our "soft intelligence" gathering through our regional networks common emerging learning needs in the main mirror the above. These are; preparing for integration, managing transformation with reduced budgets, meaningful citizen engagement, partnership/.relationship building and prioritisation. A demand for on-going support was expressed as:
- 31.1 Support/mentoring for HWB chairs
 - 31.2 Bespoke support for HWBs
 - 31.3 Continuation of peer challenge programme
 - 31.4 Sharing the learning from peer challenge more rapidly and widely as the reach is limited.

Conclusion

32. There is an appetite and a need for on-going development support for HWBs to build their capacity to move from transition to transformation at pace. There is an awareness of the need to build relationships with partners in order to have difficult conversations to deliver transformation based on local priorities.
33. The Health and Wellbeing System Improvement Programme is just one element of the support available to help local partners get to grips with their new responsibilities. It is limited in its reach - repeating the same number of peer challenges next year would still only touch less than a quarter of the 152 localities. How do we make the most effective use of the limited resources available? .As part of our "soft intelligence" gathering through our regional networks we are made aware of both examples of good practice, and the learning needs that have been identified by individual HWBs. How can we offer more bespoke support in the future, particularly to those systems who are struggling with difficult local circumstances? How/who should determine the areas needing support and how does this align with the support needed for social care and health integration?
34. The rapid evaluation report gives a picture from the pilot peer challenges of the progress of HWBs and emerging learning themes to inform the planning of a future programme. This initial study will feed into an evaluation of the whole programme providing continuous feedback in December, January and February to aid the future planning process. Additionally, further regional position statements will supplement this evidence base.
35. There is a need to make an early decision on future arrangements and requirements of the programme in order to continue momentum or to bring the work to an orderly close.

Children's Health update

36. A Joint Board on children's health issues was convened for lead members of the Children and Young People Board and Community Wellbeing Board on 15 July 2013.
37. The Joint Board discussed the different options available for the safe transfer of commissioning responsibilities for 0-5 year olds including commissioning of health visiting services and the Family Nurse Partnership which transfers to councils in 2015.
38. Health Visiting is an extremely high priority for the Government, which is encouraging the Department of Health of taking a robust assurance process. It is therefore essential that the process provides effective assurance to Ministers whilst delivering a proportionate and collaborative approach appropriate for local government.
39. The Joint Board agreed that the transition plans would need to take account of the following points:
 - 39.1 focus on outcomes, looking at what we want to achieve instead of the bureaucracy of the process;
 - 39.2 partners across health, central and local government at both national and local level will need to work together and share information in an open manner;
 - 39.3 Health and Wellbeing Boards will need to be made aware of the transfer as early as possible so that it can be prioritised;
 - 39.4 the LGA and partners should work with councils to help them prepare the ground for the transition, including sharing good practice examples;
 - 39.5 links should be made with the work on troubled families and children's centres as well as other connected areas; and
 - 39.6 the LGA has a key role to play in demonstrating to Department of Health that there is real enthusiasm from councils to make this transfer run smoothly and that councils' are capable of delivering these new responsibilities.
40. The Joint Board also discussed the 2013/14 work programme which includes delivering a series of public health conferences and resource sheets for members and officers, delivering the 2015 transfer and delivering the priorities agreed by the Children's Health and Wellbeing Partnership on integration, early identification and prevention. The Board agreed that delivery of the children's health work programme should include:
 - 40.1 Looking at how communication can be improved between local authorities and schools especially academies and free schools.
 - 40.2 Encouraging all schools to join up with their local authority in the co-ordination process of vaccinations to ensure no school or child is missed out from the process.
41. Following the Joint Board meeting, discussions to agree a collaborative and proportionate transition and assurance process for the 2015 transfer are on-going between the Department of Health, Public Health England, NHS England and the LGA.

42. It is proposed that the Community Wellbeing Board have a full board joint discussion with the Children and Young People Board early in the new year to cover children's health.

Children's mental health update

43. Lead members requested an overview of children's public mental health issues. Lead members expressed their concern about the extent of poor mental health issues amongst children and young people. This is likely to impact on long term health, wellbeing and academic outcomes for children and young people, as well as on councils' wider services and resources. Lead members are keen to learn more about this issue and to have a full item at a future board meeting.

Overview

44. Statistics show that mental health problems affect about one in ten children and young people aged between five and 16 years with many continuing to have mental health problems into adulthood. It is suggested 60% of Looked After Young People have emotional and mental health problems. Problems can include depression, anxiety, conduct disorder and self-harming, these problems are often as a direct response to what is happening in a child or young person's life.
45. Traditionally mental health has not been given the attention and funding it deserves. Recently the Government published the mental health strategy 'No health Without Mental Health' (July 2011) and an implementation framework. The cross-government strategy aims to put mental health services on 'parity' with physical health services. It stresses the importance of a 'life course' approach to tackling mental health problems and recognises that the foundations for lifelong wellbeing are laid down before birth. It also recognises the importance of the combined efforts of government, employers, schools, local authorities and the voluntary and community sector.
46. Ultimately intervening early to improve the mental health and wellbeing of mothers, children and young people improves long term outcomes including improved physical health and life expectancy, better educational achievement, employment rates and reduced risky behaviours, such as smoking and alcohol misuse. It offers a good return on investment because it can reduce the burden on related health and social care services and helps to contribute to healthy and prosperous communities.
47. Local authorities are now responsible for improving the health of their population and delivering a range of public health services including public mental health services. This presents an opportunity for local authorities to work in partnership with the NHS, schools, voluntary and community sector to improve not only the physical health of children and young people but also their emotional well-being.
48. Nationally, organisations have come together to implement the recommendations made in the Children and Young People's Health Outcomes Forum Report (2012). The government is now looking at how it can further embed mental health into both the NHS and public health outcomes frameworks, particularly in regards to maternal and children and young people's health.

Issues

49. There is a concern that commissioning within the new health system is more fragmented particularly for services for children with mental health needs and disabilities. For example NHS England, NHS England Area Teams, Clinical Commissioning Groups, local authorities and schools are all responsible for commissioning different aspects of mental health services. There is also concern that these various parts of the new system lack the skills needed to commission specialist services for vulnerable children.
50. Although improving children's mental health has become a higher priority over the years, the degree to which the mental health framework has been implemented varies across the country. Part of the reason for this is that some local areas find it difficult to invest in prevention of mental illness and promotion of mental health and wellbeing especially as local authorities face funding cuts.

Next steps

51. It is proposed that an item on children's mental health issues is brought to the proposed joint Board with CYP, for members to discuss the issues in more detail. This will include further analysis of the issues and potential areas of work.

Cold Weather Plan

52. With winter closely approaching and temperatures dropping, the Cold Weather Plan for England has been published by Public Health England with the support from the LGA. The Cold Weather Plan for England is updated each year to provide health and social care services with emergency planning and preparedness guidance in the event of severe weather and periods of cold weather.
53. There are on average 24,000 excess winter deaths per year in England, many of which are preventable. The Cold Weather Plan aims to prevent avoidable harm to health, by alerting people to the negative health effects of cold weather, and enabling them to prepare and respond appropriately.
54. This year's plan emphasises on long term planning and winter action and preparedness (levels 0 and 1), as there are several interventions local authorities, the NHS and individuals and communities, can do to help prevent cold-related illnesses, before cold weather sets in. These include receiving your flu vaccination ahead of known peak seasons, ensuring households are properly insulated, and making sure heating systems are routinely checked.
55. Like previous years, the Met Office will trigger cold weather alerts from 1 November 2013 to 31 March 2014, according to 'threshold temperatures' that range from 2°C to forecast and occurring severe winter weather (widespread ice and heavy snow). The 2013 plan can be accessed at this link:
<https://www.gov.uk/government/publications?departments%5B%5D=public-health-england>

NCAS Conference feedback

56. The Annual National Children and Adult Services conference took place in Harrogate on 16- 18 October 2013. Given the current economic climate and subsequent pressures on council budgets, it is pleasing that it attracted 1,100 delegates, 80 exhibitors and 16 sponsors. All the arrangements went smoothly and early feedback was very positive. A key theme running through several of the sessions was the central role of health and wellbeing boards in driving through system change and the importance of integration across health and social care. From the keynote address by Sir Merrick Cockell, Norman Lamb MP to Andy Burnham MP and to the final address by Jeremy Hunt MP, the Secretary of State for Health, the clear message is that local government and the NHS need to work together to realise change in health and social care.

Annual Public Health Conference 2014

57. The third annual LGA Public Health Conference takes place in Birmingham on 4 February 2014. Focusing on political and managerial leadership in public health, the event offers an ideal opportunity to discuss a range of public health topics across sixteen breakout sessions and four plenary sessions. Speakers confirmed, include Ben Page, Chief Executive, Ipsos MORI.

Care and Support Reform Programme

58. The LGA has agreed to work with the Department of Health and the Association of Directors of Adult Social on the implementation of the Care Bill. The work involves the establishment of a Joint Programme Office to oversee the co-production of the implementation of the Bill. The joint programme function will ensure appropriate ownership and oversight of individual delivery plans as well as supporting programme management, implementation by local authorities and reporting. It will also be responsible for ensuring links are made between national and local priorities to ensure that dependencies are managed.
59. The programme office will report jointly to DH, ADASS, and the CWB Board at LGA. It provides an opportunity for us to ensure significant sector input into the national implementation plans for the Care Bill, and to disseminate information to LGA members quickly to inform local plans.
60. We have developed and agreed a Memorandum of Understanding (MoU) to guide joint working between the parties and for the establishment of the Programme Office. The MoU provides for funding to be released to the LGA and ADASS to undertake this work in 2013/14, and signals the need for further funding to 2016 based on an annual programme to be developed and agreed by the Care and Support Programme and Implementation Board (chaired by Jon Rouse, Director general at DH) in November.