

Community Wellbeing Board

Agenda

Wednesday, 29 November 2017
11.00 am

Smith Square 1&2, Ground Floor, 18 Smith Square, London, SW1P 3HZ - 18 Smith Square

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

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LGA Community Wellbeing Board

29 November 2017

There will be a meeting of the Community Wellbeing Board at **11.00 am on Wednesday, 29 November 2017** Smith Square 1&2, Ground Floor, 18 Smith Square, London, SW1P 3HZ - 18 Smith Square.

A sandwich lunch will be available after the meeting.

Attendance Sheet:

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Apologies:

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Conservative:	Group Office: 020 7664 3223	email: lgaconservatives@local.gov.uk
Labour:	Group Office: 020 7664 3334	email: Labour.GroupLGA@local.gov.uk
Independent:	Group Office: 020 7664 3224	email: independent.grouplga@local.gov.uk
Liberal Democrat:	Group Office: 020 7664 3235	email: libdem@local.gov.uk

Location:

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

LGA Contact:

Alexander Saul
0207 664 3232 / alexander.saul@local.gov.uk

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Community Wellbeing Board – Membership 2017/2018

Councillor	Authority
Conservative (8)	
Izzi Seccombe OBE (Chairman)	Warwickshire County Council
Nigel Ashton	North Somerset Council
Gareth Barnard	Bracknell Forest Borough Council
Liz Fairhurst	Hampshire County Council
Liz Mallinson	Cumbria County Council
Sue Woolley	Lincolnshire County Council
Jonathan Owen	East Riding of Yorkshire Council
Graham Gibbens	Kent County Council
Substitutes	
Elaine Atkinson OBE	Borough of Poole
Olivia Sanders	Brentwood Borough Council
Labour (7)	
Linda Thomas (Vice-Chair)	Bolton Council
Jonathan McShane	Hackney London Borough Council
Lynn Travis	Tameside Metropolitan Borough Council
Shabir Pandor	Kirklees Metropolitan Council
Paulette Hamilton	Birmingham City Council
Jackie Meldrum	Lambeth London Borough Council
Rachel Eden	Reading Borough Council
Substitutes	
Mohammed Iqbal	Pendle Borough Council
Robin Moss	Bath & North East Somerset Council
Liberal Democrat (2)	
Richard Kemp CBE (Deputy Chair)	Liverpool City Council
Doreen Huddart	Newcastle upon Tyne City Council
Substitutes	
Rob Rotchell	Cornwall Council
Independent (2)	
Mayor Kate Allsop (Deputy Chair)	Mansfield District Council
Claire Wright	Devon County Council
Substitutes	
Neil Burden	Cornwall Council
Ian Cruise	Birmingham City Council

LGA Community Wellbeing Board Attendance 2017-2018

Councillors	28/9/17
Conservative	
Izzi Seccombe OBE	Yes
Nigel Ashton	Yes
Gareth Barnard	Yes
Liz Fairhurst	No
Liz Mallinson	No
Sue Woolley	Yes
Jonathen Owen	No
Graham Gibbens	Yes
Labour	
Linda Thomas	Yes
Jonathan McShane	No
Lynn Travis	No
Shabir Pandor	Yes
Paulette Hamilton	Yes
Jackie Meldrum	Yes
Rachel Eden	Yes
Lib Dem	
Richard Kemp CBE	Yes
Doreen Huddart	Yes
Independent	
Mayor Kate Allsop	Yes
Claire Wright	Yes
Substitutes/Observer	
Olivia Sanders	Yes

Agenda

Community Wellbeing Board

Wednesday 29 November 2017

11.00 am

Smith Square 1&2, Ground Floor, 18 Smith Square, London, SW1P 3HZ

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1. Welcome, Apologies and Declarations of interest	
2. Presentation from Dr Charles Alessi	
Dr Charles Alessi, Senior Advisor and lead for preventable dementia in Public Health England, will speak to the Board on his work around productive ageing.	
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Date of Next Meeting: Wednesday, 21 February 2018, 11.00 am,
Westminster Suite, 8th Floor, 18 Smith Square, London, SW1P 3HZ



Supported Housing Update

Purpose of report

For information.

Summary

On 31 October, Government published a new consultation on supported housing funding with a closing date of 23 January 2018. Government confirmed that the Local Housing Allowance (LHA) rate would not apply to supported housing or wider social housing, which was welcomed by the LGA. This report summarises the consultation and seeks a steer on next steps to involve councils in developing the LGA's response.

Recommendation

That Members of the Community Wellbeing Board are invited to share any initial comments in response to the consultation and to give any further steer on the next steps proposed in paragraph 20.

Action

To be taken forward by officers in line with Members' steer.

Contact officer: Laura Caton
Position: Senior Adviser
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Supported Housing Update

Background

1. Supported housing provides a vital bridge between housing, support, health and care. It can bring together the positive elements of good quality build in the right locations with support for the needs of the vulnerable individual, alongside help and care for that individual so they can live a fulfilling life with positive outcomes.
2. In the Autumn Statement 2015, Government announced its intention to apply the Local Housing Allowance (LHA) rates to social rents, including social housing, with effect from 2018. The implementation date was subsequently deferred to April 2019.
3. The LGA's February 2017 response to Government consultation on applying the LHA rates to supported housing highlighted significant concerns because it failed to take into account the higher cost of this type of housing and the fact costs are less susceptible to regional variations. This posed a significant financial risk to councils and providers.
4. On 31 October, Government tabled a [written Ministerial statement](#) on supported housing and published a new [consultation](#) on future funding with a closing date of 23 January 2018. Government confirmed that the Local Housing Allowance (LHA) rate would not apply to supported housing or wider social housing, which was [welcomed](#) by the LGA. In order to properly plan for the new approach, the Government has further deferred implementation until April 2020.
5. The LGA ensured councils were fully involved in earlier consultations. This included Cllr Izzi Seccombe chairing a Task and Finish Group on roles and responsibilities in response to the previous proposals.
6. This policy area is jointly steered by the Community Wellbeing, Resources and Environment, Economy, Housing and Transport Boards. Interaction between the proposed changes and the reformed benefits system is a particularly key issue to ensure fair and timely access to appropriate supported housing.

Summary of the Proposals and Initial Implications

7. Through its reforms, the Government aims to improve health and wellbeing outcomes for vulnerable people, achieve better value for money, reflect welfare reform and give local areas greater oversight over supported housing provision.
8. Members previously agreed a set of principles (Appendix A) upon which we think future funding models should be based and we suggest these are the starting point for developing our consultation response.

9. The Government recognises that a once-size-fits all approach will not work for supported housing and proposes three different models alongside a new planning and oversight regime:
10. **Sheltered and extra care (mainly older people)** – this will continue to be administered through the welfare system via a new “sheltered housing” rent that will seek to balance the higher costs of this type of housing with the need to secure value for money for the public purse. The “sheltered housing” rent will cover rent and service charges and will be set by the social housing regulator (in consultation with the sector), in line with the existing approach to social rents. We will want to ensure that “sheltered housing” rent covers housing costs and enables adequate provision. There also needs to be sufficient funding for support costs, which are mainly funded from social care budgets.
 - 10.1. The Government is seeking views on the definition of sheltered housing and extra care, the level at which to set the “sheltered rent” and whether or not bands would help to reflect different levels of need, and what drives variations in eligible service charges.
11. **Long term (mainly working age adults supported to live independently)** – this will continue to be administered through the welfare system as it currently is i.e. Housing Benefit/Universal Credit. Over the next couple of years, the Government is keen to work with councils and providers to look at securing the best possible value for money, quality and appropriate cost control. The Department of Health (DH) will lead this with the Department for Work & Pensions (DWP) and of course we will want to be fully involved.
 - 11.1. There are no questions relating to this model because it will be taken forward on a longer timeframe than this consultation. However that does not preclude us from offering comments on councils’ role in relation to long term accommodation and the need to take a strategic overview of supported housing as a whole
12. **Short term and transitional (people experiencing temporary crisis such as homelessness, offenders and domestic abuse)** - this will be taken out of the welfare regime and 100 per cent funded through a new DCLG ring-fenced block grant to English councils, potentially strengthening councils’ commissioning and oversight role. All the funding for short term supported housing costs that was due to be funded by Housing Benefit in 2020 will be transferred from DWP to DCLG and distributed to upper and single tier councils in April 2020. Given the funding pressures facing councils, a key concern will be ensuring that DWP and DCLG understands future costs so that sufficient ongoing funding is transferred to councils through the new grant. This will need to reflect that some people seek support in a new place after fleeing from abuse. Clearly there will be some national monitoring and oversight attached to the grant. We will want to ensure that it is proportionate and is taken forward through existing local partnerships whenever possible.

13. The Government has recognised that arrangements for people fleeing domestic violence will need to reflect the review of refuge provision in England that is expected to report in November 2018.

13.1. The Government is seeking views on the definition of short term accommodation and the detailed design features that would help to provide the necessary assurance that costs will be met.

14. **Planning and oversight** - DCLG has also published a draft “National Statement of Expectation”. This proposes asking councils to develop a strategic five-year supported housing plan (which can link to existing local plans) and to carry out a needs assessment of all the client groups for short term accommodation. It also suggests what DCLG would like to see being delivered on the ground, such as fair access and support which keeps people independent. We will want to ensure these arrangements reflect existing local partnerships whenever possible - particularly Health and Wellbeing Boards, are not onerous and in line with our corporate sector-led improvement approach and the Care and Health Improvement Programme.

14.1. The Government is seeking views on the draft “National Statement of Expectation” and suggestions for detailed guidance. It also asks about existing supported housing plans, partnerships and need assessments, links to other plans and strategies and the implementation timeframe.

15. Given the additional responsibilities for councils, a full New Burdens assessment will shortly be published.

16. Our overall concern will be to ensure that supported housing remains fully funded now and in the future so that vulnerable residents live independent and fulfilled lives and there is a growing and stable market that keeps pace with demand. This includes social care costs which are beyond the scope of this consultation but critical to the future of supported housing. We want to provide a person-centred approach and increase the supply of supported housing, which means sustainably funding both the housing and the support.

17. Councils will need adequate time to plan and prepare for implementing a new approach with robust advance testing of the models and flexibility to work within a range of local contexts.

Next Steps

18. DCLG is very keen to engage with us and councils during the consultation phase. We have invited councils to an LGA event on Monday 4 December to give them the opportunity to help shape our response. This will build upon a similar event we held in



January. We have also promoted the consultation to councils and invited feedback through the Chief Executive's bulletin and other relevant bulletins.

19. Members are invited to share initial feedback at the Board or with officers outside of the meeting.

20. We would welcome Members' steer on the following proposed actions:

20.1. Following the 4 December event, collate feedback from councils and seek a steer from Lead Members for relevant Boards on key messages for the LGA response, drawing upon the principles set out in Appendix A.

20.2. In early January, share the draft LGA response with Lead Members for relevant Boards for comments and clearance ahead of the 23 January deadline.

20.3. Continue to engage DCLG, DWP and DH to ensure robust local government engagement in the consultation, including appropriate political-level engagement.

20.4. Continue to seek feedback and keep councils updated on the LGA's response through the Community Wellbeing and other relevant bulletins.

20.5. Continue to engage with key national partners and organisations, such as ADASS.

Next Steps

21. Members are invited to share any initial comments in response to the consultation and to give any further steer on the proposed actions in paragraph 20.

Implications for Wales

22. Under the proposals, short-term supported housing will be funded through a new ring-fenced grant to councils in England. In Wales, an equivalent amount will be provided and it will be for the Welsh Assembly to decide how best to allocate funding.

Financial Implications

23. The Government's proposals will have financial implications for councils which will be reflected in the LGA's response.

Appendix A: LGA Principles to underpin supported housing reform

1. Place at the centre of any decision the needs and choice of the vulnerable person or people, their family and carers, enabling them to realise positive outcomes.
2. Recognise that councils have the ultimate responsibility, backed by democratic mandate, to support, safeguard, care for and house vulnerable members of their community.
3. Recognise that local councils, as local public services accountable to local people, are best placed to determine, commission and deliver based on local needs.
4. Enable the continued development of more supported housing and similar accommodation, as fundamental to sustainably meeting the future needs of an ageing population, to supporting people with disabilities or mental health issues to live independently and to enabling people experiencing homelessness or domestic abuse to have a safe home as they transition to permanent accommodation.
5. Enable councils to continue to work in partnership with their supported housing providers and recognise the need for certainty within the market to enable development to continue.
6. Not put council budgets under additional financial pressure, in particular, social care budgets.
7. Interact with the reformed benefits system in a way that is fair, accessible and transparent for tenants (and, where relevant, carers), councils and providers.
8. Ensure that the total supported housing package is adequately funded, including the rent, eligible housing related costs, support and care.
9. Be based on the recognition, as set out in the Care Act, that housing is a key component of health and care, and is the foundation upon which vulnerable people can achieve a positive quality of life.
10. Be flexible enough to provide for the wide spectrum of needs residents of supported housing have, many of which may be interlinked, and to respond to demand increases in both the volume and complexity of people's needs.
11. Minimise bureaucracy and administrative costs.
12. Be explicit about any new burdens or duties on councils being proposed, on the understanding that these will be fully funded.
13. Base any measurement of quality and value for money on the achievement of outcomes for the vulnerable person in receipt of the housing, and not just the level of rent charged.
14. Recognise that the quality and functionality of the property underpins the ability to give and receive good care.



Better Care Fund

Purpose of report

For discussion.

Summary

This report updates the Board on developments on the Better Care Fund (BCF) and Improved Better Care Fund (iBCF), and the Care and Health Improvement Programme's support offer on delayed transfers of care. It also outlines the proposed LGA messages on the future of BCF and iBCF for discussion by the Board.

Recommendations

That the Community Wellbeing Board:

1. Notes the developments in relation to BCF and iBCF; and
2. Comment on and endorse the proposed key messages for the future of BCF outlined in paragraphs 19.1 – 19.4.

Action

Officers to action as directed by the Board.

Contact officer: Alyson Morley
Position: Senior Adviser
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Better Care Fund

Background

1. This paper provides an update on recent developments with regard to the Better Care Fund (BCF) and improved Better Care Fund (iBCF) along with the LGA response. It summarises the support offer the Care and Health Improvement Programme (CHIP) has put in place for councils and NHS partners to deliver quality and timely care, including meeting specific local needs on winter preparedness and delayed transfers of care (DTC).
2. The paper also outlines the sector's significant concerns regarding BCF and proposes new policy messages with regard to the future of BCF and iBCF, for discussion and agreement by the Board.

Issues

Recent Developments on BCF and iBCF

3. Councils are firmly committed to working with Government and the NHS to improve the health and wellbeing of our citizens, to develop sustainable care and support systems and to ensure that no one remains in hospital longer than necessary. The BCF, developed during the 2013 Spending Round discussions and introduced in 2015, is the key mechanism for driving integration of health and social care services, improve the experience and outcomes for individuals by providing preventative and community-based support and reduce pressure on health services. Since its inception, however, the BCF and latterly the iBCF has strayed some way from its original broad objectives towards a nationally directed focus on DTC.
4. The LGA and many councils have been deeply concerned at recent developments on the BCF and iBCF, in particular the increasing focus on DTC, and the introduction in-year of a separate reductions target for councils and Clinical Commissioning Groups (CCGs). Many local leaders have told us that effective local partnership working between health and social care is being undermined by increasing national direction. We have consistently argued at the highest levels of Government and the NHS that national efforts need to support more effective joint working locally and the LGA is committed to help deliver this.
5. We are clear that increasing national concentration by the Department of Health (DH), the Department for Communities and Local Government (DCLG) and NHS England on DTC – and more specifically to DTC attributable to adult social care - will only partly address other system-wide challenges. DTC are a symptom of pressures across the whole of our care and health system and our collective efforts should be directed towards tackling those pressures.

6. However, the Government and NHS England have made clear that they will continue to focus sharply on each council's DTOC performance. This focus was reinforced in joint letters from the Secretary of State for Health and the Secretary of State for Communities and Local Government sent on 10 October 2017 to all councils with adult social care responsibilities. These letters underlined the importance of effective action to reduce adult social care DTOCs and emphasised that councils' performance would be considered as part of the review of iBCF allocations in 2018/19. Seventeen councils were highlighted as performing well, 102 deemed to be 'in the middle' – not currently in line to have their iBCF allocation reviewed but could be if future performance dips – and 32 councils whose performance on DTOC put them in scope for the review.
7. The letter stated that there would be a further communication within six weeks to formally confirm the areas in scope for the review. The letters also confirmed that the likely outcome of the review will be that councils will be directed to spend the iBCF for 2018/19 on DTOC-related activity but the Secretaries of State reserve the right to reallocate funding within local government to support their priorities. At the time of writing, despite our requests for clarification, the LGA has been unable to gain any further information about the review and the impact on councils in scope for review.
8. On 6 November, Cllr Izzi Seccombe, Mark Lloyd, Chief Executive of the LGA and Margaret Willcox, President of ADASS, wrote jointly to Lead Members for adult social care, chief executives and directors of adult social services in all councils with adult social care responsibilities updating them on developments relating to the BCF and iBCF. The letter also outlined what action we are taking to support councils. The letter is attached for information as Appendix A.
9. The latest DTOC data, published on 9 November and reporting on September's performance, show that DTOC are reducing and that adult social care DTOC are decreasing at a faster rate than NHS attributable DTOC. Comparing July 2017 (when targets were set) with September 2017, social care has reduced its DTOC by 7.2 per cent and the NHS by 3.4 per cent. However, it is important to note that the performance data is for one month only and performance may vary in the future. In addition, many councils are still likely to miss the targets set for November.

Support to improve performance on DTOC

10. We recognise that performance is variable, however, and some areas would benefit from support. The Care and Health Improvement Programme (CHIP) has put in place a support offer and we are working to ensure that it is well targeted and meets specific local needs on winter preparedness. The key elements of the CHIP offer on DTOC comprise:
 - 10.1. Getting the right support into local systems and significantly increasing capacity of CHIP to provide timely and appropriate support;

- 10.2. A universal support offer to health and care systems on winter preparedness through advice to the sector on resilience, examples of good practice, scenario planning and building a library of case studies on what works on DTOC.
 - 10.3. Getting accurate weekly data on DTOC from health and social care in order to have a more accurate picture at local and national level;
 - 10.4. A shared view of the true picture across the system to aid understanding of where support will be most effectively targeted.
11. In addition, councils can check their own DTOC performance and benchmark against similar councils at the LG Inform [site](#).
 12. The LGA continues to provide wide-ranging support to councils and their partners on health and social care, including the CHIP Systems Leadership offer of universal and bespoke support to promote shared culture and leadership to drive integration. We also contribute to the Better Care Support Team and provide bespoke support through the Better Care Advisers programme.

LGA and council concerns on BCF and iBCF

13. Over recent months the LGA has worked closely with councils to understand and clearly articulate the sector's concerns both publicly in the national media and privately, such as at a private summit at the National Children and Adult Services Conference in October for Lead Members and directors for adult social care to raise their concerns about BCF and iBCF. The key concerns are summarised below:
 - 13.1. **Changed national conditions for iBCF** – the Planning Requirements for Integration and the Better Care Fund, published in July 2017, introduced an additional requirement on each council to reduce social care attributable DTOC in 2017/18 and the possibility of a review of 2018/19 iBCF allocation for areas that perform poorly against the target. The LGA was clear at the time that the changes – which were imposed in-year – are unacceptable and for many areas unachievable. Consequently, we withdrew our support for the Planning Requirements.
 - 13.2. **Uneven grant conditions** – the changes give disproportionate weight to 'reducing pressure on the NHS' and within that a narrow focus on DTOC. The Planning Requirements almost entirely overlook the two other grant conditions: meeting adult social care needs; and ensuring that the provider market is supported, both of which also provide benefit to the NHS.
 - 13.3. **Target sharing** – councils have been given equal responsibility for reducing the overall target of DTOC of a 3.5 per cent reduction required of the NHS as part of the

NHS Mandate for 2017/18 despite the fact that adult social care is responsible for less than four in ten of all DTOCs.

- 13.4. **Target setting** - the national target will be extremely challenging for many areas. Even though the most recent DTOC performance shows improvement across the board, nationally the improvement is not at the rate required by the national targets and, overall, approximately a third of the target has been achieved.
- 13.5. **Unrealistic expectations** – though we have welcomed the additional £1 billion iBCF allocation for 2017/18 (as part of the £2 billion for social care announced in the 2017 Spring Budget) we have been clear that this is not sufficient to meet the pressures facing adult social care. The vast majority of this could be absorbed by demographic pressures, inflation and National Living Wage pressures totalling £840 million. This does not include the annually occurring pressure to stabilise the provider market. For many areas, this year's iBCF allocation only helps them to stand still at 2016/17 levels.
14. The private meeting at NCASC reiterated the above concerns regarding iBCF and added others. The focus on DTOC risks taking capacity away from preventative actions that stop people going in to hospital in the first place, as well as depriving vulnerable groups who are not at risk of being admitted to hospital of vital social care. Many attendees also reported problems with accuracy of data on DTOC and incidences of misattributing or misreporting data. Furthermore, BCF assurance decisions are being made on the basis of inaccurate data and councils are not being given the opportunity to make their case and correct it.
15. At the NCASC meeting and in numerous other discussions and correspondence, council members and officers have strongly articulated their deep dissatisfaction with the overriding emphasis on adult social care DTOC performance in BCF and iBCF. Colleagues have been clear that the increasing levels of national pressure to focus on DTOC above other local action to support the care and health system has damaged local partnership working and created serious tensions in crucial local relationships with health partners.

Future of BCF

16. We still strongly believe that the best way of providing preventative, community based and joined-up care for people is through the integration of health and social care. BCF has been the Government's main vehicle for driving integration. However the experience of the BCF to date has been mixed. In some areas it has provided the necessary impetus for health and care to work together to provide personalised and community-based services to support people to remain healthy and independent. In others areas that were already working well together, innovation and creativity have been stifled by overly bureaucratic processes, heavy reporting and performance management burdens and undue national direction. BCF has drifted a long way from its original intentions: to



support local health and care leaders to drive local integration in order to get best outcomes for their citizens.

17. Therefore, we propose a return to the original aims of BCF and get rid of the onerous national assurance and performance management elements. The Board is requested to discuss and agree the following proposals:

17.1. Additional funding for adult social care needs to be channelled directly to councils to ensure that it drives integration and joined-up support; this could be achieved by BCF funding being ringfenced within the DH, in the same way as public health funding. Alternatively, if the Government is committed to keep the money that goes to councils within NHS baseline they simply require a fixed transfer from within CCG budgets to councils to support social care, which in turn supports the NHS. With this clarity local partners would be better able to agree to pooled budgets without fear of losing resources.

17.2. Local areas need the freedom: to decide how best to allocate BCF funds based on agreed local priorities; to set their own targets that are challenging but achievable; and are focused on improving integration across the whole of the health and care system;

17.3. Councils and their health partners need a clear and consistent vision for integration, agreed by health and wellbeing boards, which sets the framework for joint action; Ideally this should be put in place for several years to allow for long-term planning and investment in alternative models of joined up care and a realistic implementation period;

17.4. Any national-level involvement in BCF assurance and performance report should be proportionate, light-touch and balanced by local leadership of the BCF agenda.

18. The Board is requested to discuss the above proposals for the future of BCF.

Next steps

19. The Board is requested to:

19.1. Notes the developments in relation to BCF and iBCF;

19.2. Comment on and endorse the proposed key messages for the future of BCF outlined in paras 19.1 – 19.4.

Implications for Wales

20. Health and social care policy are devolved to the Welsh Assembly so this paper and the proposals are not relevant to Welsh member councils.



Financial Implications

21. There are no financial implications for the LGA. The additional support offered through the CHIP programme is funded by re-prioritising within existing budgets.



Appendix A

Local Government Association
Association of Directors of Adult Social Services
18 Smith Square
London
SW1P 3HZ

6 November 2017

To all councils with adult social care responsibilities:
Lead members for adult social care
Chief executives
Directors of adult social services

Dear Colleague,

Update on BCF and iBCF developments and support offer

We, like councils across the country, remain committed to working with Government and the NHS to improve the health and wellbeing of all our citizens, to develop sustainable care and health systems and, most importantly, to ensure that no one remains in hospital longer than necessary. We are also acutely aware of the service and financial pressures across social care and health and widespread anxiety about how the NHS and social care market will stand up over winter.

The purpose of this letter is to let you know that we are continuing to make representations at the highest levels of Government and NHS England for a more balanced, supportive and pragmatic approach to ensuring that all local health and care systems have the resilience to withstand winter pressures, and to outline what action we are taking to support you.

The LGA and ADASS have been actively advocating for older and disabled people and their families, for the vital role of social care and for councils with regard to the recent developments on both the Better Care Fund (BCF) and improved Better



Care Fund (iBCF). Senior adult social care leaders have clearly and strongly voiced their serious concerns over the BCF and its increasing focus on delayed transfers of care (DTC), most recently at the National Children and Services Conference.

We have been deeply troubled to hear that effective local partnership working is being undermined by increasing national direction. We are clear that the national-level concentration on DTC – and specifically DTC attributable to social care – to the exclusion of other system-wide challenges will only partly address system-wide challenges. DTCs are a symptom of pressures across the whole of our care and health system, and our collective efforts should be directed towards tackling the causes of those pressures.

However, the Government has made clear that they will continue to focus sharply on each council's DTC performance as they see this as a key factor affecting the NHS's ability to cope with winter pressures. With that in mind, we are keen to ensure you have access to the best possible support, within the constraints you face. Annex A gives details of the action the LGA and ADASS has taken and the support available to councils. You can check your own DTC performance and benchmark against similar councils at this LG Inform [site](#).

We have secured some safeguards, such as ensuring there is no threat to iBCF funding for this year, as well as securing more reasonable responses from the Government and NHS England in the BCF escalation panels. But it is clear that these issues will remain a key focus of Government, and potentially media attention, over the coming months. The Government's review of 2018/19 iBCF allocations will be based on September DTC data which is due to be published on 9 November. CQC will also be publishing its interim report of the first areas to undergo a local system review and we expect a further eight areas for review will be announced.

We will continue to convey your concerns in the strongest possible terms. Our conversations with council colleagues have been especially valuable in providing examples of the risks facing local areas if Government and NHS England continues with their approach. We encourage you to engage with the LGA, including in updates on engagement with local or national politicians. We are also keen to receive your specific concerns about the accuracy or use of data in relation to DTC, as evidence to support us in campaigning for NHS England and NHS Improvement to ensure that data is correct and used appropriately.

Equally, we would welcome your examples of where BCF and iBCF funding is making a positive difference in your communities and the impact on DTC and other performance measures.

If you have any questions or comments, or would like to provide insights and information on your local system's experience, please contact the Mark Lloyd, in the first instance: mark.lloyd@local.gov.uk, or ADASS: cathie.williams@adass.org.uk.



Yours sincerely,

Handwritten signature of Izzi Seccombe.

Cllr Izzi Seccombe OBE
LGA Community Wellbeing Board Chair

Handwritten signature of Mark Lloyd.

Mark Lloyd
LGA Chief Executive

Handwritten signature of Margaret Willcox.

Margaret Willcox
ADASS President



Annex A

LGA and ADASS action and ongoing support

Funding for adult social care and securing a long-term, sustainable solution for the challenges we face are LGA priorities and central to ADASS's charitable objectives. LGA and ADASS have consistently ensured senior representation into Government and the national bodies on the BCF and DTOC agenda, supported by a wide number of staff across a range of specialisms, working at national, regional and local levels.

The LGA Care and Health Improvement Programme will be offering targeted and bespoke support to systems in addition to continuing to undertake activity in the following areas to support and represent the interests of local government.

Should you wish to know more on the LGA's bespoke support offer, please contact: avril.mayhew@local.gov.uk.

Support to councils

LGA and ADASS activity includes:

- Support to develop robust and achievable BCF plans
- Advocacy and advice throughout the BCF assurance process, including direct advocacy within escalation panels
- Help with practice and performance challenges, including DTOC
- National and regional workshops and regional networks of chairs and professionals
- Improvement support and involvement in multiagency support with the NHS, including the Better Care Support Team. And other forms of direct support to councils and local partners to ensure people are discharged quickly and safely, invest in services to keep people well, and to support them to maintain their independence.
- Data analysis and support on DTOC and other BCF performance measures through LG Inform, providing benchmarking and other information to support understanding at local, regional and national improvement, including challenging inaccurate data.
- Regular bulletins and communications, FAQs, toolkits and good practice examples

Going forward, priorities include campaigning for a sign-off process at local level, as well as the introduction of a 'right to reply' to correct data. The LGA also continues to provide data. It will also include further advice and support to ensure every local



system is doing all it can to improve performance, including taking 'quick win' actions in the run-up to Christmas.

Media, campaigning and parliamentary work

Since publicly withdrawing from the BCF Planning Requirements in July, the LGA has responded to and proactively commented in press releases, national and trade media and publications on BCF and DTOC and linked agendas such as fining. This includes comprehensive coverage in our recent 'state of the nation' annual report on adult social care funding. This report, alongside the LGA's submissions to fiscal events, and the major summer report, 'Growing Places', all make wider points on adult social care funding and system pressures, as well as calling for the BCF to be replaced. ADASS provided significant additional material through its autumn 'snap survey'. We continue to promote a focus on people, and real solutions, recognising that councils are part of the solution, not part of the problem.

The LGA has provided briefings to MPs and committees highlighting the sector's concerns with the current approach to BCF and iBCF and our calls for reform. We were referenced throughout the recent Opposition Day Debate on social care.

Work with Government and NHS

The LGA has lobbied at the highest levels of Government and the NHS for councils to be free to work with local health partners to design and deliver services that keep people well in their own homes and avoid unnecessary stays in hospital. This includes highlighting the positive impact of councils' work to reduce pressures on the NHS using iBCF funding.

We have vigorously argued against the imposition of DTOC national reduction targets and have highlighted the undeliverable nature of the targets for many areas. We have also highlighted the unhelpfulness of the punitive approach that is disproportionately focused on local government. An exclusive focus on numbers and plans, and compliance with imposed targets, detracts from preparing for winter, stabilising the care market and getting the best outcomes for older and disabled people.

Throughout these discussions we have sought to register our concerns, push back on encroaching central direction and to advocate for a way forward that works for all parts of the sector. This includes advocacy to change the process for reporting DTOC to include consistent sign-off by local government and a 'right to reply' to correct inaccurate data.

In rejecting the basis of the iBCF November review, we are also highlighting the narrow criteria, the lack of transparency on these criteria and, in some cases, the accuracy of the underpinning data. We are lobbying for disclosure of these, and for a right to appeal and any decisions that flow from the review.



We have secured the concession that all funding stays in local government. We will continue to lobby to minimise the impact of the review on councils' individual iBCF allocations and autonomy to invest it where it is most needed, free from central direction. This includes advocating that the three original grant purposes of the iBCF are maintained.



Update on Other Board Business

Purpose of report

For information and comment.

Summary

Members to note the following updates including the following:

- Sleep ins
- Independent review of the Mental Health Act 1983
- Adult social care green paper
- Autumn statement 2017
- Asylum, Migration and Refugee Task Group

Recommendation

Members of the Community Wellbeing Board are asked to:

1. **Note** the updates contained in the report.

Action

As directed by members.

Contact officer: Mark Norris
Position: Principle Policy Adviser
Phone no: 020 7664 3241
Email: mark.norris@local.gov.uk

Update on Other Board Business

Sleep ins

1. The Department of Health, HM Revenue and Customs (HMRC) and the Department for Business, Energy & Industrial Strategy have published a new voluntary 'social care compliance scheme' (SCCS) covering historic sleep-in liability payments. The scheme gives employers up to a year to identify what they owe to workers, supported by advice from HMRC. Employers who identify arrears at the end of the self-review period will have up to three months to pay workers.
2. It is helpful that employers will not have to settle any back-payment for sleep-in costs until March 2019. This buys some much-needed time to further understand the size and potential impact of the historic liability. It is also encouraging that the Government has started discussions with the European Commission to determine whether any support would be subject to EU state aid rules.
3. However, a state aid exemption will not resolve the back-payments faced by self-funders or the many individuals who are in receipt of a direct payment from the council that is used to employ personal assistants. These people will need an equivalent solution so they are not placed in personal financial difficulty and unable to pay for their care. In addition, employers, individuals and self-funders face current and future funding pressures from the ongoing need to pay the National Minimum/Living Wage for sleep-in shifts, against a background of increasing demand and reduced funding.
4. The Chair of the Community Wellbeing Board, Chair of the Resources Board and the President of ADASS have written to Jackie Doyle-Price MP (Care and Mental Health Minister) and Margot Jones MP (Small Business and Consumers Minister) to request an urgent meeting. They expressed our continued concern about how employers, self-funders and individuals will fund the back-payments and said there must be new money in the forthcoming Budget to meet current and future funding pressures from sleep-ins. Officers will seek a further steer from Lead Members in the light of the Ministers' response.

Independent review of the Mental Health Act 1983

5. In October 2017 the Prime Minister announced an independent review of the Mental Health Act 1983. The independent review will look at how the legislation is used and how practice can improve. The review will be chaired by Professor Sir Simon Wessely, a former President of the Royal College of Psychiatrists.
6. The review will consider the needs of service users and their families, its aim is to tackle injustices and improve how the system supports people during a mental health crisis. In particular, the review will consider:
 - 6.1. Why rates of detention are increasing – what can be done to reduce inappropriate detention and improve how different agencies respond to people in crisis;

- 6.2. Reasons for the disproportionate number of people from certain ethnic backgrounds, in particular black people, being detained under the act, and what should be done about it.
7. Following consultation with stakeholders, Sir Simon will produce an interim report identifying priorities for the review's work in early 2018, and develop a final report containing detailed recommendations on its priorities, by autumn 2018.
8. After a period of setting up the Review Team, it is now ready to engage with relevant organisations. Members have already agreed headline positions in Being Mindful of Mental Health published in June 2017 on the opportunities from the Review for local government. These include:
 - 8.1. Use the reform of mental health legislation and the new Mental Health Act to prioritise mental wellbeing, the prevention of mental ill health and the delivery of ongoing support. New initiatives or legislation should facilitate a move away from a focus on risk, detention and medication, to build on a person's strengths, the provision of personalised support and the services that enable a person experiencing mental health issues to live a healthy and fulfilling life.
 - 8.2. Ensure the Mental Health Act review includes the work of the Law Commission on legislative reform of Deprivation of Liberty Safeguards to simplify the current complex legislation. This should better protect the rights of the very vulnerable and address the current financial burden on councils associated with this reform.
 - 8.3. Use the new Mental Health Act, or any reform of mental health legislation, to establish a coordinating role for councils on mental wellness and health, with the devolution of associated services and funding.
 - 8.4. Explicitly include investment directed at councils in future funding for mental health. Mental health should not exclusively be about treatment within an NHS setting, but should include the mental health, wellness and prevention services provided by councils.
9. Although the review's TOR are quite specific, Sir Simon is keen to hear wider perspectives such as ours.
10. A letter will be sent to Sir Simon to set out what we would like the review to cover, offer our help with securing appropriate local government engagement in the review and invite Sir Simon a future Meeting to allow an opportunity for the board to feed into the review.
11. As appropriate the LGA will make a formal submission to the review which will be signed off by Board members.

Adult social care green paper

12. On Thursday 16 November the Government announced its plans to publish a green paper "by summer recess 2018" to set out its proposals for reforming care and support for older people. The announcement made clear the Government's intention to take a

broad approach, considering the role of housing and social care's interaction with other public services. In preparing for the green paper, the Government also announced a period of pre-publication engagement and consultation. As part of this, the Government is inviting a number of independent experts to share their views with the Inter-Ministerial Group overseeing development of the green paper (list provided below). Also within the Government's engagement plans, the LGA has been invited to a Government roundtable to gather the views of local government.

13. The announcement also recognised the challenges facing care and support for working age adults. The Government has therefore committed to a parallel programme of work for this group of people, which will align with the Inter-Ministerial Group to ensure appropriate links with the green paper.
14. LGA officers are in the process of organising a one-day conference on the future of adult social care and support on 16 January. This event will now be extremely timely and an excellent opportunity to hear the sector's views. Subject to Board agreement, officers also propose a more substantive item on the green paper for the February Board meeting. Speaker invitations for the item could be sent to Jackie Doyle-Price MP and/or one or two of the 'sector experts'.
15. List of independent experts giving evidence to the Inter-Ministerial Group:
 - 15.1. Caroline Abrahams – Charity Director of Age UK
 - 15.2. Dame Kate Barker – former Chair of the King's Fund Commission on the Future of Health and Social Care in England
 - 15.3. Sir David Behan – Chief Executive of Care Quality Commission
 - 15.4. Dr Eileen Burns – President of the British Geriatrics Society
 - 15.5. Professor Paul Burstow – Chair of the Social Care Institute for Excellence
 - 15.6. Jules Constantinou – President-elect of the Institute and Faculty of Actuaries
 - 15.7. Sir Andrew Dilnot – former Chair of the Commission on the Funding of Care and Support
 - 15.8. Baroness Martha Lane Fox – Founder and Executive Chair of Doteveryone
 - 15.9. Mike Parish – Chief Executive of Care UK
 - 15.10. David Pearson – former President of the Association of Directors of Adult Social Services and Corporate Director for Social Care, Health and Public Protection at Nottinghamshire County Council
 - 15.11. Imelda Redmond – National Director of Healthwatch England
 - 15.12. Nigel Wilson – Chief Executive of Legal and General

2017 Autumn Budget

16. The Budget made no reference to adult social care but did provide an additional £6.3 billion for the NHS; £3.5 billion of capital investment and £2.8 billion of resource funding.
17. In its media and policy response on the day of the Budget, the LGA expressed its extreme disappointment that the adult social care funding gap was not addressed. The LGA argued that continuing to treat the symptoms of system pressures, rather than their causes, is the wrong approach. Further, the LGA was clear that unaddressed pressures will continue to have significant consequences for people who use services and their



carers, the provider market and the sustainability of the NHS. The LGA reiterated its acknowledgement of the Spring Budget £2 billion for adult social care but noted this is one-off funding that does not deal with all pressures, leaving a funding gap of £2.3 billion by 2019/20, including £1.3 billion right now that is needed to stabilise the provider market.

18. The Budget also announced the Government's commitment to funding pay awards as part of a pay deal for NHS staff on the Agenda for Change contract, including nurses, midwives and paramedics. In response, the LGA highlighted the serious impact this may have on the recruitment and retention of adult social care staff in residential and nursing homes by further increasing the pay differences between staff employed in adult social care and the NHS.
19. Finally, the Budget announced that £2.6 billion of the new capital funding for the NHS will be for local groups of NHS organisations (Sustainability and Transformation Partnerships) to deliver transformation schemes that improve their ability to meet demand for local services, including more integrated care and more care out of hospital. In response, the LGA stressed the importance of councils being fully involved in STP plans to develop out of hospital services and concerns about STPs continuing to be NHS dominated with a focus on acute care.

Asylum, Migration and Refugee Task Group

20. The LGA Asylum, Migration and Refugee Task Group reports to the Community Wellbeing and Children and Young People's Board. The Task Group is chaired by Cllr David Simmonds and is attended by representatives from the LGA political groups and from by members representing each UK region. The Minister for Immigration Brandon Lewis MP attending the Task Group on 26 October, following his attendance at Councillor's Forum on 19 October. He welcomed joint work between councils and Immigration Enforcement teams and councils' participation in a range of programmes. The discussion at the Task Group focused on the need for better alignment across programmes and engagement with local government, particularly in relation to the future of accommodation for asylum seekers and in the care of unaccompanied children. The Minister made a commitment to ongoing engagement and greater links being made across government to tackle key issues for councils and local communities.

Note of last Community Wellbeing Board meeting

Title: Community Wellbeing Board
Date: Thursday 28 September 2017
Venue: Rooms A&B, Ground Floor, Layden House, 76-86 Turnmill Street, London, EC1M 5LG

Attendance

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

Item Decisions and actions

8 Apologies and Declarations of Interest

The Board **noted** apologies from Cllr Elizabeth Mallinson, Cllr Jonathan McShane and Cllr Jonathan Owen. The Board also **noted** Cllr Olivia Sanders was attending as a substitute for Cllr Jonathan Owen.

There were no declarations of interest.

9 Membership, Terms of Reference and Outside Bodies

Mark Norris, Principal Policy Adviser, introduced a report on how the Community Wellbeing Board operates and how the LGA works to support the objectives and work of its member authorities.

Mayor Kate Allsop expressed an interest in being appointed a representative of the Community Wellbeing Board at the Think Local Act Personal Programme Board.

Decision

The Community Wellbeing Board:

1. **noted** its Terms of Reference;
2. **noted** the membership for 2017/18;
3. **noted** the Board meeting dates for 2017/18 and
4. **agreed** the Board's nominations to outside bodies.

10 Community Wellbeing Board Priorities 2017-2018

Mark Norris, Principal Policy Adviser, introduced a report outlining the proposed Board's priorities and key areas of work. He explained proposals are based on both corporate LGA priorities and options for broader work based on a combination of

areas of interest previously indicated by Board members, ongoing work and recent policy announcements by Government.

He also raised that these were set against the available resources for 2017/18 and that the Community Wellbeing team would be operating at full capacity with the suggested priorities.

In the discussion that followed, Members raised the following points;

- A view was expressed that the Board should have a presentation regarding the current situation in nursing.
- Views were expressed that working closely with central government would be a key part of the Board priority to emphasise the importance of support to working age adults with social care needs.
- A view was expressed that the Board should continue to emphasise learning from Greater Manchester's progress in good practice and integration.
- A concern was raised as to hospital capacity, which officers suggested would be touched on as a part of the public health and managing emergency crises priorities.
- Social Care was indicated as a priority that should be pushed as strongly as possible.
- A view was expressed that Health Inequalities would remain of great importance to the Board in the foreseeable future.
- A view was expressed that the Board needs to emphasise the importance of a seamless transition from children's social care to adult social care.

Decision

Members discussed, provided direction and agreed the Board's priorities for 2017/18.

Action

Officers to incorporate members' comments into the Board's priorities for the 2017/18 political cycle as directed.

11 Other Board Business

Members of the Community Wellbeing Board **noted** updates contained in the report.

12 Minutes of the last meeting

The Community Wellbeing Board **agreed** the notes of the last meeting.

Appendix A -Attendance

Position/Role	Councillor	Authority
Chairman	Cllr Izzi Seccombe OBE	Warwickshire County Council
Vice-Chairman	Cllr Linda Thomas	Bolton Council
Deputy-chairman	Cllr Richard Kemp CBE	Liverpool City Council
	Mayor Kate Allsop	Mansfield District Council
Members	Cllr Nigel Ashton	North Somerset Council
	Cllr Gareth Barnard	Bracknell Forest Borough Council
	Cllr Sue Woolley	Lincolnshire County Council
	Cllr Graham Gibbens	Kent County Council
	Cllr Shabir Pandor	Kirklees Metropolitan Council
	Cllr Paulette Hamilton	Birmingham City Council
	Cllr Jackie Meldrum	Lambeth London Borough Council
	Cllr Rachel Eden	Reading Borough Council
	Cllr Doreen Huddart	Newcastle upon Tyne City Council
	Cllr Claire Wright	Devon County Council
Apologies	Cllr Liz Fairhurst	Hampshire County Council
	Cllr Liz Mallinson	Cumbria County Council
	Cllr Jonathan Owen	East Riding of Yorkshire Council
	Cllr Jonathan McShane	Hackney London Borough Council
	Cllr Lynn Travis	Tameside Metropolitan Borough Council

LGA location map

Local Government Association
 18 Smith Square
 London SW1P 3HZ

Tel: 020 7664 3131
 Fax: 020 7664 3030
 Email: info@local.gov.uk
 Website: www.local.gov.uk

Public transport

18 Smith Square 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

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

Cycling facilities

The nearest Barclays cycle hire racks are in Smith Square. Cycle racks are also available at 18 Smith Square. Please telephone the LGA on 020 7664 3131.

Central London Congestion Charging Zone

18 Smith Square 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

