

Community Wellbeing Board

Agenda

Wednesday, 10 June 2015
11.30 am

Smith Square 3&4, Ground Floor, Local
Government House, Smith Square, London,
SW1P 3HZ

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

Guidance notes for visitors

Local Government House, Smith Square, London SW1P 3HZ

Welcome!

Please read these notes for your own safety and that of all visitors, staff and tenants.

Security

All visitors (who do not already have an LGA ID badge), are requested to report to the Reception desk where they will be asked to sign in and will be handed a visitor's badge to be worn at all times whilst in the building.

Fire instructions

In the event of the fire alarm sounding, vacate the building immediately following the green Fire Exit signs. Go straight to the assembly point in Tufton Street via Dean Trench Street (off Smith Square).

DO NOT USE THE LIFTS.

DO NOT STOP TO COLLECT PERSONAL BELONGINGS.

DO NOT RE-ENTER BUILDING UNTIL AUTHORISED TO DO SO.

Open Council

"Open Council", on the 1st floor of LG House, provides informal meeting and business facilities with refreshments, for local authority members/officers who are in London.



Toilets

Toilets for people with disabilities are situated on the Basement, Ground, 2nd, 4th, 6th and 7th floors. Female toilets are situated on the basement, ground, 1st, 3rd, 5th and 7th floors. Male toilets are available on the basement, ground, 2nd, 4th, 6th and 8th floors.

Building Works

The works currently being completed at Local Government House are essential maintenance to the windows and cills. Disruption will be kept to an absolute minimum during this period.

Accessibility

Every effort has been made to make the building as accessible as possible for people with disabilities. Induction loop systems have been installed in all the larger meeting rooms and at the main reception. There is a parking space for blue badge holders outside the Smith Square entrance and two more blue badge holders' spaces in Dean Stanley Street to the side of the building. There is also a wheelchair lift at the main entrance. For further information please contact the Facilities Management Helpdesk on 020 7664 3015.

Further help

Please speak either to staff at the main reception on the ground floor, if you require any further help or information. You can find the LGA website at www.local.gov.uk

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

LGA Community Wellbeing Board

10 June 2015

There will be a meeting of the Community Wellbeing Board at **11.30 am on Wednesday, 10 June 2015** Smith Square 3&4, Ground Floor, Local Government House, Smith Square, London, SW1P 3HZ.

A sandwich lunch will be available at 1.30pm

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.

Political Group meetings:

The group meetings will take place in advance of the meeting. 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:	Group Office: 020 7664 3334	email: Labour.GroupLGA@local.gov.uk
Conservative:	Group Office: 020 7664 3223	email: lgaconservatives@local.gov.uk
Liberal Democrat:	Group Office: 020 7664 3235	email: libdem@local.gov.uk
Independent:	Group Office: 020 7664 3224	email: independent.group@local.gov.uk

Location:

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

LGA Contact:

David Symonds
0207 664 3107/ david.symonds@local.gov.uk

Guest WiFi in Local Government House

This is available in Local Government House for visitors. It can be accessed by enabling "Wireless Network Connection" on your computer and connecting to LGH-guest, the password is updated on a monthly basis. The password format is 'Month-2015' (eg. May-2015).

Carers' Allowance

As part of the LGA Members' Allowances Scheme a Carer's Allowance of up to £6.50 per hour is available to cover the cost of dependants (i.e. children, elderly people or people with disabilities) incurred as a result of attending this meeting.

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 2014/2015

Councillor	Authority
Labour (7)	
Cllr Linda Thomas (Vice-Chair)	Bolton Council
Cllr Barbara Cannon	Allerdale Borough Council
Cllr Fay Howard	Swindon Borough Council
Cllr Iain Malcolm	South Tyneside Metropolitan Borough Council
Cllr Lib Peck	Lambeth London Borough Council
Cllr Sandra Samuels	Wolverhampton City Council
Cllr Lynn Travis	Tameside Metropolitan Borough Council
Substitutes	
Cllr Maureen Cummings	Wakefield Metropolitan District Council
Cllr Jonathan McShane	Hackney London Borough Council
Conservative (7)	
Cllr Izzi Seccombe (Chair)	Warwickshire County Council
Cllr Elaine Atkinson	Borough of Poole
Cllr Louise Goldsmith	West Sussex County Council
Cllr Andrew Gravells	Gloucestershire County Council
Cllr Colin Noble	Suffolk County Council
Cllr Vic Pritchard	Bath & North East Somerset Council
Cllr Kenneth Taylor OBE	Coventry City Council
Substitutes	
Cllr Bill Bentley	East Sussex County Council
Cllr Claire-Louise Leyland	Camden Council
Cllr Liz Mallinson	Cumbria County Council
Cllr Colette Wyatt-Lowe	Hertfordshire County Council
Liberal Democrat (2)	
Cllr Doreen Huddart (Deputy Chair)	Newcastle upon Tyne City Council
Cllr Rabi Martins	Watford Borough Council
Substitutes	
Independent (2)	
Vacancy (Deputy Chair)	Independent Group
Cllr Mark Ereira	Suffolk County Council
Substitutes	
Cllr Adrian Naylor	Bradford Metropolitan District Council
Cllr Helen Grant	North Yorkshire County Council

**LGA Community Wellbeing Board
Attendance 2014-2015**

Councillors	09.09.14	02.12.14	11.03.15			
Labour						
Lib Peck	Yes	Yes	Yes			
Barbara Cannon	No	Yes	Yes			
Fay Howard	Yes	Yes	Yes			
Linda Thomas	Yes	Yes	Yes			
Iain Malcolm	Yes	Yes	Yes			
Sandra Samuels	Yes	Yes	Yes			
Lynn Travis	Yes	Yes	Yes			
Conservative						
Elaine Atkinson	Yes	No	Yes			
Andrew Gravells	Yes	Yes	Yes			
Louise Goldsmith	No	No	Yes			
Colin Noble	Yes	Yes	Yes			
Victor Pritchard	Yes	Yes	Yes			
Izzi Seccombe	Yes	Yes	No			
Ken Taylor OBE	No	Yes	Yes			
Lib Dem						
Katie Hall	Yes	Yes	Yes			
Jason Zadrozny	No	Yes	No			
Independent						
Gillian Ford	Yes	Yes	Yes			
Mark Ereira-Guyer	Yes	No	Yes			
Substitutes						
Jonathen McShane	Yes					
Elizabeth Mallinson	Yes	Yes	Yes			
Colette Wyatt-Lowe	Yes	Yes	Yes			
Apu Bagchi		Yes				
Bill Bentley			Yes			

Agenda

Community Wellbeing Board

Wednesday 10 June 2015

11.30 am

Smith Square 3&4, Ground Floor, Local Government House, Smith Square, London, SW1P 3HZ

Item	Page	Time
1. Welcome and declarations of interest		11.30
2. Care Quality Commission		11.35
A presentation will be given by Andrea Sutcliffe, Chief Inspector of Adult Social Care at the Care Quality Commission.		
3. Reducing and Preventing Alcohol Harm	1 - 8	12.20
A presentation will be given by Jackie Ballard, Chief Executive of Alcohol Concern.		
4. New Government's approach to health and social care		13.00
Oral update		
5. Annual Review of 2014-15 Priorities	9 - 22	13.15
a) Appendix A Awayday	23 - 24	
6. Decisions and actions from the previous meeting	25 - 30	13.40
7. Update on Other Board Business	31 - 43	13.45

Date of Next Meeting: Friday, 2 October 2015, 11.00 am, The Terrace Lounge, 7th Floor, Local Government House, Smith Square, London SW1P 3HZ

Reducing and Preventing Alcohol Harm

Purpose

For discussion and direction.

Summary

Jackie Ballard, Chief Executive at Alcohol Concern, will provide an update on current developments in alcohol policy. A biography is attached at **Appendix A**.

The report which follows gives background information on current alcohol policy, LGA lobbying priorities in this area and other areas of interest for local government.

Recommendation

The Board is asked to determine the priority of any future work.

Action

Officers to progress as directed.

Contact officer: Paul Ogden
Position: Senior Adviser (Public Health)
Phone no: 0207 664 3277
E-mail: paul.ogden@local.gov.uk

Reducing and Preventing Alcohol Harm

Background

1. The previous government's 2012 Alcohol Strategy identified a number of evidence-based components that need to be implemented to reduce alcohol-related harm. These range from environmental approaches acting on the promotion and supply of alcohol, to short health interventions aimed at groups of people who are at risk of alcohol health harm and more intensive specialist treatment for those whose alcohol dependency is damaging their health and wellbeing.
2. The problems of alcohol misuse are not those of a small minority. We should not just be concerned solely with the binge drinking clubbers, pre-loading on a Friday and Saturday night or the street drinker whose life has been destroyed by drink or those with acute cirrhosis caused by years of abuse. There are those young and old alike, who too often drink to excess and a hard core of problem drinkers of all ages, of all social classes throughout our society as a whole. Local authorities have long called for a wide-ranging approach to tackle the root causes of problem drinking.
3. According to Alcohol Concern the most effective strategies to reduce alcohol related harm from a public health perspective include, in rank order, price increases, restrictions on the physical availability of alcohol, drink-driving counter measures, brief interventions with at-risk drinkers, and treatment of drinkers with alcohol dependence.

Local government's role in tackling alcohol misuse

4. Local councils' responsibilities for health and wellbeing boards, social care, planning and housing strategy as well as public health, environmental health, licensing and trading standards put them at the heart of the web of influences needed to tackle this complex issue.
5. It is generally agreed that misuse of and dependency on alcohol and their links to mental ill health, family breakdown, homelessness and crime have complex causes and consequences.
6. There is no single solution to tackling this issue. A coordinated, multi-stranded approach is needed, tailored to the character of each community.

Alcohol Related Harm

7. Alcohol is a causal factor in more than 60 medical conditions, including: mouth, throat, stomach, liver and breast cancers; high blood pressure, cirrhosis of the liver; and depression. Alcohol dependence and addiction is a serious mental health issue.
8. There are an estimated 1.6 million people dependent on alcohol in England but only 6.4 per cent of dependent drinkers access treatment.
9. In 2011/12 there were 1.2 million alcohol related hospital admissions, representing a 35 per cent increase since 2002/3. Of those admissions 49,456 were for liver disease, which is the only major cause of mortality and morbidity on the increase in England whilst decreasing in other European countries.

10. Older people between the ages of 60 and 74 admitted to hospitals in England with mental and behavioural disorders associated with alcohol use has risen by over 50 per cent more than in the 15-59 age group over the past 10 years (a 94 per cent increase in the 15-59 age group from 27,477 to 53,258 and a 150 per cent increase in the 60-74 age group from 3,247 to 8,120).
11. People with severe and enduring mental illness are three times more likely to be alcohol dependent than the rest of the population.
12. More than half (54 per cent) of students admit they still consume at least double the daily unit guidelines when drinking socially and almost a third (30 per cent) have blacked out or lost their memory due to drinking too much.
13. Children too are impacted by alcohol with an estimated 2.6 million living with parents who are drinking hazardously and 705,000 living with dependent drinkers. 9,990 people were casualties of drink driving accidents in the UK in 2011 including 280 who died and 1,290 who suffered serious injury.
14. 47 per cent of violent crime is alcohol related. People who 'pre-load' with alcohol, drinking before they go out for the night, are 2.5 times more likely to be involved in violence as a victim or an offender. Offenders were believed by victims to be under the influence of alcohol in nearly half of all incidents of domestic violence.

The cost of alcohol misuse, dependence and harm

- 14.1 Alcohol-related harm cost the NHS in England £3.5 billion in 2011/12.²⁶;
- 14.2 Alcohol-related crime cost £11 billion per year in England;
- 14.3 Lost productivity due to alcohol costs the UK £7.3 billion a year;
- 14.4 In 2011, there were 167,764 prescription items for drugs for the treatment of alcohol dependency in England, costing £2.49 million. This is an increase of 3.3 per cent on the 2010 figure and an increase of 45 per cent on the 2003 figure;
- 14.5 Alcohol fraud costs the UK around £1.3 billion a year in lost revenue to the Treasury.³⁰ It also impacts adversely on the legitimate drinks industry;
- 14.6 For every £1 invested in specialist alcohol treatment, £5 is saved on health, welfare and crime costs;
- 14.7 Misuse and dependence on alcohol costs England over £21 billion per year healthcare, crime and lost productivity.

Minimum Unit Price

15. Minimum unit pricing (MUP) directly links price to alcohol content by setting a floor price below which a single unit of alcohol cannot be sold to consumers. For example a 50p minimum unit price would mean a pint of beer containing two units would need to

cost at least £1 and a bottle of wine containing nine units would need to cost at least £4.50.

16. The government considered bringing in a minimum alcohol unit price in 2012, but rejected the policy in July 2013, saying there was not enough "concrete evidence" that it would reduce harm. Instead a ban on below cost selling was brought in to try to end the practice of supermarkets using drink as a loss-leader - selling drinks at below the cost they pay themselves.
17. A Scottish government plan to introduce a scheme to set a minimum price per unit of alcohol is currently on hold because of legal challenges from the drinks industry.
18. The LGA Community Wellbeing Board along with the LGA Community Safety Board agreed to take a neutral position on Minimum Unit Price proposals when the policy was first discussed back in 2012.
19. There is some detailed analysis to be done around minimum prices to ensure that it raises the price of alcohol to levels that discourage pre-loading drinking, and excessive consumption of cheap, high-strength drinks, yet does not unfairly penalise families who enjoy a responsible drink or inadvertently generate illicit trade.

LGA Activity

The LGA is supporting its member councils by:

20. Lobbying for the inclusion of a health objective in the Licensing Act 2003. This approach will provide councils with the ability to consider the health related impacts of alcohol in their area when fulfilling their licensing responsibilities.
21. Helping councils considering using the Late-night levy and Early Morning Restriction Order (EMRO). The LGA supports a Late Night Levy for late night pubs and nightclubs that contribute to reducing the negative impact that late night drinking can have on an area. It is vital that each council decide how their portion of the Levy can be spent to effectively target local issues and work innovatively with partners as problems associated with late night drinking emerge.
22. Supporting work to reduce the overall strength of alcohol products available in a licensing authority area. This has proven successful in areas such as Ipswich, where the licensing authority has worked closely with local retailers.
23. Bringing together councillors and public health experts to understand the opportunities to link public health and licensing.
24. Challenging industry to ensure bottles and cans of alcoholic drinks provide the same information about calories as soft drinks, through our place on the Responsibility Deal Board.
25. Publishing a series of guides and factsheets on how to tackle alcohol-related harm and crime.



Financial Implications

26. None

APPENDIX A

Biography– Jackie Ballard

1. Jackie Ballard was born in Dunoon, Scotland. Her family moved when she was 10 to South Wales, where she studied at Monmouth School for Girls. She then read social psychology at the London School of Economics. She had careers in Social Work and Further Education from 1974-1992. She was Leader of South Somerset District Council (1987-1991) and Deputy Leader of Somerset County Council (1993-1997). Jackie was the Member of Parliament for Taunton from 1997 to 2001.
2. After losing her seat, Jackie spent 9 months studying in Iran, before being appointed Director General of the RSPCA in September 2002 where she stayed for 5 years.
3. She was then Chief Executive of Action on Hearing Loss until September 2012. She was then appointed as Chief Executive of Womankind Worldwide and has been a Board member of the Independent Parliamentary Standards Authority.





Annual Review of 2014-15 Priorities

Purpose

For discussion and direction.

Summary

This report sets out the Annual Review of activities of the Community Wellbeing Board for 2014-15. It concludes (Paragraph 15) by setting out proposals for the priorities for 2015-16. It would be helpful to have Members' views on the priorities so that these can be developed over the summer and agreed at the away day. The aim of the away day will be to determine the Board priorities, objectives and programmes for 2015-16.

Recommendations:

Members are asked to:

- a. Note the annual review of Board priorities; and
- b. Discuss:
 - i. the proposed priorities for 2015-16
 - ii. the content and the format of the away day.

Action:

Officers to take forward as directed by members.

Contact officer: Sally Burlington
Position: Head of Programmes
Phone no: 020 7664 3099
Email: sally.burlington@local.gov.uk

Annual Review of 2014/15 Priorities

Overview

1. The LGA has continued to promote the vital leadership role of local government in the health and care system, building on the proposals developed in [The First 100 Days](#). Several of the key proposals in the document are priorities for the Community Wellbeing Board.
2. During the year, the Board has discussed a number of important issues, including adult social care funding, public health including the transfer of commissioning responsibilities for 0-5 year olds to local government winter pressures, the future of Health and Wellbeing Boards (HWBs), the Better Care Fund (BCF) and Deprivation of Liberty Safeguards (DoLS). The year has included joint meetings with Lead Members from Resources (Skills for Care) and Children and Young People. In addition the Board received updates on the BCF and Care and Health Improvement Programme throughout 2014/15.

CWB events and publications

3. There statistics below give an indication of the reach of the Boards activities with LGA member authorities and other key stakeholders:
 - 3.1 1,965 Twitter followers on @lgawellbeing;
 - 3.2 33 publications produced;
 - 3.3 98,714 downloads of health and social care publications from the LGA website. The most downloaded health and social publications are:

A councillor's guide to the health system in England	8,883
Adult social care funding 2014 state of the nation report	8,633
Tackling the causes and effects of alcohol misuse	7,640
Public health in local government: one year on	6,752
Guide to the Care Act 2014 and the implications for providers	6,070
 - 3.4 900 attendees at the National Children and Adult Services Conference 2014;
 - 3.5 22 other events delivered by the Community Wellbeing Team, attended by 1,368 people;
 - 3.6 1,429 mentions of CWB issues in Parliament: a significant proportion of these related to health and social care issues; and
 - 3.7 Between March 2014 and February 2015 LGA achieved 251 media mentions on health and adult social care issues, with the overwhelming majority of which were positive: 87 per cent positive and 13 per cent negative.
4. At the 2014 main political party conferences, LGA lead members spoke at fringe events and contributed to roundtable debates on 141 occasions, 22 of which involved CWB Members. These included events hosted by stakeholders including The Kings Fund, NHS Confederation, Crisis, Age UK, Dementia Friends, the British Medical Association, Reform, the National Council for Palliative Care, the Royal College of Physicians, Drinkaware and the Royal College of General Practitioners, Swansell and the Mental Health Policy Group.

CWB activity in Parliament

5. Senior LGA members have engaged ministers and parliamentarians to promote our policy priorities. Below we summarise our parliamentary activity in 2014/15:
 - 5.1 In November, LGA Chair Cllr Sparks met the Secretary of State for Health to discuss the pressures facing adult social care funding. In March 2015, he met the Shadow Minister for Care and Older People to discuss adult social care funding, the Better Care Fund (BCF) and integration of health and social care services.
 - 5.2 In October 2014, the LGA and ADASS submitted written evidence to the Health Select Committee inquiry into public expenditure on health and social care. The following month, LGA Chief Executive Carolyn Downs gave evidence to the Committee, alongside ADASS and the NHS Confederation.
 - 5.3 In December 2014, the LGA Chief Executive gave evidence to the Public Accounts Committee inquiry into planning for the Better Care Fund.
 - 5.4 In February 2015, Cllr Seccombe and Andrew Webster, Director of Integration, spoke to the All-Party Parliamentary Group on Housing and Care for Older People about integration in health and social care.
 - 5.5 The LGA's analysis on the future of health and social care was quoted during a debate in the House of Commons on adult social care.
 - 5.6 In December 2014, the LGA submitted written evidence to the Health Select Committee inquiry into the impact of physical activity and diet on public health.
 - 5.7 The LGA report, *Tackling Tobacco*, on local government's work delivering smoking cessation programmes was quoted in a House of Commons debate on the standardised packaging of tobacco.
 - 5.8 Keith Vaz MP (Labour, Leicester East) Sir Bob Russell MP (Liberal Democrat, Colchester) and Peter Bottomley MP (Conservative, Worthing West) sponsored a motion to support the recommendations in the LGA report, *Tackling the Causes and Effects of Obesity*.

Work plan priorities for 2014/15

- This section summarises the activity in 2014/15 to achieve the CWB priorities.

6. Influencing the spending review in 2015

- 6.1 The LGA has continued to be vocal in highlighting the severe funding pressures facing adult social care and the need to put the service on a sustainable financial footing. The LGA is currently developing its overarching corporate submission for the forthcoming Spending Review, in which care and health features prominently. A separate thematic submission – focused on just care and health – is also a development. The LGA activity on adult social care funding is summarised below.
- 6.2 The LGA has continued to have a strong media presence on a range of issues impacting on adult social care funding. These include, provider fees, the impact of underfunding on people who need care and support, workforce and the National

Minimum Wage, the duration of care visits and commissioning. Over the last year the LGA received 103 mentions for adult social care in national media, including front page coverage in print media.

- 6.3 As a result of LGA work with ADASS to model the costs of the Care Act in 2015/16, the Department reallocated funding within the total to provide more money for carers. The LGA conducted its own separate analysis and was vocal in highlighting a potential funding gap of £50 million.
- 6.4 In October 2014 the LGA (jointly with ADASS) published [Adult social care funding: 2014 state of the nation report](#). This set out the impact of cuts to local government on adult social care funding, highlighted current and future pressures, and made proposals for what needs to happen next to secure the ongoing sustainability of care and support. The report received considerable national media coverage and was downloaded more than 8,600 times.
- 6.5 LGA Chief Executive, Carolyn Downs, gave oral evidence to the Health Select Committee's inquiry on public expenditure in November 2014. The LGA emphasised the funding pressures facing adult social care and the consequences – for people, services and partners – of not addressing them. LGA evidence also focused on the need to integrate care and health and the platform for this provided by the BCF. Criticisms of the BCF process were firmly made.
- 6.6 Winter pressures -The LGA firmly rebutted media coverage that deficiencies in adult social care were one of the main reasons for delayed transfers of care. The LGA lobbied extensively behind the scenes and briefed all lead members, directors and chief executives to set the record straight on social care funding pressures and the vital role councils play in helping to mitigate pressure on the NHS.
- 6.7 In January, the LGA was successful in securing £25 million of grant funding to councils with high levels of delayed transfers and a further £12 million to the remaining councils. In March, as a result of LGA lobbying, the DH announced an additional £12 million for councils to take forward their winter pressures work into 2015/16.
- 6.8 Deprivation of Liberty Safeguards (DoLS) .The LGA and ADASS estimate additional cost to councils of at least £98 million following a Supreme Court judgement in March 2015. Cllr Seccombe, Cllr Hall and David Pearson, ADASS President met the Minister to discuss the need for Government to fund this as a new burden. In March 2015, the Minister announced that the DH would provide local authorities with a non-recurrent contribution of £25m in 2015/16. The LGA is continuing to press for the costs of any new burdens to be fully funded.

7. Preparing for implementation of the Care Act in April 2015 and beyond

- 7.1 The LGA collaborated with ADASS and the DH through a joint Programme Management Office to support the implementation of the Care Act, a model of implementation praised by the National Audit Office. This provided an extensive suite of tools and support, bespoke support where requested and regional networks to share good practice. It also provided support to care providers to enable them to work with their local authorities to implement the Act. In June, the LGA published [Get in on the Act: The Care Act 2014](#).

- 7.2 Three readiness Stocktakes were conducted in 2014, capturing councils' accounts of their preparedness to implement the Care Act. Over the year councils reported increasing confidence to implement the legislation from April 2015 and cautious confidence to implement funding reforms from April 2016. Although the number of councils reporting that they are on track to deliver the Care Act has increased, the stocktakes also show that total implementation costs and uncertainty about additional demand from carers remain key risks to delivery.
- 7.3 The LGA has continued to lobby on policy matters related to the legislation. The LGA submitted technical submissions on several consultations concerning the Act, including: the 2015/16 allocation formula; regulations and statutory guidance; and the 2016/17 funding reforms. The LGA has also continued to raise the need to fully-fund the cost of the reforms. This has led to DH agreeing to monitor the costs of the Act in 2015/16.

8. The Better Care Fund (BCF) and integration

- 8.1 BCF plans for all areas are now approved; two 'approved with support'. We have developed a support programme including regional events, 'how to' guides, a [Better Care online sharing platform](#), as well as bespoke support. Proposals for the future of BCF are being developed as key part of the LGA's Spending Review work.
- 8.2 A further 11 *Integrated Care and Support Pioneer* sites were announced in January – adding to the 14 announced in November – to pilot approaches to join up care around the needs of people. In March, 29 *NHS Vanguard* areas were chosen from more than 250 submissions. This was the first phase of partnerships to take forward plans to develop an integrated care model to transform how care is delivered locally. The LGA continues to provide direction and support to the development and implementation of these initiatives, encouraging alignment of activity across the sector and supporting partners and stakeholders.

9. Public health transformation and health protection

- 9.1 Health protection and global health became the focus of intense media attention last year. The Ebola crisis in West Africa, and concern about the challenges of tuberculosis and hepatitis C and the need to identify new ways to tackle the diseases have been particular concerns.
- 9.2 The LGA's First 100 Days campaign work called for a slice of existing VAT raised on sweets, crisps, takeaway food and sugary drinks to go to boost council initiatives to tackle obesity. It also called for a slice of the existing tax on alcohol and tobacco to be used to tackle alcohol misuse and tobacco control and smoking cessation.
- 9.3 The LGA's fourth Annual Public Health Conference in February 2014 highlighted the innovative work already being undertaken by councils and public health teams, with their partners and communities. It also looked at how to build on existing best practice to identify and tackle the challenges and opportunities of the new public health landscape.
- 9.4 In December, the Government confirmed that in 2015/16 local authorities will receive a ring-fenced public health grant of £2.79 billion, the same as 2014/15. This is equivalent to a two per cent decrease in real terms. The LGA has consistently maintained that local government can only fulfil these new duties if it is adequately resourced to do so. Investing in prevention ultimately saves money for other parts of the public sector by reducing demand for hospital, health and social care services.

- 9.5 The LGA has been visible in the media on a range of public health topics ranging from calls for improved food and drink nutritional labelling, a change in UK law to stop "legal highs" being sold in shops, and responding to MPs voting in favour of standardised cigarette packaging. Our lobbying work contributed to the inclusion of The Psychoactive Substances Bill in the Queen's Speech, which will introduce a ban on the sale of 'legal highs' by making it an offence to produce, supply, offer, possess with intent, import or export psychoactive substances.
- 9.6 The LGA worked with the commissioners in local government, Public Health England (PHE), NHS England (NHSE) and DH to develop support for councils in the commissioning sexual health, reproductive health and HIV services.
- 9.7 The LGA developed the Cold Weather Planning and Heatwave Planning with PHE, NHSE, the Voluntary and Community Sector and other stakeholders to support health and social care professionals to manage the impact on services of both cold and hot weather.
- 9.8 The LGA has also produced publications and tools to support the public health role of councils.
- 9.8.1 [Public health transformation twenty months on: adding value to tackle local health needs;](#)
- 9.8.2 [Making every contact count: Taking every opportunity to improve health and wellbeing;](#)
- 9.8.3 [Healthy Homes, healthy lives;](#)
- 9.8.4 [Making the case for public health interventions;](#)
- 9.8.5 [Making it work: a guide to whole system commissioning for sexual health, reproductive health and HIV; and](#)
- 9.8.6 [Public Health Opinion Survey;](#)

10. Funding and implementation of 0-5 public health responsibilities

- 10.1 The LGA worked with the DH and NHSE to develop a national process to establish the expenditure baseline for commissioning services for 0-5 year olds in 2014/15 in advance of the transfer of commissioning responsibilities in October 2015. We were successful in securing an additional £2 million to address the identified funding gap. We also secured a commitment that every local authority will receive at least £160 per head (0-5). The additional spend for 2015/16 is likely to be £36m higher than 2014/15 in order to pay for the costs of the commitment to increase the numbers of Health Visitors and Family Nurse Partnerships. Only a small number of councils require further adjustments to their allocations.
- 10.2 The LGA continue to make the case that from 2016-17 funding needs to move to a needs-based formula. In March the LGA responded to the Advisory Committee on Resource Allocation (ACRA) consultation on the 0-5 element of the public health grant.

- 10.3 The LGA successfully influenced the wording of the [final regulations for the five mandated universal health checks delivered by health visitors](#) (published by DH in January 2015) to make it clear that councils are expected to only take a reasonably practicable approach to delivering the checks, with continuous improvement over time. The regulations are time-limited and will be reviewed after 12 months.
- 10.4 The LGA led a light touch self-assessment process for the transfer, supported by nine local government-led regional oversight groups. The 100 per cent response showed high levels of confidence from councils about the transfer and strong joint working with NHS local teams and providers. The LGA is working with partners to address issues raised by councils on data collection and reporting requirements, improvements to the Child Health Information Services and technical issues around the move from registered to resident population. The LGA is also developing briefings for elected members and officers to update them on the transfer and on the opportunities to join up and transform services.

11. Influencing and shaping the national system for health and care

- 11.1. **Reform and integration** Integration has been a key theme of all CWB activities throughout 2014/15. It has worked closely with the NHS to shape its joint vision and proposals on the future of integration. The LGA and NHS Confederation set out the shared ambition for health and social care integration in a report [All together now: Making integration happen](#), published in July 2014. The report outlines a common vision for the future of the integration of health and social care, identifies the barriers and highlights what government needs to do to incentivise and promote integration.
- 11.2 **The Future of Health and Wellbeing Boards** -the LGA and NHS Clinical Commissioners have developed an ambitious future vision for Health and Wellbeing Boards (HWBs). The document, which will be launched at the LGA's Annual Conference on 30 June, will issue a challenge and a call to action to local commissioners, government and national bodies to support health and wellbeing boards to achieve a radical transformation in the health of their communities. It has been prepared in consultation with members of HWBs across the country through a series of consultative events. CWB Lead Members have been influential in developing the vision and key messages.
- 11.3 **Integrated Personal Commissioning Programme**-In July 2014 NHSE and the LGA, working in partnership with ADASS and Think Local Act Personal, established the Integrated Personal Commissioning (IPC) programme to blend health and social care funding for individuals, and allow them to direct how it is used. Nine demonstrator sites have been selected and will pilot a radical approach to joining up health and social care for people with complex needs. This proposal makes a triple offer to service users, local commissioners and the voluntary sector to bring health and social care spend together at the level of the individual. The IPC Programme Board is co-chaired by NHSE and the LGA.
- 11.4. **Shared principles for redesigning the health and social care landscape** The [First 100 Days](#) included proposals for the LGA to promote 'five tests for health and social care redesign' as best practice to support local consultation on redesigning services. It has piloted the tests in three areas with key stakeholders from health, social care and community voice groups and will be published in the summer.

- 11.5 In October 2014 the LGA held a successful national conference for key national and local stakeholders to hear how local health and care services can be redesigned to provide greater integration, better services and better outcomes for people in a challenging financial climate.
- 11.6 In December, NHSE, Monitor, Trust Development Authority, PHE, Health Education England (HEE) and the Care Quality Commission (CQC) published [The forward view into action: Planning for 2015/16](#) which outlines the action needed to transform the NHS to ensure it is sustainable and effective. The LGA is represented at senior officer level on the Forward View Extended Oversight Group and the work streams leading each aspect of the Forward View. The LGA continues to highlight the interdependencies across health and social care, and the importance of strong system leadership through HWBs to drive transformation locally.

12. Child and Adolescent Mental Health (CAMHS)

- 12.1 The Children and Young People's Mental Health and Wellbeing Taskforce was established in September 2014 to propose ways to make it easier for children, young people, parents and carers to access help and support and to improve how children and young people's mental health services are organised, commissioned and provided. In March, the DH and NHS England published the report of the Taskforce, which sets out the changes needed at both local and national levels to improve the system. CWB lead members made an important contribution to this work. The report highlights some key priorities:
- 12.1.1 Improving awareness and capacity to support early intervention in non-specialist settings, including in maternal and early years health services and professionals working with vulnerable groups;
 - 12.1.2 Improving communication and referrals, including having named points of contact in schools, GP services and specialist mental health services;
 - 12.1.3 Local transformation plans covering the range of children's mental health needs from prevention to crisis care;
 - 12.1.4 Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible;
- 12.2 The LGA is keen to work with DH and NHS England to take forward work on CAMHS and are having early discussions to establish next steps.
- 12.3 The Government announced in the budget over £1 billion to improve child and adolescent mental health services over the next five years. This includes: £118 million by 2018- 19 to complete the roll-out of the Children and Young People's Increasing Access to Psychological Therapies; investing £75 million over the next 5 years in maternal mental health services; £1.5 million from DfE towards piloting joint training for designated leads in CAMHS and schools to improve access to mental health services.
- 12.4 The LGA has welcomed the plans to invest additional funding to improve access. However, we will continue to lobby for proper funding for the whole system and a more integrated approach. We will work with partners at national and local level to implement the recommendations from the Taskforce.

13. Influencing Government on support for citizens who need health and care services

- 13.1 **Alzheimer's and Dementia** The LGA have supported councillors to promote dementia friendly communities. Revised guidance on Dementia Friendly Communities is being launched on 13 July 2015.
- 13.2 The LGA has been involved in various forums to improve services and support for people with Dementia. This has included the Prime Minister's Champions on Dementia, the Dementia Action Alliance, involvement with the Alzheimer's Society's and British Standards Institution (BSI) code of practice for communities working towards becoming dementia-friendly and working with PHE to develop a Promoting Dementia Equality tool kit for commissioners. In October, the LGA hosted the Dementia Action Alliances Carers Call to Action Conference.
- 13.3 **Mental Health** In March, the LGA and ADASS published research on how local authorities and their partners are implementing the mental health crisis concordat. The [Mental Health Crisis Concordat: Local authority provision and practice](#) gives examples of good practice on the commissioning and delivery of support for people experiencing a mental health crisis. The research demonstrates a high level of commitment amongst local authorities and their partners to develop high quality and innovative solutions to meeting the needs of people at risk of developing mental health crisis.
- 13.4 A self-assessment framework on mental health for health and wellbeing boards and safe-guarding boards has been developed and is due to be further tested and launched later in 2015.
- 13.5 **Older people** A Task and Finish Group on Ageing was set up in 2014, chaired by Cllr Izzi Secombe, with representatives from across LGA Boards and key organisations. Their purpose was to explore the challenges and opportunities for councils of an ageing population, now and over the next 20-30 years. The Group has published [Need to Know: Local Government and the Demography of Ageing](#), a literature review of the evidence looking at the implications from a local government perspective. The Group will also be publishing a report, *ageing: a strategic opportunity for local government*, which highlights the positive work by councils on 24 June 2015.
- 13.6 **Autism and learning difficulties** Cllr Fay Howard attends the Ministerial Group on learning difficulties. The purpose of the group is to coproduce policy with key delivery agents and those with learning difficulties. The CWB contributed to the [revised statutory guidance on the Autism Strategy](#). As part of this, councils are currently undertaking a self-assessment on progress in implementing the Autism Strategy. As a result of LGA lobbying, the self-assessment will also be used to identify good practice case studies. The good practice case studies will be launched in June 2015.
- 13.7 **Housing and vulnerable people** Cllr Linda Thomas chaired a Task and Finish Group on Housing and Vulnerable People to explore the role of housing in enabling positive health and wellbeing outcomes for people with care and support needs and show how housing can support an integrated approach. The key objectives were to: identify and explore the issues for councils; show case examples of best practice; and identify a potential future work programme for the LGA. The report will be published in the summer 2015.

- 13.8 **Armed Services** Cllr Andrew Gravells represents the CWB on the Armed Forces Community Covenant Reference Group, which monitors progress on existing commitments and considers where other commitments need to be established, independent of government. As a result of the Board's involvement, more information is now available to councils about the number of veterans in their local area, enabling them to respond proportionately. In November 2014 the LGA launched "[Lest We Forget: councils supporting the armed forces community](#)" to share good practice on the Community Covenant. The Board has also supported three regional and a national London events on the Covenant, as well as supporting the promotion of National Armed Services Day.

14. Sector-led improvement on health and care for health and care

- 14.1 In 2014/15 the LGA secured almost £7m from the DH for a range of sector-led improvement programmes. Information on Integration and the Better Care Fund and Implementation of the Care Act is given above. More information on Towards Excellence in Adult Social Care and Transforming Care (formerly Winterbourne Joint Improved Programme) and the Health and Wellbeing System Improvement is below. All local authorities engaged with one or more of the programmes during the course of the year.

Towards Excellence in Adult Social Care (TEASC)

- 14.2 [Towards excellence in adult social care: progress with adult social care priorities England 2013-14](#), is the LGA's third annual assessment on the provision of care and support. It shows how councils have continued to improve and deliver services in the context of 26 per cent savings requirement over the last four years, in part as a result of the transformation of adult social care through increased personalisation of services.
- 14.3 Together with Think Local Act Personal (TLAP), the LGA published a revised [Use of resources](#) self-assessment toolkit designed to support councils make the best use of their resources and promote personalisation.
- 14.4 [Making Safeguarding Personal](#) was a sector led initiative to develop an outcomes focus to safeguarding. It concluded with all local authorities engaging to fully mainstream working with people to identify their individual needs and then assessing the extent to which they were achieved.
- 14.5 [Commissioning for Better Outcomes](#), published in October 2014, aims to meet people's desired care requirements by working with providers to meet statutory obligations and reflect good practice, including payment of the national minimum wage. The LGA piloted three peer challenges in Nottingham, Solihull and Haringey. Learning from the pilots will be used to refine the commissioning standards developed by Birmingham University in collaboration with ADASS, DH, TLAP, providers and service users.

Winterbourne View Joint Improvement Team

- 14.6 The work of the Winterbourne View JIP is now complete. The LGA, ADASS, CQC, DH, HEE, LGA and NHSE have committed to a single new *Transforming Care Programme* with new governance arrangements. This will be delivered through five joint work streams - Getting the Right Care in the Right Place (new models of care), Data and Information, Workforce, Regulation and Inspection, and Empowering People and Families. The LGA's contribution focuses on the models of care and empowerment.

14.7 Improvement work across 34 areas is now complete, with most now having strong implementation plans in place. In January the LGA published the [Mental Capacity Act 2005 guides](#) in partnership with the Care Provider Alliance. It also contributed to three other key documents:

14.7.1 [Winterbourne View: transforming care two years on](#) report published by DH;

14.7.2 Response to the Sir Stephen Bubb report, [Transforming Care for People with disabilities – next steps](#) published by NHSE; and

14.7.3 [Health and wellbeing boards: leading local response to Winterbourne View](#) report published by NHS Confederation.

Health and Wellbeing Systems Improvement

14.8 Achievements for the grant funded programme this year include:

14.8.1 Highly successful HWB Chairs and Vice Chairs Leadership Essentials programme;

14.8.2 18 peer challenges delivered involving around 90 peers, including an increased number of NHS peers;

14.8.3 Launch of support tools such as the [interactive map of HWB priorities](#) and [Making an impact through good governance: a practical guide for health and wellbeing boards](#);

14.8.4 A monthly Health and Wellbeing System Bulletin with 853 subscribers; and

14.8.5 Improving engagement with the regions, including enhancing the voice of HWB Chairs through national networking and the introduction of the Ambassadors who are CWB Board members who are themselves Chairs of HWB.

14.9 The Shared Intelligence report, [Stick with it: A review of the second year of the health and wellbeing improvement programme](#) evaluated the effectiveness of HWBs and provides a firm foundation for developing the programme in 2015/16. The LGA is working with NHS CC and NHS Confederation to focus on strategic leadership, with particular emphasis on developing the skills of Chairs and Vice Chairs. The LGA will build in flexibility to be able to respond to additional leadership support needs created by new Government policy priorities. The 2015/16 programme will also focus on supporting HWBs to navigate the complexity and challenges in two-tier areas and will identify good practice in this part of the sector.

14.10 In March, the second Health and Wellbeing Board (HWB) Chairs and Vice Chairs Summit considered HWBs' readiness to act as the single point of commissioning. The evaluation report highlighted the future focus on developing the strategic leadership of HWBs. The national event was chaired by Cllr Linda Thomas.

14.11 ["On the Board" support programme](#) for Local Healthwatch representatives was well-received and over-subscribed. The LGA also conducted 13 Healthwatch mentoring sessions with health and wellbeing representatives to complete the activities under this programme of work.

15. Additional initiatives

- 15.1 The LGA also commenced a new informatics initiative with ADASS and others to promote the enhanced use of information and technology to support the delivery of adult social services and its wider integration with health.
- 15.2 From October, the LGA provided senior management resource to DH to scope and inform Ministerial and partner resolution of the hospital winter pressures crisis. This ensured the local authority perspective was represented at the weekly Cabinet Office meetings that considered the response to the delayed transfers of care. The approach included providing support to many of the 65 councils identified by NHSE as having the highest number (not necessarily highest percentage rates) of cases.
- 15.3 The LGA worked with the Centre for Public Scrutiny (CfPS) and the Local Government Ombudsman (LGO) to provide support to elected Members on their role in health and social care complaints. In June 2014, it jointly published with CfPS a guide for councillors on [Advising residents about health and social care complaints](#) to support them in their work with the public and to promote the use of complaints data to drive service improvements. It is currently working with the LGO to produce a work book for councillors to develop their skills and knowledge of the health and social care complaints process. It will be published in June 2015.

16. Proposed Priorities for 2015/16

- The Community Wellbeing Board will agree its agenda for 2015-16 at its autumn away day. The LGA Executive may also wish to set priorities across the LGA. Priority areas for consideration include:

16.1 Future role of Local Authorities in health and social care

- 16.1.1 Develop a clear vision for the local authority role in health and social care, including a vision for devolved arrangements for a place-based approach to health and social care commissioning;
- 16.1.2 Promote and develop Health and Wellbeing Boards as the leaders of a place-based approach to health and wellbeing;
- 16.1.3 Demonstrate added value of investing in public health, embed public health and health improvement by developing a 'health in every policy' approach, including the contribution of district councils in two-tier areas;
- 16.1.4 Work with CYP Board and other relevant boards on supporting councils to take a place-based approach to addressing childhood obesity; and
- 16.1.5 Promote a joined up approach to child and adolescent mental health services, in particular preventative universal and early intervention

16.2 Funding of health and social care

- 16.2.1 Continue to press for adequate funding for adult social care, including implementation of Phase Two of the Care Act 2014, winter pressures and DoLS and work with councils to identify and mitigate risks to effective implementation; and

- 16.2.2 Address the cost pressures facing councils in delivering high quality services for people with learning disabilities (cross-Board task and finish group)

16.3 Transforming care and integration

- 16.3.1 Develop clear proposals for integration, supported by a more ambitious and bigger Better Care Fund;
- 16.3.2 Develop a clear vision and concrete proposals on integration of children and young people's services (joint with CYP Board);
- 16.3.3 Develop proposals to support integrated workforce (cross-board project with Resources);
- 16.3.4 Promote the council role to proactively plan for challenges and opportunities of an ageing population (possibly jointly with other LGA Boards); and
- 16.3.5 Support councils to help people live in their own homes and promote the contribution of housing to the integration agenda (possibly cross-Board project)

16.4 Improvement and support to councils

- 16.4.1 Achieve the successful transfer of the 0-5 public health services to local authorities with adequate funding;
- 16.4.2 Support councils to take a proactive approach to specific conditions – autism, mental health, dementia; and
- 16.4.3 Deliver effective programmes of support to local health and care systems (grant funded) which meet councils' needs to cover HWB leadership, Care Act Implementation, adult social care improvement, the Better Care Fund and the Transforming Care Programme;

16.5 Members are invited to comment to inform further consideration by the four Lead Members over the summer. These will then form the basis of discussion at the away day as the new Board agrees its priorities, objectives and plan of work. There may be wider issues on which we need to undertake further work, driven by reactive or new issues. In addition, the Board will consider work on the Armed Forces at its October meeting.

16.6 A draft agenda for the away day is set out in **Appendix A**. Members' views are sought on the session topics, timings and those being invited to join the Board in its deliberations.



Appendix 1: Proposed Awayday and Board Agenda

Community Wellbeing Board

Friday 2 October

11.00 am

The Terrace Lounge, Local Government House, Smith Square, London SW1P 3HZ

Item	Page	Time
1. Welcome and declarations of interest		
2. Possible External Speakers		
3. 2015-16 Priorities and Business Plan		
4. Portfolio Holders		
5. Outside bodies, external meetings and other business		
6. Decisions and actions from the previous meeting		
7. Any other business		

Note of last Community Wellbeing Board meeting

Title:	Community Wellbeing Board
Date:	Wednesday 11 March 2015
Venue:	Westminster Suite, 8th Floor, Local Government House, Smith Square, London, SW1P 3HZ

Attendance

An attendance list is attached as **Appendix A** to this note

Item	Decisions and actions	Action
1	Welcome and declarations of interest The Chair welcomed Cllr Sue Woolley and Jo Farrar (SOLACE). She also welcomed Mark Smullian from Local Government Chronicle. Apologies for absence were received from Councillors Izzi Seccombe (Chair), Jason Zarodzy and Jonathan McShane.	
2	Adult Social Care Efficiency Programme Professor John Bolton gave a presentation in the findings of the Adult Social Care Efficiency (ASCE) programme. The programme's objective was to help councils take forward their efficiency and transformation agendas in adult social care. Over a third of upper-tier authorities participated in the three-year programme, working on 44 projects. The programme supported participating authorities to refine and develop the efficiency and transformational approaches required to meet the challenges of reduced funding, demographic pressures and the need to develop more personalised services. The findings from the programme and examples from Councils are available on the LGA website. Professor Bolton stated that Councils had coped with demographic pressures from an increasingly elderly population by reducing costs in older people's services. Every Council has introduced some if not all of the mechanisms for achieving efficiencies he had identified. Some councils cannot go any further in driving out efficiencies. Councils are facing serious challenges in how they cope with the demand for social care and in the need to radically transform services. Members highlighted the importance of a focus on re-ablement and early intervention in managing demand, though the impacts would invariably be longer term.	

3 Adult Social Care Funding

As a result of wider cuts to local government funding, adult social care was under considerable financial strain. Additional pressures posed by the Care Act and changes to Deprivation of Liberty Safeguards are exacerbating the situation. The LGA was working to keep the issue of adult social care funding firmly in the national spotlight in the run up to the General Election and is considering next steps for the Better Care Fund.

The report was introduced by Councillor Colin Noble, Portfolio Holder for Adult Social Care Funding and Reform.

As a result of wider cuts to local government funding, adult social care was under considerable financial strain. Additional pressures posed by the Care Act and changes to Deprivation of Liberty Safeguards are exacerbating the situation. The LGA is working to keep the issue of adult social care funding firmly in the national spotlight in the run up to the General Election and is considering next steps for the Better Care Fund.

Members requested that the report needed to be amended to be more ambitious, with greater emphasis on prevention and the role of public health, and a positive vision for health and wellbeing, recognising the role of partner organisations. The report should be clear that there is no expectation that Government should simply pay individual councils “compensation” based on whatever they spend in implementing the Care Act; rather that actual costs should be reviewed and if there is a substantial gap between the funding made available and the actual costs of the new burdens, that must be funded.

Members also made the following points:

- Integration and prevention needs to be led by Health and Wellbeing Boards locally driven in order to respond to local needs. There is no “one size fits all” and future reforms must build in local flexibility. The BCF has been too restrictive.
- A ‘transformation’ fund is required to drive change locally. The estimated funding gap for social care is a minimum figure.
- A campaign needs to be meaningful at a level the public can understand;
- We should include a greater focus on mental health;
- The growing economy is making it harder to recruit carers in some areas, and some councils are facing a shortage of good providers.

Decision

The Board noted the report subject to the requested amendments.

4 Future of Health and Wellbeing Boards

This report summarised the purpose of the Future of Health and Wellbeing Boards project and sought direction from the Board on the key messages of the report.

Since their creation in 2013, the ambition and scope for Health and Wellbeing Boards (HWBs) have grown far beyond their original statutory duties, especially in relation to drive forward the scale and pace of integration of health and social care. This report outlined the purpose of a project to further develop the LGA's and NHS Clinical Commissioners policy position on the future of HWBs, for launching at the LGA's Annual Conference in July 2015.

The current LGA policy position on HWBs is set out in Investing in our Nation's Future: the First 100 Days of the next Government. This project will test the ambition and appetite for a greater role for HWBs and identify how we can move towards this ambition in a flexible and localist way.

Alyson referred to items 10.1-10.6 contained in the report, which set out the principles of health and wellbeing boards and welcomed comments contained in paragraphs 11.1- 11.4 of the report.

Members noted the report and considered that there needed to be an ambitious approach for Health and Wellbeing Boards with an expectation that they should be operating at the highest level. At the same time, there needed to be a pluralist approach which suited the needs of localities rather than being dictated by the centre. It was noted that there were variations in the performance of Health and Wellbeing Boards but the report was a good and useful starting point. The Board were keen to progress this matter and to take ownership of it, in particular they felt that we should set ambitious principles as the basis for devolving powers to Health and Wellbeing Boards.

Decision

The Board **noted** and welcomed the report progress so far. They asked for paragraphs 10.2 and 11.4 to be revised to indicate the need for a more ambitious approach.

5 2015 Care and Health Improvement and Integration Programme and Better Care Fund Update

Andrew Webster introduced the report, which sought Board approval and direction on the broad range and approach to the 2015/16 Care and Health Integrated Programme.

Decision

The Board **noted** the report and would send any comments direct to Andrew Webster. These comments would be taken into account in negotiations and agreements with the programme sponsors.

The Board **noted** the update on the Better Care Fund.

6 Public Health update

The report provided an update on the transfer of responsibilities for the commissioning of public health responsibilities for 0-5 year olds from NHS England to local government on 1 October 2015 and an update on tobacco control and public health workforce matters since January 2015.

A Public Health survey was tabled at the meeting which was welcomed.

The Board **noted** the report and requested that a report should be submitted to the next meeting on Public Health prevention.

7 Notes from the previous meetings

The minutes of the following meetings were **agreed**:

- a) Board meeting on 2 December 2014.
- b) Joint Board and Health Accountability Forum on 2 December 2014.
- c) Joint Lead Members meeting- CWB and Children and Young People on 8 January 2015.

It was **agreed** that the minutes of the Joint Resources and CW Board Lead Members meeting on 25 February 2015 would be submitted to the next Intra-Board newsletter.

8 Outside bodies, external meetings and other CWB business updates

Members **noted** the report, which covered a wide range of issues.

It was also **noted** that there had not been any written response from the Minister concerning winter pressures.

It was also noted that Cllr Lynn Travis had given apologies for absence for the next meeting and it was requested by Cllr Elaine Atkinson that the next Intra-Board newsletter would refer to the Skills for Care meeting with Lead Members from Community Wellbeing and Resources Boards on 25 February and a meeting she had attended on FGM.

Appendix A -Attendance

Position/Role	Councillor	Authority
Chair		Bolton Council
Deputy-chair	Cllr Gillian Ford	Havering London Borough Council

Members	Cllr Barbara Cannon Cllr Fay Howard Cllr Iain Malcolm Cllr Lib Peck Cllr Sandra Samuels Cllr Lynn Travis Cllr Elaine Atkinson Cllr Louise Goldsmith Cllr Andrew Gravells Cllr Colin Noble Cllr Vic Pritchard Cllr Kenneth Taylor OBE Cllr Mark Ereira	Allerdale Borough Council Swindon Borough Council South Tyneside Metropolitan Borough Council Lambeth London Borough Council Wolverhampton City Council Tameside Metropolitan Borough Council Borough of Poole West Sussex County Council Gloucestershire County Council Suffolk County Council Bath & North East Somerset Council Coventry City Council Suffolk County Council
Apologies	Cllr Izzi Seccombe Cllr Jason Zadrozny	Warwickshire County Council Ashfield District Council
In Attendance		
LGA Officers		

Update on other Board Business

Purpose of report

For information and comment.

Summary

Members to note the following updates:

- Comprehensive Spending Review
- Outside Bodies and external meetings
- Future of Health and Wellbeing Boards
- Piecing it together: Effective scrutiny of health and social care integration
- All Party Parliamentary Group on Patient and Public Engagement inquiry on Health and Social Care Complaints Handling
- Councillor development on complaints
- Independent report about the future of health and social care
- 2015 Care and Health Improvement Programme Update
- Care Act 2014 Implementation
- Transforming Care Programme Update
- Task and Finish Group on Ageing
- 0-5 Public Health Transfer update
- Child and Adolescent Mental Health update
- Making it work – taking a whole system commissioning approach to sexual health
- Devolution in public health
- Future of Tobacco Control
- The Fire Service and Public Health
- Public Health Budget

Recommendations

Members of the Community Wellbeing Board are asked to:

1. **Provide oral updates** on any other outside bodies / external meetings they may have attended on behalf of the Community Wellbeing Board since the last Board in November; and
2. **Note** the updates contained in the report.

Action

As directed by members.

Contact officer: Sally Burlington
Position: Head of Programmes
Phone no: 020 7664 3099
E-mail: Sally.Burlington@local.gov.uk

Update on other Board Business

Comprehensive Spending Review

1. The LGA has been developing its corporate submission for the forthcoming Comprehensive Spending Review, which will be published at the LGA Annual Conference.
2. The submission includes a set of asks around adult social care and health that build on the Board's long-standing positions on a number of key areas including social care funding, carers, integration and public health. The submission also reflects CWB Member comments from the social care funding discussion at the March Board. A separate thematic submission, just on social care and health, is being developed jointly with ADASS. This will provide more evidence of the pressures facing the system and will explore the main submission's proposals in more detail.
3. The submission will be agreed by LGA Executive and CWB lead members have commented on the main asks for care and health.
4. Over the coming weeks senior LGA officers will continue discussions with the Department of Health, Treasury and the Department of Communities and Local Government to articulate the pressures facing the adult social care system and push for adequate funding and meaningful integration through a bigger and better BCF. These discussions are happening at pace and CWB lead members will be updated regularly for input and steers as the discussions continue.

Outside Bodies and External meetings

5. Dementia Friendly Workforce- launch of the Alzheimer's Society resource- Cllr Gillian Ford- 21 April 2015.
6. Smoking in Pregnancy Challenge Group- defining the challenge for the future-Cllr Jonathan McShane- 21 May 2015.

Future of Health and Wellbeing Boards

7. The LGA and NHS Clinical Commissioners will be publishing a joint report on the future of Health and Wellbeing Boards on 30 June at the LGA Annual Conference. The report sets out an ambitious vision for health and wellbeing boards as the system leaders of a place-based approach to health and wellbeing and proposes action at local and national level to achieve it. The proposals are drawn from a series of consultative workshops with HWB chairs and vice-chairs, in which several of the Community Wellbeing Board members participated and took a leading role. All CWB members have had an opportunity to comment on the document and we are immensely grateful for the constructive suggestions for improving it. We have worked hard to incorporate all the comments and the document is far stronger as a result.

Piecing it together: Effective scrutiny of health and social care integration

8. The LGA commissioned the Centre for Public Scrutiny to produce a report on the role of health overview and scrutiny in improving local integration plans. We worked with Devon County Council, South Tyneside and Wiltshire Councils to facilitate a series of in-depth inquiry days with local system leaders to discuss the role of scrutiny in integration plans, in particular in shaping the Better Care Fund locally. The findings of the national report are drawn from the discussion at the inquiry days. The report will be launched at the Centre for Public Scrutiny Annual Conference on 2 – 3 June.

All Party Parliamentary Group on Patient and Public Engagement inquiry on Health and Social Care Complaints Handling

9. The LGA, ADASS and the National Complaints Managers Group have submitted joint evidence to the APPG inquiry on complaints handling. We highlighted the important role of elected members in ensuring that local health and care complaints processes are accessible, timely and effective in resolving complaints locally to avoid unnecessary escalation. We also emphasised the importance of elected members using complaints trend data to pick up quality concerns and inform commissioning.

Councillor development on complaints

10. The CWB Team has worked with the LGA's Leadership and Localism Team and the Local Government Ombudsman to produce a workbook for councillors on their role in supporting residents on health and social care complaints. The publication is available at: http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10180/7159167/PUBLICATION. The workbook is also available as an e learning resource as the third module in the suite of e learning modules delivered in the 2014-15 financial year. To receive access to the site for the first time, please email elarning@local.gov.uk. You will then be sent a user name and password. Once you have received them, you will be able to access the site by clicking the hyperlink below <http://lms.learningnexus.co.uk/LGA/>

Independent report about the future of health and social care

11. Towards the end of 2014 the LGA commissioned Ernst and Young to produce an independent report about the future of health and social care, to help inform the LGA's future position on issues relating to integration, health and social care. The report is now finalised and ready to be published, and the results will contribute to the LGA's submission on the spending review. The primary message within the report is about the need to shift focus from crisis management in the NHS to prevention and integration across health and social care with public health, and the system needs a range of freedoms to deliver this including a transformation fund, a bigger BCF and a radical transformation of the financial incentives within the system.

Care and Health Improvement Programme – Update

The 2015/16 Programme

12. The LGA has used its experience of successfully working with the Department of Health since 2012 on a range of social care improvement and health integration

programmes, to inform the development of the *Care and Health Improvement Programme* for this year.

13. In developing the Programme, the LGA listened very carefully to what local authorities, regional leaders and professional associations told us they want. These views were tested and ratified by Lead Members from this Board in February 2015. The consensus is a continuation of a sector-led improvement programme that recognises the significant change that is happening within the care and health sector, and provides the support and capacity to help local authorities improve services and manage change in a coherent and planned way.
14. The Programme therefore will seek to help ***improve outcomes for local people by helping local authorities and Health and Wellbeing Boards*** to:

Objective	Sub-objective
<i>Deliver better quality care and health</i>	<ul style="list-style-type: none"> • To support a joined up and consistent approach to the delivery of sustainable social care and health services • To support the effective implementation of the Care Act • To facilitate joined-up working across partners and providers to support the effective presentation, delivery and sharing of data across the health and social care sectors • To provide bespoke support to local authorities and Health and Wellbeing Boards as required to assist with service improvement and implementation
<i>Embed Health and Wellbeing Boards as place-based health and care leaders</i>	<ul style="list-style-type: none"> • To support Health and Wellbeing Boards to become system leaders and encourage the integration of health and social care services by councils
<i>Make care and health sustainable locally</i>	<ul style="list-style-type: none"> • To support the development of measures that increase the resilience of services • To encourage the protection of services for the vulnerable and those at risk of harm • To support councils overcome barriers in the care of people with learning disabilities or mental health conditions
<i>Use sector-led improvement to enable local authorities to increase public, regulator and government confidence in local care and health services</i>	<ul style="list-style-type: none"> • To identify and share good practice to support service improvement

15. This broad and challenging programme responds to local and national needs. Its key areas include:
 - 15.1 *Social Care Improvement*: addressing risk management, resilience, workforce, safeguarding, learning disabilities and mental health and improvement;
 - 15.2 *Health and Wellbeing Boards*: supporting systems leaders to be effective in their roles and to plan ahead;
 - 15.3 *Care Act*: helping local authorities to embed the Act's social care changes and plan for its funding;
 - 15.4 *Integration*: supporting local authorities to deliver their approved better care fund plans and prepare for the second year of the fund; and
 - 15.5 *Informatics*: helping authorities and clinical commissioning groups share data to improve the delivery of care services.

Post-Election Review

16. The Programme is governed through a Memorandum of Understanding with the Department of Health. The Conservative government's new policy direction, principally set out in their manifesto, will have an impact on the Programme. In order to ensure that the Programme continues to support local authorities to respond to emerging priorities (Ministerial, policy and operational), a review of the Programme will begin in July 2015.

Benefits to local authorities

17. Local authorities, and their social care departments in particular, are facing unprecedented changes, increased demands and the growing impact of austerity. The range, scope and pace of change is significant and far reaching with implementation of the Care Act being part complete, the future nature of the Better Care Fund being uncertain, and Health and Wellbeing Boards taking an increasingly strategic role in the local health economy. At the same time an aging population is placing ever increasing demands on services and the Care Act brings a new client group (carers) within the scope of local authorities' responsibilities. This coupled with on-going austerity is placing increasing pressures on local authorities.
18. The needs and requirements of the sector have been placed at the heart of the *Care and Health Improvement Programme* in 2015/16. The structuring of the Programme reflects the inter-relationships between legislation and policy initiatives at a local level. For example, the links between the Care Act implementation and adult safeguarding or the Better Care Fund and integration pioneers are recognised.

Offer to the Sector

19. The Programme provides for a broad range of support to local authorities and Health and Wellbeing Boards including:

Leadership support

- 19.1.1 Leadership essentials for Health and Wellbeing Board Chairs and Vice Chairs;
- 19.1.2 Induction sessions for new Health and Wellbeing Board Chairs and Vice Chairs; and
- 19.1.3 Leadership training for Directors of Social Care

Peer challenge, support and diagnosis

- 19.2.1 Health and Wellbeing Peer Challenges and follow-up support;
- 19.2.2 Social Care Commissioning Peer Challenges and follow-up support;
- 19.2.3 Social care practice deep dives to support implementation and improvement;
- 19.2.4 Risk assessment identification and management;

Integration, implementation and improvement support

- 19.3.1 Products and tools to support implementation of the Care Act, Adult Safeguarding Boards, Safeguarding and Commissioning for Better Outcomes;
- 19.3.2 Supporting local authorities and their Clinical Commissioning Group partners to redefine the way people with mental health and challenging behaviour are cared for locally; and
- 19.3.3 Products and tools to support the Better Care Fund;
- 19.3.4 Bespoke support to those places and areas that require it

Public reporting and analysis

- 19.4.1 Social Care Annual Report
- 19.4.2 Use of Resources
- 19.4.3 Area profiles for adult social care, public health and Health & Wellbeing areas

Regional Networks

- 19.5.1 Supporting networks of regional Lead Members, Health & Wellbeing Chairs, Chief Executives, Directors of Social Care and operation managers to share information, best practice and experience; and
- 19.5.2 Providing expert senior Care and Health Improvement Advisers, working with LGA Principal Advisers, to support improvement and change locally;

Care Act 2014 Implementation

20. Part 1, the social care reforms, of the Care Act came into effect on 1 April 2015 as planned, with the exception of a clause requiring local authorities to procure care for self-funders if requested. Local authorities have successfully implemented this part of the Act and are now embedding the new requirements into their services. With ADASS we are monitoring take-up of the of assessments and carers assessments in order to assess demand and the impact on budgets.
21. We have worked with a range of stakeholders to develop a prioritised list of national support for the forthcoming year. Eight requirements have been identified and funding for them was agreed by the Care and Support Reform Programme Board in March. The support offer will build on existing resources and networks – and we will work with other national programmes, such as the Better Care Fund, and national partner organisations to make it as coherent as possible for local staff. As in 2014-15, regional Association of Directors of Adult Social Services (ADASS) structures will be key to administering and delivering much of the support.
22. Consultation on the funding reforms is now closed and we are working with the Department of Health and ADASS to jointly model the impact of the changes. The results of the modelling exercise are due in late June. The timetable for implementing the funding reform changes required from April 2016 are very tight and require a clear decisions to be made by the Department of Health by the end of June 2015. Delays or uncertainty beyond this date will make it significantly more difficult to implement the funding reforms.
23. The latest Care Act Stocktake (January 2015) looked at readiness to implement the changes required in April 2016. Despite the exact details of the changes not yet being finalised, 90 per cent of councils reported that they are very or fairly confident they will be able to deliver them. The next stocktake is currently underway and will report in early July. We plan to work with local councils over the summer to determine what nationally provided support will be most useful to help them implement the cap on care costs and associated reforms over the next year or so.

Transforming Care (formerly Winterbourne View Joint Improvement Programme) Programme Update

24. The Local Government Association is working with key national organisations to support the delivery of Transforming Care, aimed at improving care and support for people with learning disabilities and/or autism and mental health problems or behaviour that challenges.
25. The programme of work for Transforming Care was outlined in Transforming Care – the Next Steps and is being taken forward jointly by NHS England, the Association of Directors of Adult Social Services, Care Quality Commission, Local Government Association, Health Education England and the Department of Health.
26. It focuses on five key work strands of activity:

- 26.1 **Empowering individuals** – giving people with learning disabilities and/or autism, and their families, more choice and say in the care and support that they need;
- 26.2 **Getting the right care in the right place** – ensuring that people are receiving high quality care and support, with a focus on supporting people in their local communities;
- 26.3 **Regulation and inspection** – tightening the regulation and inspection of providers to drive up the quality of care;
- 26.4 **Workforce** – developing the skills and capacity of the workforce; and
- 26.5 **Data and information** – making sure the right information is available at the right time, and continuing to track and report progress.
27. The LGA is closely involved, in particular, in two of these workstrands: Empowering individuals and Getting the right care in the right place. We have set out below recent progress made in respect of these two workstreams.
28. **Empowering individuals.** The workstream includes work with partners in the development of three resources: i) a series of fact sheets for families (being produced by Mencap and the Challenging Behaviour Foundation) ii) a discharge pack for people in inpatient care, which has been produced by CHANGE and iii) a Hospitals are Not Homes booklet commissioned by the National Forum and National Valuing Families Forum to facilitate local accountability.
29. **Getting the Right Care in the Right Place.** Work on this workstream has been progressing well. For example a pilot to test a system for preventing unnecessary admissions has been completed and all Care and Treatment Reviews (CTRs) for patients in Assessment and Treatment Units have been completed. Protocols for CTRs for restricted patients and under 18s have been developed with MoJ and DfE. Work is also progressing well on the Future Service Model. The first meeting of the Expert Reference Group was held on the 29 May and core progress is being maintained with a view to formal consultation on the model over the Summer.

Task and Finish Group on Ageing

30. The purpose of the ageing task and finish group was to explore the challenges and opportunities that an ageing population presents for local government and communities, now and over the next 20-30 years. The group was made up of lead members, drawn from Boards across the LGA, and representatives from key organisations – whose role was to oversee the project as a whole and to review emerging themes, conclusions and recommendations:
- 30.1 A focused **literature review** of the evidence in this area, provided by the University of Southampton particularly looking at the implications from a local government perspective. This has been published as part of the 'Need to Know' series -
<http://www.local.gov.uk/documents/10180/11551/Ageing+Population+digital.pdf/f5e2ee9b-254a-45fd-9b59-dfadf6d8f250>

30.2 **Evidence** of the positive work that local councils are currently engaged in in this area. A draft report - ***ageing: a strategic opportunity for local government***. This report will be launched on 24th June 2015.

0-5 Public Health Transfer update

31. In March we sent out a local authority self-assessment on the state of readiness for the transfer. We received a 100% response rate from local authorities, the results showed that 97% of councils are confident that commissioning arrangements will be fully operational in their council from 1st October 2015 and that there is good joint working with NHS England and providers to transfer these services.
32. It also showed 96% are very or fairly confident that their transitional arrangements are clear and achievable and 99% are confident about their governance arrangements.
33. Whilst it showed that there are high levels of confidence in many areas and few remaining issues, it identified the following outstanding issues;
 - 33.1 Data collection, reporting arrangements and concerns about the quality of data;
 - 33.2 Child Health Information Services (CHIS). Whilst the majority of councils are confident that CHIS is being improved (70%) and will achieve compliance (61%), regional feedback suggested that there is a perception locally that the system will not be improved by 2020 which is resulting in a lack of confidence; and
 - 33.3 Concerns about the move from commissioning from a registered to a resident population and the implications this has on cross charging for resident populations that are registered out of area. This issue was consistently raised by the Regional Oversight Groups.
34. The LGA is following up with the few councils who expressed low confidence levels to offer support. We are also working with NHS England and Public Health England to address the above issues. PHE is developing proposals for an interim national reporting arrangement for data collection and will engage local authorities in June to seek their views on the proposals.
35. Local authorities also raised that they would like examples of good practice to be shared more widely to support them to transform and embed these services. The LGA is working with partners to share good practice with councils and develop support tools.

Child and Adolescent Mental Health Update

36. In March the Department of Health and NHS England published the Report of the Children and Young People's Mental Health Taskforce, which sets out the changes which need to take place at both local and national levels to improve the system. CWB lead members played an active role in contributing to this work.

37. The Government announced in the budget a package of funding to improve child and adolescent mental health services. This included investing over £1 billion over the next 5 years to start new access standards, providing £118 million by 2018- 19 to complete the roll-out of the Children and Young People's Increasing Access to Psychological Therapies, and investing £75 million over the next 5 years in maternal mental ill health services. The Department for Education will also provide an additional £1.5 million towards piloting joint training for designated leads in Child and Adolescent Mental Health Services (CAMHS) and schools to improve access to mental health services for children and young people, including the most vulnerable.
38. We have long called for more money to support children and young people's mental health services and we are pleased to see that there are plans to invest additional funding into these services which could improve much needed access to these vital services for thousands more young people. However, we still need to see the whole system properly funded and partners at both national and local levels working together to implement the recommendations from the Taskforce.
39. We are very keen to work with the Department and NHS England to take forward work on children and young people's mental health as a joint endeavour and are having early discussions to establish next steps. We are clear that a joint approach that promotes strong and accountable local leadership is needed to ensure there are co-ordinated commissioning arrangements to genuinely improve outcomes in children and young people's mental health.

Making it work- taking a whole system commissioning approach to sexual health

40. Public Health England, the Local Government Association and NHS England are hosting two national events on 9 June (London) and 25 June (Leeds) following the publication of *Making It Work – taking a whole system commissioning approach to sexual health* last September. The events will be practical and forward looking, drawing on the experience of local areas in developing a whole system approach to commissioning and putting the patient at the centre. The LGA will also be publishing *Sexual health commissioning in local government: building strong relationships, meeting local need*.

Devolution and Public Health

41. Last month the LGA published *English Devolution: Local Solutions for a Healthy Nation* a collection of essays from key opinion formers on the implications of devolution on public health, and the opportunities that will bring in terms of how resources are effectively deployed to improve health and reduce long-standing health inequalities.

Future of Tobacco Control

42. Substantial progress has been made over recent years in tackling the harm caused by smoking, but our work is far from over. Despite great strides forward, smoking rates remain far too high, particularly among our most disadvantaged communities, and around 80,000 people a year in England are still dying prematurely from a smoking-related disease. This is more than the next six causes of premature death

put together. Smoking is also a major cause of health inequalities in the UK, accounting for half the difference in life expectancy between the richest and poorest.

43. It is therefore vital that we maintain progress and ensure that local government is well equipped to deal with the challenges ahead.
44. The Future of Tobacco Control, a conference for local government leaders and professionals, which will be hosted jointly by the Association of Directors of Public Health (ADPH), Action on Smoking and Health (ASH), the Local Government Association (LGA) and Public Health England (PHE). The event is taking place on Tuesday 7 July 2015 at Local Government House, and will provide an opportunity for elected members and senior officials from local government to hear from national and local experts on key topics and to explore the next steps in local tobacco control.

The Fire Service and Public Health

45. This month we launched *Beyond fighting fires: The role of the fire and rescue service in improving the public's health*. This resource commissioned by the Local Government Association describes how the fire and rescue service is working to improve health and wellbeing. The case studies were chosen because they show a range of ways in which the fire and rescue service puts prevention and tackling health inequalities at its heart.

Public Health Budget

46. The LGA held a meeting with Department of Health and Public Health England officials and Public Health Finance Officers on Monday 2 June to discuss the forthcoming Spending Review and the implications for the Public Health Budget in 2016/17 and beyond.

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: 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

