

Community Wellbeing Board

Agenda

Thursday, 27 September 2018
Away Day - 11:00 am
Board meeting - 2.00 pm

Westminster Room, 8th Floor, 18 Smith
Square, London, SW1P 3HZ

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

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LGA Community Wellbeing Board
27 September 2018

There will be a meeting of the Community Wellbeing Board at **2.00 pm on Thursday, 27 September 2018** Westminster Room, 8th Floor, 18 Smith Square, London, SW1P 3HZ.

A sandwich lunch will be available after the meeting.

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.

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 18 Smith Square is printed on the back cover.

LGA Contact:

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

Carers' Allowance

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The twitter hashtag for this meeting is #lgacwb

Community Wellbeing Board – Membership 2018/2019

Councillor	Authority
Conservative (8)	
Ian Hudspeth (Chairman)	Oxfordshire County Council
Nigel Ashton	North Somerset Council
Sue Woolley	Lincolnshire County Council
Jonathan Owen	East Riding of Yorkshire Council
Andrew Brown	Hammersmith and Fulham London Borough Council
Mel Few	Surrey County Council
Colin Noble	Forest Heath District Council
David Williams	Hertfordshire County Council
Substitutes	
Graham Gibbens	Kent County Council
Wayne Fitzgerald	Peterborough City Council
Graham Jones	West Berkshire Council
Labour (7)	
Paulette Hamilton (Vice-Chair)	Birmingham City Council
Shabir Pandor	Kirklees Metropolitan Council
Jackie Meldrum	Lambeth London Borough Council
Rachel Eden	Reading Borough Council
Helen Holland	Bristol City Council
Shields	Southampton City Council
Denise Scott-McDonald	Royal Borough of Greenwich
Substitutes	
Mohammed Iqbal	Pendle Borough Council
Robin Moss	Bath & North East Somerset Council
Richard Chattaway	Warwickshire County Council
Liberal Democrat (2)	
Cllr Richard Kemp CBE (Deputy Chair)	Liverpool City Council
Cllr 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
Tony Saffell	North West Leicestershire District Council

Agenda

Community Wellbeing Board

Thursday 27 September 2018

Community Wellbeing Board Away Day – 11.00 am (Papers to come separately)

Board meeting - 2.00 pm

Westminster Room, 8th Floor, 18 Smith Square, London, SW1P 3HZ

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Date of Next Meeting: Thursday, 29 November 2018, 11.00 am, Smith Square 3&4, Ground Floor, 18 Smith Square, London, SW1P 3HZ



Community Wellbeing Board 2018/19: How it works for you, Terms of Reference, Membership and Appointments to Outside Bodies

Purpose of report

For information.

Summary

This report sets out how the Community Wellbeing Board operates and how the LGA works to support the objectives and work of its member authorities.

The Community Wellbeing Board are asked to note and agree their Terms of Reference and nominations to Outside Bodies for the 2018/19 year.

Recommendations

That the Community Wellbeing Board:

- i. agrees note its Terms of Reference (**Appendix A**);
- ii. formally notes the membership for 2018/19 (**Appendix B**);
- iii. note the Board meeting dates for 2018/19 (**Appendix C**); and
- iv. agrees the Board's nominations to outside bodies (**Appendix D**).

Action

As directed by Members.

Contact officer: Alexander Saul
Position: Member Services Officer
Phone no: 020 7664 3232
E-mail: Alexander.Saul@local.gov.uk



Community Wellbeing Board 2018/19: How it works for you, Terms of Reference, Membership and Appointments to Outside Bodies

Background

1. The LGA's Boards seek to lead the agenda for local government on the key challenges and issues within their remit and support the overall objectives of the organisation as set out in the [LGA's Business Plan](#).
2. They take an active role in helping to shape the Association's business plan through extensive engagement with councils and oversight of the programmes of work that deliver these strategic priorities.

2018/19 Terms of reference and membership

3. The Community Wellbeing Board's Terms of Reference and Membership are set out at **Appendix A** and **B** for agreement and noting respectively.
4. The Community Wellbeing Boards meeting dates for 2018/19 are also found at **Appendix C** for noting.

Community Wellbeing Board Lead Members

5. The LGA seeks where possible to work on the basis of consensus across all four groups. The Community Wellbeing Board is politically balanced, and led by the Chair and three Vice/Deputy Chairs, drawn from each of the four political groups. This grouping of members – known as Lead Members – meet in between Board meetings, shape future meeting agendas, provide clearance on time sensitive matters, represent the Board at external events, meetings and in the media, as well as engaging with the wider Board to ensure your views are represented.
6. The Lead Members for 2018/19 are:
 - 6.1 Cllr Ian Hudspeth, Chairman (Conservative)
 - 6.2 Cllr Paulette Hamilton, Vice-Chair (Labour)
 - 6.3 Cllr Richard Kemp CBE, Deputy Chair (Liberal Democrat)
 - 6.4 Mayor Kate Allsop, Deputy Chair (Independents)

The Community Wellbeing Board team

7. The Board is supported by a cross cutting team of LGA officers, with Policy colleagues and designated Member Services Officer, being those which you are likely to have regular contact with.
8. The Community Wellbeing Board team supports the LGA's work on the Board's priorities relating to Community Wellbeing, and also a number of other discrete issues which are



within the Board's remit. The team works with Board Members, the LGA press office and political groups to maintain local government's reputation on Community Wellbeing issues in the media, directs our lobbying work (according to Members' steer) in conjunction with the Parliamentary affairs team, and works collaboratively with other Boards across relevant cross cutting policy and improvement issues.

9. The team supports Members in person or by briefing when they represent the LGA on external speaking platforms or at Ministerial or Whitehall events. We will provide briefing notes and/or suggested speaking notes as required in advance if each engagement.
10. The team also participate in a number of officer working groups and programme boards, representing the sector's interests and putting forward the LGA's agreed policy positions.

Communications and Events

11. There are a number of internal and external communications channels available to help the Community Wellbeing Board promote the work it is doing and to seek views from our member authorities.
12. In the Autumn the Community Wellbeing Team participates in the National Children and Adult Services conference (NCASC) Organised by the Local Government Association (LGA), Association of Directors of Social Services (ADASS) and Association of Directors of Children's Services (ADCS), the NCASC is regularly attended by more than 1,000 delegates. It is widely recognised as the most important annual event of its kind for councillors, directors, senior officers, policymakers and service managers with responsibilities for children's services, adult care and health in the statutory, voluntary and private sectors. This years NCASC will be held in Manchester from 14 to 16 November.
13. We also have a dedicated section on the LGA website, regular e-bulletins with a personal introduction from the Chair of the Board, outside speaking engagements and interviews, advisory networks, features and news items in First magazine as well as twitter accounts which are used to keep in touch with our members.

Community Wellbeing Board outside body appointments

14. The LGA benefits from a wide network of member representatives on outside bodies across all boards. These appointments are reviewed on an annual basis across the Association to ensure that the aims and objectives of the outside bodies remain pertinent to the LGA and accurately reflect its priorities.
15. A list of the organisations to which the Board is asked to appoint member representatives is attached at **Appendix D**. The Board are asked to nominate the appointments for this meeting cycle, which as far as possible are to be made in proportion with political representation across the LGA. As an LGA representative, Members appointed to these roles should speak for the Association, and not one particular political Group.
16. To maximise the value of attending regular or ad-hoc outside engagements, Members appointed to represent the LGA on an outside bodies are asked to provide regular feedback, either through the Board meetings, or alternative mechanisms.



17. Members are asked to **re-appoint** those councillors who are remaining in post. These are;

17.1 Cllr Graham Gibbens (Conservative) – **Prime Minister’s Dementia Challenge 2020 Group**

17.2 Cllr Dorren Huddart (Lib Dem) – **Mental Health Crisis Care Concordat**

17.3 Cllr Robin Moss (Lab) – **Mental Health Crisis Care Concordat**

17.4 Mayor Kate Allsop (Ind) – **Think Local Act Personal Programme Board**

17.5 Cllr Jackie Meldrum (Lab) – **Autism Strategy Task and Finish Group**

17.6 Mayor Kate Allsop (Ind) – **Data Security Assurance Board**



Appendix A – Terms of Reference: Community Wellbeing Board

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

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

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

The Community Wellbeing Board's responsibilities include:

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

Quorum

One third of the members, provided that representatives of at least 2 political groups represented on the body are present.



Community Wellbeing Board

27 September 2018

Political Composition

Conservative group:	8 members
Labour group:	7 members
Independent group:	2 members
Liberal Democrat group:	2 members

Substitute members from each political group may also be appointed.

Frequency per year

Meetings to be held five times per annum.

Reporting Accountabilities

The LGA Executive provides oversight of the Board. The Board may report periodically to the LGA Executive as required, and will submit an annual report to the Executive's July meeting.



Appendix B – Community Wellbeing Board – Membership 2018/2019

Councillor	Authority
Conservative (8)	
Cllr Ian Hudspeth (Chairman)	Oxfordshire County Council
Cllr Nigel Ashton	North Somerset Council
Cllr Sue Woolley	Lincolnshire County Council
Cllr Jonathan Owen	East Riding of Yorkshire Council
Cllr Andrew Brown	Hammersmith and Fulham London Borough Council
Cllr Mel Few	Surrey County Council
Cllr Colin Noble	Forest Heath District Council
Cllr David Williams	Hertfordshire County Council
Substitutes	
Cllr Graham Gibbens	Kent County Council
Cllr Wayne Fitzgerald	Peterborough City Council
Cllr Graham Jones	West Berkshire Council
Labour (7)	
Cllr Paulette Hamilton (Vice-Chair)	Birmingham City Council
Cllr Shabir Pandor	Kirklees Metropolitan Council
Cllr Jackie Meldrum	Lambeth London Borough Council
Cllr Rachel Eden	Reading Borough Council
Cllr Helen Holland	Bristol City Council
Cllr David Shields	Southampton City Council
Cllr Denise Scott-McDonald	Royal Borough of Greenwich
Substitutes	
Cllr Mohammed Iqbal	Pendle Borough Council
Cllr Robin Moss	Bath & North East Somerset Council
Cllr Richard Chattaway	Warwickshire County Council
Liberal Democrat (2)	
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Cllr Doreen Huddart	Newcastle upon Tyne City Council
Substitutes	
Cllr Rob Rotchell	Cornwall Council
Independent (2)	
Mayor Kate Allsop (Deputy Chair)	Mansfield District Council
Cllr Claire Wright	Devon County Council



<i>Substitutes</i>	
Cllr Neil Burden	Cornwall Council
Cllr Tony Saffell	North West Leicestershire District Council

27 September 2018



Appendix C – Board Meeting Dates 2018/19

DAY (2018)	DATE	TIME	Room at 18 Smith Square
Thursday	27 September 2018	Away Day: 11.00 – 13.30 Board Meeting: 14.00 – 16.00	Westminster Room, 8th Floor, 18 Smith Square, London, SW1P 3HZ
Thursday	29 November 2018	11.00 – 14.00 Please note this meeting will run for three hours	Smith Square 3&4, Ground Floor, 18 Smith Square, London, SW1P 3HZ
DAY (2019)			
Wednesday	30 January 2019	11.00 – 13.00	Smith Square 3&4, Ground Floor, 18 Smith Square, London, SW1P 3HZ
Thursday	28 March 2019	11.00 – 13.00	Smith Square 3&4, Ground Floor, 18 Smith Square, London, SW1P 3HZ
Wednesday	19 June 2019	11.00 – 13.00	Smith Square 3&4, Ground Floor, 18 Smith Square, London, SW1P 3HZ

Appendix D: Community Wellbeing Board Outside Body Appointments

Organisation	Background	Representative	Allowances/ Expenses	LGA Contact Officer
Prime Minister's Dementia Challenge 2020 Group	Meets very occasionally. Also attended by DCX.	Cllr Graham Gibbens (Con)	The LGA will cover reasonable travel and subsistence.	Kevin Halden Kevin.Halden@local.gov.uk
Think Local Act Personal Programme Board	Board that reviews finances and status of TLAP. Currently meets every 2 months Members unable to attend last year.	Mayor Kate Allsop (Ind)	The LGA will cover reasonable travel and subsistence.	Kevin Halden Kevin.Halden@local.gov.uk
Mental Health Crisis Care Concordat	The group oversees the implementation of the Mental Health Crisis Concordat. Meets twice a year and chaired by Ministers at Home Office and Department of Health.	Cllr Doreen Huddart (Lib Dem) Cllr Robin Moss (Lab)	The LGA will cover reasonable travel and subsistence.	Mark Norris / Laura Caton Mark.Norris@local.gov.uk Laura.Caton@local.gov.uk
Autism Strategy Task and Finish Group	The task and finish group meets occasionally.	Cllr Jackie Meldrum (Lab)	The LGA will cover reasonable travel	Kevin Halden Kevin.Halden@local.gov.uk

	Reports on community participation to the national Autism Strategy Executive Board.		and subsistence.	
Data Security Assurance Board	<p>The Data Security Assurance Board meets occasionally.</p> <p>The Data Security Assurance Board provides challenge to the Department of Health and Social Care's Data Security Leadership Board as to whether the strategic scope of the Cyber and Data and Cyber Security programme is sufficient to mitigate the data and cyber security risk faced by the health and care system.</p>	Mayor Kate Allsop (Ind)	The LGA will cover reasonable travel and subsistence.	<p>Abigail Vella</p> <p>Abigail.Vella@local.gov.uk</p>

Asylum, Refugee and Migration Task Group

The Board is also asked to note that the LGA operates a Member-led Asylum, Refugee and Migration Task Group made up of regional members and Regional Strategic Migration Partnership representation covering all of the English regions, Northern Ireland, Wales and Scotland. Its primary focus is issues around the asylum, refugee and migration agenda from a local government perspective. The LGA, via the Task Group, has been involved in discussions with Government and with regions for a long period of time. These discussions have been concerned with how to work together to find sustainable solutions to these issues which also minimise the pressures on local authorities, local communities and vulnerable individuals. The Group reports to the Children and Young People and Community Wellbeing Boards. A member from each LGA Political Group also oversees and advises on the LGA position on asylum and refugee resettlement.

27 September 2018

Proportionality Figures 2018/19

Members are asked to ensure that appointments for 2018/19 are in broad proportionality with the 19 Member political group makeup of the Board, which is as follows:

8 Conservative, 7 Labour, 2 Independent, 2 Liberal Democrat.



Community Wellbeing Board Priorities 2018/19

Purpose

For discussion.

Summary

This report outlines proposals for the Board's priorities and key areas of work, set against the available resources for 2018/19. The 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. Subject to members' views, officers will develop a work programme to deliver these priorities.

Recommendation

Board Members are asked to discuss and agree the Board's priorities for 2018/19.

Action

Officers to take forward as directed by members.

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



Community Wellbeing Board Priorities 2018/19

Background

1. At this first meeting of the Community Wellbeing Board, members are asked to consider the policy priorities for the work programme for the coming year. In making these decisions, members are asked to consider two issues:
 - 1.1. The corporate priorities set out in the LGA's business plan.
 - 1.2. Specific policy priorities based on the remit of this Board.
2. This report sets out a suggested work programme for the Board which will help deliver the LGA's Business Plan priorities, for Members' discussion and decision.

LGA corporate priorities

3. As in previous years, LGA policy Boards are being asked to incorporate cross-cutting LGA priorities within their work programmes. The LGA's [business plan](#), refreshed last Autumn, sets out the organisation's existing corporate priorities:
 - 3.1 Britain's exit from the EU
 - 3.2 Funding for local government
 - 3.3 Inclusive growth, jobs and housing
 - 3.4 Children, education and schools
 - 3.5 Adult social care and health
 - 3.6 Supporting councils
 - 3.7 A single voice for local government
4. The work of the Community Wellbeing Board (CWB) makes a contribution to a number of these overarching themes. Of particular relevance is the work around adult social care and health, but also work around mental health that links in with work to support children and young people as well as relationship between supported housing and the wider LGA housing agenda.

Specific work of relevance to this Board's remit

5. Some of the issues and work listed below will inevitably cross-over.
6. **Towards a sustainable adult social care and support system:** sustainable funding for adult social care is a key part of the corporate priorities for adult social care and health, as noted in section 4 above.

- 6.1. The LGA has estimated that the shortfall in adult social care makes up £3.56 billion of overall funding gap in local government as a whole of £7.8 billion by 2025. The LGA will continue to raise the impacts of this immediate term funding issue on promoting health, independence and wellbeing in local communities. Ongoing work with national partners to raise the profile of adult social care has included a recent series of think pieces in which sector experts address key issues around planning for the future of adult social care.
- 6.2. In addition, “*The lives we want to lead: the LGA [green paper](#) for adult social care and wellbeing*” was published in July alongside a range of accompanying resources. The consultation, which will run until 26 September, sets out a number of options on how best to pay for care and support for adults of all ages, as well as how to shift the overall emphasis of our care and health system to focus more on preventative, community-based personalised care. To date, there has been 55,578 views of the webpage, 179 responses to the main paper, 110 responses to the summary green paper and 1 response to the easy read version. There has been 3,489 downloads of the Green Paper, 356 of the easy read version, 414 of the communications pack and 338 of the facilitators pack for local events. The consultation includes and will be followed by a range of further engagement, and an analysis of the responses published. These results also will be used to influence the Government’s green paper and spending plans. The Board will be kept updated both of the results of the consultation and key messages from the Government’s own green paper expected later in the autumn.
7. **Securing a sustainable social care system:** Building on the success of the LGA’s own green paper “The Lives We Want to Lead”, the LGA will continue to influence the Government’s own Green Paper on adult social care, the autumn Budget and the 2019 Spending Review. We will:
- 7.1. Publish a report setting out what people have told us in the consultation, and set out what we therefore need to see in the Government’s Green Paper.
- 7.2. Continue to lobby for a sustainably funded social care system both in the short-term and longer-term.
- 7.3. Engage with Government and other partners to influence future social care reforms and Parliamentary and public debate, building cross party consensus wherever possible.
- 7.4. Continue to promote the innovative work of local government and the importance of social care in its own right to help people live the lives they want to lead, for both working age adults and older people.
8. **The NHS Long Term Plan:** In November 2018, NHS England will publish its 10 year plan to outline how it will use the additional £20.5 billion to improve the quality, safety, sustainability and outcomes of health services. This plan will be the major planning and prioritisation document for the NHS and as such, will have a huge impact on the way the NHS works at national, regional and local level with councils, in particular on adult social care, population health and prevention. It is vital that local government is recognised as a

key delivery partner for the NHS plan, both at national and local level, and as such needs to be included in the development and delivery of the plan. The LGA will:

- 8.1. Develop clear messages and asks to influence the underpinning principles of the NHS Long Term Plan;
 - 8.2. Develop key asks to feed into each of the relevant work streams of the NHS Long Term Plan; and
 - 8.3. Support councils to work effectively with their local NHS partners to ensure local delivery plans build on existing priorities to improve population health and wellbeing and are subject to democratic oversight and challenge.
9. **The Future of Integration:** Joining up care and support to achieve better services, better outcomes for people and better use of public resources remains a central policy ambition for health and social care leaders at national and local level. The LGA will continue work with its partners, the NHS Confederation, the Association of Directors of Adult Social Services, NHS Clinical Commissioners and NHS Providers to further develop our shared vision for integration. In particular, we will:
- 9.1. Review what progress there has been towards achieving our shared vision of integration with the aim of publishing our revised vision in November 2018;
 - 9.2. Identify action that needs to be taken at local, strategic and national level to address barriers to more effective joined up working;
 - 9.3. Work with the Care and Health Improvement Programme to identify and promote good practice and evidence of how joined up care and support can improve outcomes;
 - 9.4. Continue to press for our place based, person-centred and preventative approach to care and support to be central to Government and NHS England's approach to integration;
 - 9.5. Continue to press for greater democratic accountability of the planning and delivery of integrated services, with a stronger role of health and wellbeing boards in leading and overseeing local plans for integration; and
 - 9.6. Work with national health partners to press for a single outcomes framework for the health and care system and a system of performance management, which is light touch and locally driven.
10. **The future of the Better Care Fund:** The CWB has consistently prioritised working with Government and NHS partners to support local areas to escalate the scale and pace of integration, primarily through the Better Care Fund (BCF) and we have continued to support local health and care leaders to ensure that the BCF remains true to its original intentions: to protect the NHS transfer to support adult social care funding and to support community-based preventative services which improve outcomes for people and reduce pressure on the NHS. The future of BCF, beyond the current spending period is uncertain. The LGA will continue to press for the continuation of arrangements to

incentivise joining up health and care services, including BCF, albeit with far more local control and less national direction and performance management. In particular, we will:

- 10.1. The LGA will work to ensure that BCF remains true to its original objectives of local health and political leaders working to agree shared plans for joined up community and preventative services (including adult social care) to keep people well and independent and reduce pressure on acute services; and
 - 10.2. The LGA will work to support all areas to move beyond the BCF and transfer money directly to councils, with leadership from health and wellbeing boards to work with local health leaders to set their own ambitions and plans for integration.
- 11. Models of integrated planning and delivery:** We will continue to work with NHS England and other partners to ensure that sustainability and transformation partnerships, integrated care systems and integrated care providers, and any other models of joined up planning and provision of care and support are based on the values, principles and evidence in our refresh of the shared vision for integration to be launched in November 2018. In particular:
- 11.1. We will submit a response to the consultation on the contractual arrangements for integrated care providers (ICP) (formerly known as accountable care organisations);
 - 11.2. We will work with NHS England to provide councils with information and support to be able to identify the benefits and risks of putting councils services and functions with the scope of an ICP;
 - 11.3. We are committed to working with our national health partners to improve effective system leadership by clinical and political leaders. We will continue to work with colleagues in the Care and Health Improvement Programme (CHIP), the NHS Confederation and other partner organisation to develop and refine our system-wide leadership support offer; and
 - 11.4. In partnership with CHIP and health partners to develop a series of good practice case studies of effective engagement and communication with councillors.
- 12. Make the case for prevention funding:** Councils continue to face significant spending reductions to their public health budget up to 2020/21. We are concerned that reductions to the public health grant will have a significant impact on the viability of essential prevention and health protection services provided by councils. Given that much of the local government public health budget pays for NHS services, including sexual health, drug and alcohol treatment and NHS health checks, this will be a cut to the NHS in all but name. Just as pressures exist within NHS and social care, pressures are mounting within public health services. In particular:
- 12.1. Public health funding will be cut by 9.7 per cent by 2020/21 in cash terms of £331 million, on top of the £200 million cut in-year announced in 2015.

- 12.2. The LGA has argued that councils are given a free hand in how best to find the savings locally and we have consistently sought government's reassurance on this point.
- 12.3. As discussions continue around the inclusion of the public health grant within 75 per cent business rates retention, negotiations with the Treasury around the Comprehensive Spending Review 2019 and the planned removal of the ringfence around the use of the public health grant, the Community Wellbeing Board will make future funding of prevention services, a priority for the year.
- 13. To raise awareness of the impact of health inequalities on local communities:** In her first speech as Prime Minister, Theresa May spoke of the 'burning injustice that if you're born poor, you will die on average nine years earlier than others'. Latest statistics show health inequalities are widening. In particular:
- 13.1. We know that those living in the most deprived communities experience poorer mental health, higher rates of smoking and substance misuse and greater levels of obesity than the more affluent. They spend more years in ill health and they die sooner, as the Prime Minister pointed out;
- 13.2. Reducing health inequalities is an economic and social challenge. Since 2013, local government has been responsible for public health in England and has special responsibilities to tackle health inequalities as well as improving the public's health overall;
- 13.3. Local authorities and their public health teams have been on a journey together to understand how we can use councils' traditional functions in conjunction with our newly acquired public health expertise to maximise our contribution to closing the health inequalities gap;
- 13.4. As such, the Community Wellbeing Board will make the impact social and economic factors have on the long-term ill health and premature death rates for the most deprived, and what local government can do about it, a priority for the year ahead; and
- 13.5. Work is currently underway with Public Health England to develop a joint strategic framework for health inequalities.
- 14. To raise awareness of the link between health, work and inclusive growth:** Economic development that leads to more jobs for people in our communities is a big contributor to closing the health gap. In particular:
- 14.1. Ill health can affect people's participation in the labour market, with over 300,000 people annually falling out of work and onto health-related welfare. This has a huge cost to the individual, families, communities, employers and public services. Local government's ambition to enable everyone to achieve their potential for a healthy and productive life is shared by Public Health England (PHE) and the Local Government Association (LGA);

- 14.2. Work and health is central to the story of people and place. Helping people with health issues to obtain or retain work, and be happy and productive within the workplace is a crucial part of the economic success and wellbeing of every community; and
- 14.3. There is a strong economic argument to address health-related worklessness, across public expenditure, the wider economy and personal and household income. As such, the Community Wellbeing Board will make health and the economy a priority for the year.
- 15. Creating healthy communities:** The increase in the number of people living longer can be viewed as a public health success story. Yet although populations are living longer, many of these additional years are spent in ill health. Over four million (or 40 per cent) of people in the UK over the age of 65 have a limiting long-term health condition, such as diabetes, heart disease, respiratory disease, cancer, arthritis and dementia. In particular:
- 15.1. The public health agenda aims to improve the health of our population to enable more years spent in good health which will help to reduce health inequalities across different social groups and reduce the growing financial pressure on our health and social care services; and
- 15.2. We will continue to back hard-hitting national action on obesity, physical inactivity, smoking, alcohol and other major health risks, presenting a clear opportunity to tackle long term health conditions and ensure that people are able to maintain their health, wellbeing and independence for as long as possible.
- 16. Child Obesity:** Childhood obesity has been described as one of the biggest health challenges of the 21st century. At the start of primary school one in 10 children are obese and by the end, that has increased to one in five. For the first time the LGA recently highlighted figures that show more than 22,000 children aged 10 and 11 in Year 6 are classed as severely obese. In particular:
- 16.1. Since the responsibility of delivering public health transferred to councils in 2013, local authorities have spent more than £1 billion tackling child and adult obesity, and physical inactivity;
- 16.2. We are pleased that the Government's recent child obesity plan includes clearer food labelling, which the LGA has long-called for, plus measures to introduce mandatory calorie information on menus, improve food standards and physical activity in schools and the option to introduce further fiscal measures. A specific programme to help to support councils develop their existing powers is also good news; and
- 16.3. We will continue to keep child obesity within our current work programme.

17. Supporting local government to embed the 0-5 HCP and address unresolved issues post-transfer: The LGA will:

- 17.1. Continue to raise our concerns at national level around unresolved variances in funding for the HV service at the point of transfer and issues around recruitment and retention;
- 17.2. Continue to share good practice so that councils can learn from it and to have a story to tell national partners that both highlights good work but demonstrates the difficulties facing LG in this agenda; and
- 17.3. Feed into the APPG on the First 1000 days and wider consultations.

18. Promoting a healthy adolescence and transition in to adulthood: The LGA will work to:

- 18.1. Support councils to understand the issues and health inequalities for this age group (10 – 25) and how they can address them. To highlight our concerns to Government as they develop and implement their policies and to the NHS as it develops and implements its long term plan;
- 18.2. Respond to the Government's consultation on Relationship and Sex Education and Relationship Education and to help councils understand and prepare for the changes to the move to statutory basis; and
- 18.3. Focus on good transitions and share good practice with the sector.

19. Mental Health: The LGA will continue to promote, influence and shape local governments role in improving mental health across the life course. Local government has a fundamental role to play in improving mental health outcomes in our communities both in a statutory role in safeguarding and non-statutory role in promoting wellbeing. Councils can be a powerful resource if they are properly embedded in to national strategies and given greater power over the commissioning of services. In particular, we will:

- 19.1. Support an integrated, place-based approach to tackling mental ill health both across council service areas and more broadly throughout the local health and care system, and among services like the police and the voluntary sector;
- 19.2. Continue to input into the ongoing Mental Health Act independent review. We recommend that the new Mental Health Act, or any reform of mental health legislation, should establish a coordinating role for council on mental wellness and health, with the devolution of associated services and funding;
- 19.3. Continue to support councils to ensure that early intervention and prevention mental health services are adequately funded. Mental health is not exclusively about treatment within a NHS setting, but should include the mental health, wellness and prevention services provided by councils. We recommend explicitly include investment directed at councils in any future funding for mental health - including growing the capacity and capability of providers and the broader system

to deliver on the spectrum of support needed, from early intervention and prevention, through to specialist clinical and recovery services;

19.4. Continue to promote health and wellbeing boards in ensuring local accountability for the quality of a spend on mental health and wellbeing services;

19.5. Continue to support councils with their local suicide prevention plans; and

19.6. Continue to lobby on behalf of councils to clarify the new process to replace the Deprivation of Liberty (DoLS) standards and ensure councils are fully funded for any burdens.

20. Children and Young People’s Mental Health: The LGA will continue to promote, influence and shape local governments role in transforming CYP Mental Health Provision. In particular, we will:

20.1. Continue to promote, influence and shape local governments role in transforming Children and Young People’s Mental Health (**CYPMH**) Provision.

20.2. Work with partners at national and local level to promote health and wellbeing boards in ensuring local accountability **and transparency** for the spend on CYP mental health and wellbeing services.

20.3. Work with partners at national and local level to promote and embed the role of health and wellbeing boards specifically their oversight role for the delivery of Local Transformation Plans and the implementation of the Government’s Green Paper.

20.4. Continue to highlight our concerns as articulated in the LGA Bright Future CAMHS campaign <https://www.local.gov.uk/about/campaigns/bright-futures/bright-futures-camhs>

20.5. Continue to input into the ongoing implementation of the Green Paper “transforming CYPMH Provision”.

20.6. Continue to raise our concerns to Government about the need **to** fund early intervention and prevention services as well as for CYP Mental Health services to be adequately funded and for the role local government plays in providing these services to be recognised.

20.7. Continue to address the gaps within the Green Paper and the potential gaps in the NHS long term plan e.g. focusing on vulnerable groups, transitions and young people.

21. Best start in life – promoting the early years of childhood: The LGA will:

21.1. Continue our work to support local government to embed the 0-5 **Healthy Child Programme** and address unresolved issues post-transfer.

- 21.2. Continue to raise our concerns at national level around unresolved variances in funding for the Health Visiting service at the point of transfer and issues around recruitment and retention.
 - 21.3. Continue to share good practice so that councils can learn from it and to have a story to tell national partners that both highlights good work but demonstrates the difficulties facing local government in this agenda.
 - 21.4. **Respond to** the Health and Social Care Committee inquiry into the First 1000 days and related consultations.
22. **Promoting a healthy adolescence and transition into adulthood:** The LGA will continue to promote a healthy adolescence and transition into adulthood. In particular we will:
- 22.1. Support councils to understand the issues and health inequalities for the 10-25 age group and how they can address them. To highlight our concerns to Government as they develop and implement their policies and to the NHS as it develops and implements its long-term plan;
 - 22.2. Respond to the Government's consultation on Relationship and Sex Education and Relationship Education and to help councils understand and prepare for the changes to the move to statutory basis; and
 - 22.3. Focus on good transitions and share good practice with the sector.
23. **Healthy Ageing:** The LGA will continue to promote healthy ageing, and support the independence and wellbeing of older and vulnerable people and their carers. In particular, the LGA will:
- 23.1. Continue to highlight the challenges and opportunities of an ageing society and the key role of councils in addressing this locally and nationally;
 - 23.2. Continue to prioritise local governments leadership role in championing healthy ageing and ensure that people are able to maintain their health, wellbeing and independence for as long as possible;
 - 23.3. We will highlight the central role of local government in creating communities that support healthy ageing, independence, and recognise the economic value and contribution of older people. This will require a collaborative approach with other partners and across council services - supporting older people beyond the provision of adult social care, but with adult social care as a key component;
 - 23.4. Promote the local government contribution to public health and healthy ageing, to enable more years spent in good health which will help to reduce health inequalities across different social groups and reduce the growing financial pressure on health and social care services. The care model must change so that people experience it

as a seamless package of care and support to address their specific needs and aspirations, helping them to live independent and fulfilling lives;

- 23.5. Continue to shape key policy areas of; healthy ageing, prevention, loneliness and isolation, dementia, end of life care, supporting carers, engagement, personalisation, care and housing;
 - 23.6. Continue to promote the needs of carers. To ensure carers have the support they need to maintain their own wellbeing and to be able to lead fulfilling lives; to maintain social relationships, undertake education and training, maintain employment and be active community members;
 - 23.7. Continue to support councils to provide high quality supported or adapted housing, for vulnerable adults, people with disability and older people;
 - 23.8. Continue to work with councils to meet the needs of veterans and deliver the Armed Forces Community Covenant; and
 - 23.9. We will continue to lobby on behalf of councils to ensure any financial burdens due to ongoing 'sleep in' legal case are covered.
24. **Learning disabilities and autism:** The LGA will continue to support councils with meeting the needs of people with learning disabilities and autism. In particular the LGA will:
- 24.1. Support councils with local planning and leadership of services for adults with autism and learning disabilities. Health and Wellbeing Boards have a particularly important role in identifying needs and priorities. However, supporting people with learning disabilities and autism to live independently in the community involves engagement and partnership with all the community and services not just health and social care;
 - 24.2. Contribute to the national autism strategy review;
 - 24.3. Continue to support the Transforming Care Programme which continues until March 2019. The programme aim is to improve health and care services for people with learning disabilities or autism so that they can live in their communities with the right support; and
 - 24.4. Highlight the cost pressures of Learning Disabilities services. Government narrative and focus of attention has been on services to support older people, largely overlooking the fact that much of the growth in cost pressures comes from the increasing needs of working age adults. The recent ADASS budget survey shows, services for working age adults now account for 58 per cent of the demographic pressure on social care budgets – including 39 per cent relating to services for people with a learning disability. Funding challenges also continue to impact people with autism. Local groups supporting people with autism are struggling to find funding; there is a need for more training of frontline staff; and the potential to extend good practice, such as the autism champion's model is challenging because of financial pressures.



Community Wellbeing Board

27 September 2018

Joint work with other LGA Boards

25. There are also a number of joint strands of work with other LGA Boards that the Board will want to progress. The issue of balancing a fair wage for care workers with care for vulnerable people with regards to payment for sleep-ins is an issue shared with the Resources Board. In addition we will also want to work jointly with the Children and Young People's Board to support councils to take a place-based approach to children and young people's health issues, including childhood obesity and child and adolescent mental health services. The LGA Asylum, Refugee and Migration Task Group also reports to both the Community Wellbeing Board and the Children and Young People's Board.

Next steps

26. Following the Board's discussion, officers will prepare a detailed work programme to manage the day to day work. The priorities agreed by the Board will also be reported back to the LGA Executive, which oversees the work of the policy Boards and includes the Community Wellbeing Board Chairman as part of its membership.

Financial implications

27. This programme of work will be delivered with existing resources.



Update on Other Board Business

Purpose of report

For information and comment.

Summary

Members to note the following updates:

- Extension of NHS seasonal influenza vaccination
- Pre-exposure Prophylaxis (PrEP)
- Making Measles History
- Sexual Health Services
- Child Obesity Plan
- Sleep-ins
- Supported Housing
- Autism Self-Assessment 2018
- Appropriate Adult provision framework published
- All Party Parliamentary Group (APPG) Inquiry Report into safeguarding vulnerable missing adults

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 meeting; and
2. **Note** the updates contained in the report.

Action

As directed by members.

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Update on Other Board Business

Extension of NHS seasonal influenza vaccination

1. In 2017 NHS England provided additional funding to support the delivery of flu immunisation for social care workers that offer direct patient/client care. NHSE have confirmed that this will continue in 2018/19 and will be extended to include health and care staff in the voluntary managed hospice sector that offer direct patient/client care. Arrangements have been put in place for the 2018/19 influenza vaccination scheme for eligible health and social care and hospice staff to be offered by GP practices and community pharmacy as part of the seasonal flu programme.
2. This scheme is intended to complement, not replace, any established occupational health schemes that employers have in place to offer the flu vaccination to their workforce. We would urge employers to continue their efforts to protect their staff and most vulnerable patients/clients by encouraging frontline social care staff to be immunised. They can do this by accessing local schemes that are already in place or, if they are eligible as they are in one of the at-risk groups or other groups identified in the annual flu letter, by going to their own GP practice or any pharmacy.
3. A suite of resources covering severe weather/winter readiness will be launched soon on the LGA website.

Pre-exposure Prophylaxis (PrEP)

4. NHS England is funding a major extension to the national HIV prevention programme led by Public Health England with the aim of supporting those most at risk and reducing the incidence of HIV infection. The first phase of implementation will be the launch of a large scale trial of anti-retroviral drugs for the prevention of HIV, known as pre-exposure prophylaxis (PrEP). The PrEP Impact trial continues to recruit at pace with almost 13,000 participants now recruited across 139 clinics. At the last meeting, the PrEP Oversight Board discussed the work to prepare for future commissioning arrangements. Local Commissioner and NHSE members of the PrEP Oversight Board have met and identified key issues that will need to be addressed to progress the work. NHS England and local authorities will prepare for the work by compiling a list of their respective commissioning and contracting issues on which they need to take decisions and the data they will require to inform these decisions. This will help form the basis of a planning group that will be established to undertake the work on preparing for future commissioning. The first meeting of this group met in June.

Making Measles History

5. In September we published guidance to help local authorities to respond to outbreaks of measles in their areas, and support greater uptake of the MMR vaccine.
<https://www.gov.uk/government/publications/measles-resources-for-local-government>



Sexual Health Services

6. Our warnings of the pressures on councils' sexual health services as a result of record demand has received widespread coverage. Record demand for sexual health services in England has seen visits to clinics reach 3.3 million a year, putting the system under huge pressure and leaving people facing longer waits for appointments. We continue to make the case that reductions to public health funding need to be reversed, as this could affect councils' ability to meet further increases in demand and respond to unforeseen outbreaks of sexually transmitted infections

Child Obesity Plan

7. The LGA will be responding to the various consultations identified in the Child Obesity Plan. DHSC plan to publish seven consultation documents throughout the Autumn covering everything from restricting the sale of high energy drinks, calorie labelling, control of marketing to children, school food ratings and price promotions.

Sleep-ins

8. On 8 August, Unison applied for permission to appeal to the Supreme Court the Court of Appeal's decision in *Royal Mencap Society v Tomlinson-Blake*. It is anticipated that it could take at least eight weeks for the Supreme Court to determine whether or not the appeal can go ahead and if it does, the hearing may not be until the latter part of 2019. This clearly leaves us with a period of uncertainty. Following the Court of Appeal's decision, the current situation as far as compliance with the law on the National Minimum Wage is concerned, is that in the circumstances of care workers who are expected to sleep during a sleep-in shift, the minimum wage is not payable for those hours, apart from when the care worker is awake for the purposes of working.
9. We are also expecting the Government to issue updated guidance on this matter shortly. At least for now the prospect of back pay is less of a looming threat. However, with the prospect of an appeal, this may of course change again. The LGA has consistently said we support care workers being paid a fair wage and want to work with government on a sustainable funding solution for the whole social care workforce.

Supported Housing

10. On 9 August, Government announced that all types of supported housing will continue to be funded through Housing Benefit. The Government had consulted on the option of a new local grant for councils to commission short-term supported housing. Ministers also announced that it will work with providers, councils and resident representatives over the coming months to develop a robust oversight regime, ensure quality and value for money across the whole supported housing sector and carry out a review of housing related support to better understand how housing and support currently fit together.
11. The maintenance of the status quo gives providers much-needed certainty, and removes a significant new burden for councils, but we are keen to ensure strengthened local oversight to better make the links between supported housing and other local services, particularly homelessness and welfare support. We await further details on the



Government's next phase of work. The review of support costs will be important in the context of adult social care funding pressures.

Autism Self-Assessment 2018

12. The Association of Directors of Adult Social Services are writing a joint letter with DHSC to Directors of Adult Social Services advising of the fifth autism self-assessment framework (SAF). The SAF is to be launched in September 2018. The letter asks for continued support in undertaking the self-assessment exercise and commitment to raise the awareness and equality of autistic people. The self-assessment assists and prompts local areas in reviewing how they are doing in relation to the Autism Strategy and helps them to map out their local priorities. As in previous years the information submitted will be collated and analysed by Public Health England. Responses to the exercise are asked for by Monday 10 December 2018.

Appropriate Adult provision framework published

13. The LGA Community Wellbeing Board discussed the review of the Appropriate Adult provision in 2017. In July the Home Office published the [PCC-Local Authority Partnership Agreement](#). This is a voluntary framework for collaborative working between Police and Crime Commissioners (PCCs) and Adult Social Services in England to improve commissioning arrangements for Appropriate Adult provision. It has been developed by a range of stakeholders, including the LGA. CWB Board discussions were reported to the Home Office.
14. The Minister of State for Policing and the Fire Service, Nick Hurd, has written to PCCs and Directors of Adult Social Services to draw attention to the new agreement.

All Party Parliamentary Group (APPG) Inquiry Report into safeguarding vulnerable missing adults.

15. The APPG for runaway and missing children and adults published its [inquiry report on vulnerable missing adults](#) in July 2018. The inquiry found that there is significant need for improved multi-agency working between local authorities, the police, NHS trusts and other support agencies. The inquiry made a number of recommendations including; all missing adults should receive an offer of help upon their return and national guidance detailing a better response for missing adults should be developed and implemented at a local level by all relevant agencies.
16. The LGA submitted a response to the APPG strategy review in 2016. LGA officers have met with the lead APPG officer to discuss the inquiry recommendations and how best to share with the sector.



NHS Long Term Plan

Purpose of report

For discussion.

Summary

This report summarises progress so far on the development of the NHS Long Term Plan, which is expected to be published in November 2018. It also proposes for discussion the key strategic messages that the LGA will promote in working with NHS England in the development of the Long Term Plan.

Recommendations

That the Board discuss and agree the LGA's proposed key messages with regard to the NHS Long Term Plan.

Actions

That the Chairman of the Community Wellbeing Board to write to Simon Stevens outlining the LGA's key strategic messages in relation to the NHS Long Term Plan.

Officers to continue to contribute to all relevant NHS Long Term Plan work streams in order to influence its development.

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NHS Long Term Plan

Background and introduction

1. On 18 June, the Prime Minister set out a £20.5 billion funding settlement for the NHS over the next five years until 2022/23. In return, NHS England is developing a long term plans setting out ambitions for improvement over the next decade and concrete delivery plans to achieve the ambitions for the five years of the funding settlement.
2. NHS England intends to publish its NHS Long Term Plan in November 2018 and has embarked on a major consultation exercise to seek the views of patients, the public, staff, and key partners, including local government. The consultation ends on 30 September. An NHSE briefing paper, attached as Annex, gives further details.
3. NHS England has set up a number of work streams to inform the plan. They are as follows:
 - 3.1. Mental health;
 - 3.2. Healthy childhood and maternal health;
 - 3.3. Integrated personalised care for people with long term conditions and older people with frailty (including dementia);
 - 3.4. Learning disability and autism;
 - 3.5. Efficiency and productivity;
 - 3.6. Local and national system architecture;
 - 3.7. Clinical review of standards;
 - 3.8. Digital and technology;
 - 3.9. Workforce, training and leadership (including Health Education England Budget);
 - 3.10. Primary care;
 - 3.11. Prevention, personal responsibility and health inequalities (including PHE / LA prevention budgets);
 - 3.12. Engagement processes (including the NHS Assembly);
 - 3.13. Research and innovation;



3.14. Cardio-vascular and respiratory disease; and

3.15. Cancer.

4. The LGA is contributing to all relevant work streams to emphasise the role and contribution of local government in the planning and delivery of the NHS Long Term Plan at national, strategic and local level.

Details

5. This paper aims to provide the Community Wellbeing Board with a summary of the progress so far in the development of the NHS Long Term Plan, the extent of LGA involvement and to propose a number of key messages to underpin all our engagement on the NHS Long Term Plan, both at strategic level and in relation to specific work streams.
6. We are keen to ensure that the NHS Long Term Plan is underpinned by a place based, person-centred and preventative approach aimed at maximising health and wellbeing and preventing people requiring health care and support in the first place. We see this as the only way of ensuring that the NHS is sustainable in the long term. We therefore propose that the Community Wellbeing Board discuss and agree the key strategic messages that the LGA should seek to embed within the NHS Plan.
7. NHS priorities for their plan focus more on individual pressures rather than whole-system transformation. In particular;
 - 7.1. living within its financial means, though this is only explicitly addressed in the 'efficiency, productivity and transformation' work stream;
 - 7.2. opportunities in new standards/targets and legislative change; and
 - 7.3. improvements in treatment of clinical conditions, eg cancer or mental health and of outcomes.
8. The proposed LGA key messages, outline in paragraph 10.1 to 10.4 below, take a broader, system wide and outcomes based approach.
9. We are also contributing to the consultation on the design of the NHS Assembly, suggesting it be a testing ground for proposals, checking cross-sector implications and providing advice on priorities and engagement; we also stressed the need for it to be accountable to the CEO Board not just NHSE/I boards, and for there to be feedback from the NHS to the Assembly to ensure accountability



LGA proposed key messages on the NHS Long Term Plan

10. The Community Wellbeing Board is asked to discuss and agree the key messages for the LGA to promote in our work with NHS England on the NHS Long Term Plan.

10.1. We are supportive of the NHS commitment to use the Plan to clearly outline how the additional funding for the NHS will be used to improve the overall health of the population and reduce health inequalities. However, current proposals of individual work streams that we have seen so far, lack ambition in terms of radical reshaping health and care. There appears to be a greater focus on simply doing existing things better rather than considering how to remodel and invest in community-based prevention.

10.2. Achieving these ambitious goals will require a system-wide shift towards prevention, not just for the NHS but for other public services. Local government has a particularly crucial role to play in addressing the wider determinants of health and health inequalities – for example through strategies and action to improve housing, employment, educational attainment, early years support and community resilience and empowerment. Unfortunately, this broader, more strategic approach is not reflected in any of the work streams reflecting the major priorities for the plan. In particular, the scope of the prevention work stream is limited to 'life style' factors and behavioural change. We, therefore, urge NHS England to take a more holistic approach to addressing health inequalities and improving health outcomes. And in doing so, they will need to work closely with councils, recognising the vital contribution of council powers and responsibilities.

10.3. A related point is that it is short-sighted to invest in NHS services addressing the funding gap in adult social care and wider local government services that support people to maintain their own health and independence. While it is not the primary purpose of the NHS Long Term Plan to make the case for increased funding of local government services, it is clear that without additional funding to support evermore stretched adult social care and mainstream council services, the NHS will be limited in how much impact they can have on addressing the wider determinants of health. Furthermore, if adult social care, public health or mainstream council services are cut, this will increase pressure on NHS services, making it more challenging for them to achieve their vision for better services, better outcomes and addressing health inequalities.

10.4. We welcome the intentions of the NHS Long Term Plan but unless it proposes a radical shift in our approach to health and wellbeing, it will not be effective in creating a sustainable future for the NHS or deliver improvements in health and health inequalities unless it makes the following changes;



- 10.4.1. adopting a place-based, locally led approach focusing on prevention and wellbeing;
 - 10.4.2. investment in primary, community and social infrastructure to help people help themselves;
 - 10.4.3. a move away from treating an ever growing burden of sickness and long term conditions to supporting people to maintain their own health, wellbeing and resilience; and
 - 10.4.4. social care and support valued in its own right as a vital service enabling thousands of people to live full and independence lives and not simply adjunct of the NHS, there simply to take the pressure of acute services.
- 10.5. The plan will also need to recognise the importance of using existing governance and accountability structures to ensure that the national plan can be adapted and tailored to local needs and priorities. In particular, we would want to see local NHS leaders engaging proactively with health and wellbeing boards in developing local plans that build on the place based priorities already set out in joint health and wellbeing strategies. Furthermore, engaging local political leadership in early discussions to develop local plans will be crucial in securing the system-wide support and commitment necessarily to deliver real and lasting change.
- 10.6. Only together, can the NHS and local government transform health and care to meet the needs of the next century. Councils are not simply delivery partners to support the NHS to meet their ambitions. Councils and their political leaders are place-shapers and strategic partners, bringing together many partners from the public, private and community and voluntary sector to achieve the wider ambitions for their communities. It is important that NHS leaders understand the breadth and depth of the reach of councils into their communities and recognise how important this role is in helping the NHS to engage with communities.

Implications for Wales

11. Health and social care are functions devolved to the Welsh Assembly – so there are no implications for Wales.

Financial Implications

12. There are no financial implications for local government.

Next steps

13. The Board is requested to discuss and agree the key messages outlined in paragraphs 10.1 to 10.4 above to underpin all of our contributions to the development of the NHS Long Term Plan.
14. NHS England aim to publish the Long Term Plan in November to coincide with the Autumn Budget, and will continue to engage with key stakeholders throughout September and October in order to shape the final plan. This provides the LGA with an

important opportunity to use key messages agreed by the Board to influence the final Long Term Plan.



Developing the long term plan for the NHS

Briefing from the Long Term Plan Engagement Team – england.ltp@nhs.net

Scope

On 18th June the Prime Minister set out a funding settlement for the NHS in England for the next five years. In return, the NHS has been asked to set out a long term plan for the future of the NHS by Autumn, setting out our ambitions for improvement over the next decade, and our plans to meet them over the five years of the funding settlement.

Working groups are now being established, bringing together local and national system leaders, partners and stakeholders, to shape the final plan. Agreed working groups, and some of those who will be involved in them, include:

Life course programmes

- **Prevention, Personal Responsibility and Health Inequalities** - Duncan Selbie, Dr Neil Churchill, Dr Vin Diwaker, Dr Amanda Doyle
- **Healthy Childhood and Maternal Health** - Sarah-Jane Marsh, Professor Russell Viner, Professor Jacqueline Dunkley-Bent, Dr Matthew Jolly
- **Integrated and Personalised Care for People with Long Term Conditions and Older People with Frailty (including Dementia)** – Caroline Abrahams, Julian Hartley, Martin Vernon, Matthew Winn

Clinical priorities

- **Cancer** – Cally Palmer, Lynda Thomas, Paula Head
- **Cardiovascular and respiratory** – Professor Stephen Powis, Professor Mike Morgan, Simon Gillespie, Juliet Bouverie
- **Learning Disability and Autism** – Ray James, Dr Jean O’Hara, Rob Webster
- **Mental Health** – Claire Murdoch, Paul Farmer, Sheena Cumiskey

Enablers

- **Workforce, Training and Leadership** – Dr Ruth May, Professor Ian Cumming, Jim Mackey, Dr Navina Evans
- **Digital and Technology** – Dr Simon Eccles, Sarah Wilkinson, Steve Dunn, Matthew Swindells
- **Primary Care** – Dominic Hardy, Dr Amanda Doyle, Dr Nikita Kanani, Professor Helen Stokes-Lampard
- **Research and Innovation** – Dr Sam Roberts, Professor Tony Young, Roland Sinker, Professor Dame Sue Hill
- **Clinical Review of Standards** – Professor Stephen Powis, Professor Carrie MacEwan, Imelda Redmond
- **System Architecture** – Ben Dyson, Ian Dodge, Matthew Swindells
- **Engagement** – Simon Enright, Sian Jarvis, Imelda Redmond, Rachel Power

Engagement

As articulated by the Prime Minister and Simon Stevens, the development of the long term plan will need to be based on the advice and experience of clinical experts and other stakeholders, including representatives of patients and the public.

Engagement with these groups will therefore be a key feature of our work at all points of the plan’s development, and will primarily be based around three components:

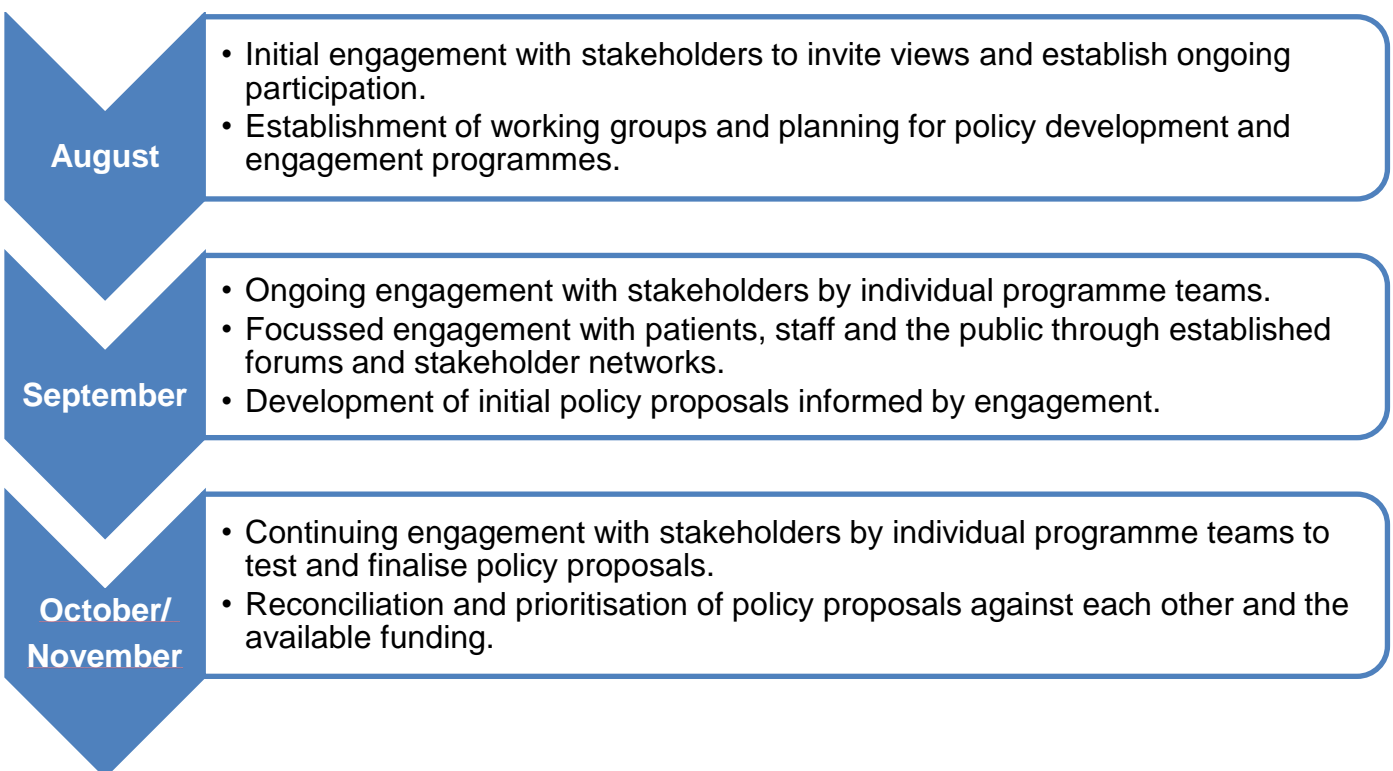


In addition to engagement on the content of the long term plan, we will also be developing our thinking around the role that an ‘NHS Assembly’, made up of representatives of NHS staff and patients, should play in overseeing the delivery of the plan’s ambitions going forward.

Timeline

The Prime Minister has asked the NHS to prepare its long term plan in time for the 2018 Autumn Budget; we anticipate that this will be mid-November.

The indicative timeline for engagement with stakeholders and development of policies is therefore as follows:



Children and Young People's Health Update

Purpose of report

For discussion and updating

Summary

Children and young people's health is a joint priority between the Children and Young People (CYP) and the Community Wellbeing Board. This paper is designed to update members on the recent policy developments and seek members' steer on the direction of travel for some of the policy areas. This report was presented to Children and Young People Board on 10 September 2018. A summary of the Children and Young People Board's views can be found in section 4.1.

Recommendations

The Community Wellbeing Board note and comment on the activities detailed in the report.

Actions

Officers to take forward work in line with the steer from the Children and Young People and Community Wellbeing Boards.

Contact officer: Samantha Ramanah
Position: Adviser
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Children and Young People's Health update

1. The Green Paper "[Transforming children and young people's mental health provision](#)" (March 2018) focused on strengthening the links between schools and the NHS and taking a whole school approach to delivering early intervention support through new NHS led mental health teams. The [Government's response](#) (July 2018) committed to implementing three core proposals and making £300 million funding available for its implementation. The core proposals are:
 - 1.1 To incentivise and support all schools and colleges to identify and train a Designated Senior Lead for mental health.
 - 1.2 To fund new Mental Health Support Teams, which will be supervised by NHS children and young people's mental health staff.
 - 1.3 To pilot a four week waiting time for access to specialist NHS children and young people's mental health services.
2. Other Government commitments include:
 - 2.1 **Trialling implementation:** the three core proposals will be piloted in areas to be known as trailblazer areas. The first wave of ten to twenty areas will be fully operational by the end of 2019. The new approaches will be rolled out to at least a fifth to a quarter of the country by the end of 2022/23.
 - 2.2 **Health education:** will become a compulsory part of the curriculum by September 2020. It will look at healthier lifestyles, physical health, building mental resilience and wellbeing – including staying safe on and offline and healthy relationships.
 - 2.3 **Social media and potential harms to CYP mental health:** there will be guidance for social media providers on how to protect users from potential mental health harms (such as suicide and self-harm content) and social media providers will need to provide data on harmful content and how they are dealt with.
 - 2.4 **Reducing stigma and promoting awareness:** Staff in a further 1,000 state schools will receive Mental Health First Aid training by 2019, this will be an increase on the third of state schools who have already received training.
 - 2.4 **Universities:** A new University Mental Health Charter was launched in June 2018 to drive up standards in promoting student and staff mental health and wellbeing. Universities will be awarded a new recognition for meeting improved standards. A cross sector team to review the support needs for students in the transition into university, particularly those with or at risk of mental health issues is being set up.

Issues

3. While we welcome the Government's commitment to additional investment and its focus on earlier intervention through a whole school approach, the inclusion of health education in the curriculum and the greater focus addressing issues around social media and the transition to university. We remained concerned by the following issues:

3.1 The implementation of the reforms is being led by NHS England via Clinical Commissioning Groups and there is a lack of local oversight and accountability for the funding and reforms. NHS England has expressed a view that Health and Wellbeing Boards (HWBs) need to be more involved in the reforms. Currently this is not built into the design of the implementation plans and as a result the level of engagement and oversight from HWBs is variable. CYP and CWB Board members have previously expressed their support for HWBs to be the key body that ensures funding reaches the right services and hold local partners to account. **What support do members' think we could provide to help strengthen the role of HWBs in the reforms? Options could include a "must know" on implementation, a briefing for HWBs and/or asking NHS England to make it a stronger part of their processes.**

3.2 Despite the rhetoric in the Green Paper there is a lack of focus on the 16-25 age group. The work being taken forward focuses on university students. Whilst this is welcomed it does not address those young people who are not in further or higher education, training or employment or conversely those who are in the later but not at university. Many of whom may be from demographics that are underrepresented at university or fall into vulnerable cohorts.

3.3 We remain concerned by the lack of transparency and accountability for the £1.7 billion funding. The commitment to reduce waiting times are not ambitious enough with no clarity as to how children in the remaining areas will overcome the obstacle of long waiting times. The reforms at best give a partial response to the pressures facing the system, with no clear strategy of how the remaining gaps will be funded or addressed. This is particularly concerning given the reduction in council's early intervention and public health funding and pressures on school funding.

3.4 The Green Paper's focus on a whole school approach is a helpful contribution to our call for an independent school based counselling service in every secondary school in England. However, the reforms focus on building a new mental health workforce that will deliver evidence based interventions and a support network. A universal independent school based counselling service has the benefits of being accessible and therefore quickly reducing CYP's distress. It also builds upon existing Department of Education advice¹ and would help to mitigate the risk of taking mental health staff away from other parts of the system to fulfil the reforms. **Do members agree that the new announcement is a helpful contribution but it doesn't fully meet our call for action?**

¹ [Counselling in schools: a blueprint for the future – Departmental advice for school leaders and counsellors, 2015](#)

4. This paper was presented to the Children and Young People Board on 10 September, below is a summary of their discussion:

4.1 CYP Board members agreed that there is a lack of accountability on who is held responsible for the delivery of the reforms and members agreed that though aspects of the green paper are welcome, there are weaknesses, particularly with regards to a four-week waiting time for referrals, addressing the Bright Future campaign, lack of commitment to an independent school based counselling service and the role of health and wellbeing boards.

CYP in the NHS Long Term Plan

5. In July 2018 the Government announced that the NHS will receive an increase of £20.5 billion a year in real terms by 2023-24—an average of 3.4 per cent per year growth over the next five years. The increased funding will support a new 10-year long-term plan for the NHS. It is looking at 17 work streams, children and young people falls across a number of work streams as set out below. It is not clear where children and young people's mental health will sit. The relevant work streams for CYP are:

5.1 Healthy childhood and maternal health;

5.2 Mental health;

5.3 Learning Disability and Autism;

5.4 Primary Care;

5.5 Cancer; and

5.6 Prevention, Personal Responsibility and Health Inequalities.

6. LGA policy officers are working together to ensure that our concerns for children and young people are fed into the relevant work streams including mental health.
7. CWB officers are feeding into the Healthy childhood and maternal health work stream. Its main focus is on improving long term conditions and outcomes, maternity, perinatal and infancy including still births and infant mortality, asthma, diabetes and cancer. We have highlighted that this work needs to reduce health inequalities and take a whole system approach –taking the wider early years and children's services agenda into account.
8. NHS England leads on this work stream are looking for evidence on the key interventions that will help to improve outcomes for children and families as well as reduce service pressures. In order to maximise the impact of our lobbying we propose

to limit our requests to ask the NHS plan to focus on a small number of the very most important areas, to maximise the chance that they get proper attention. Two key suggestions are reducing hospital admissions caused by unintentional injuries in under 25s and Improving Speech, Language and Communication at age 5. This is because each of these are good general outcome measures for children's health and both are affected by health inequalities, require a focus on prevention and early help and rely on good working between the NHS and local government. We believe these priorities would also be supported by officials in Government Departments and PHE. Whilst we will continue to promote local flexibility and the strategic messages outlined in item 4 of the agenda, a pragmatic approach of aligning our support for these interventions may prove more successful in helping to unlock some of the NHS money for local government or community services and having a wider impact on a range of outcomes. **What are members' views on proposing a key focus on reducing hospital admissions caused by unintentional injuries in under 25s and Improving Speech, Language and Communication at age 5?**

Public Health funding

9. Councils continue to face significant spending reductions to their public health budget up to 2020/21. To put this in context, public health funding will be cut by 9.7 per cent by 2020/21 in cash terms of £331 million, on top of the £200 million cut in-year announced in 2015.
10. Discussions continue around the inclusion of the public health grant within 75 per cent business rates retention, negotiations with the Treasury around the Comprehensive Spending Review 2019 and the planned removal of the ring-fence around the use of the public health grant.

Child Obesity

11. Childhood obesity has been described as one of the biggest health challenges of the 21st century. At the start of primary school one in ten children are obese and by the end, that has increased to one in five. For the first time the LGA recently highlighted figures that show more than 22,000 children aged 10 and 11 in Year Six are classed as severely obese.
12. We are pleased that the Government's recent child obesity plan includes clearer food labelling, which the LGA has long-called for, plus measures to introduce mandatory calorie information on menus, improve food standards and physical activity in schools and the option to introduce further fiscal measures. A specific programme to help to support councils develop their existing powers is also good news.
13. It is recommended that we continue to keep child obesity within our current Community Wellbeing Board work programme.

Transfer of health visiting to local government

14. The responsibility for commissioning health visiting services transferred from the NHS to local government in October 2015. The early years of life remains a Government priority, recent policy developments include the NHS long term plan's focus on "healthy childhood and maternal health" and the launch of Health and Social Care Committee inquiry into the First 1000 days of life which focuses on pre-conception to age two, which we are responding to.
15. Local government is transforming services through; increasing the number of contacts delivered by health visitors for the five mandated checks, protecting health services despite cuts to the public health budget. Taking a life course approach and integrating across the Healthy Child Programme 0-19 (and up to age 25 for young people with Special Educational Needs and Disabilities).
16. Local government's performance and health visitor numbers continue to be closely scrutinised. This includes calls by some for health visiting to be returned to the NHS. There have also been calls for an extension of mandation on local government for these services - that is for the five checks that are currently delivered by health visitors to be increased and for this to be written into regulations. There is also speculation that the health visitor workforce has declined since commissioning transferred to local government.
17. In our response to these calls we have highlighted that health visitors play a crucial role in local systems which is intrinsically linked to local government's work and that moving health visiting would result in unnecessary disruption and could lead to poorer services and outcomes for families and children by making it harder to join up the support which families need. We have highlighted the impact cuts to the public health and early intervention grant are having on public health and children's service. We have also raised that there are unresolved issues around the robustness of the NHS' data on workforce numbers which does not include health visitors who are employed by local government or private providers. There are a number of outstanding issues post transfer, these include:
 - 17.1 Health visitor recruitment and retention difficulties. These issues were particularly pertinent in London at the time of transfer and are ongoing which is impacting on the service locally. Whilst this is particularly a problem for London and the South it is likely to impact on other regions as cuts to funding begin to bite.
 - 17.2 Department of Health and Social Care originally promised that any variances in historic resource allocation at the point of transfer of 0-5 health visiting services would be resolved via the introduction of a resource allocation formula. However, this was not introduced, which has resulted in some councils operating with less money for their health visiting service.

17.3 Issues around the provider market including a lack of competition and the impact funding cuts are having on providers' ability to deliver contracts at a reduced cost.

17.4 Work local pressures. A survey conducted by the Institute of Health Visiting showed that one in five health visitors in 2017 are working with caseloads of over 500 children. However, the recommended 'minimum floor' set at the time of transfer was three whole time equivalent health visitors to cover 1000 children.

18. We are working with membership organisations and stakeholders to get a better understanding of these issues and how best we can support local government and raise issues nationally where necessary.

Implications for Wales

19. No implications for Wales.

Financial Implications

20. This work will be undertaken from within existing LGA budgets.

Next steps

21. Community Wellbeing Board members are asked to note and comment on the activities detailed in the report.

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Note of last Community Wellbeing Board meeting

Title: Community Wellbeing Board
Date: Monday 9 July 2018
Venue: Smith Square 1&2, Ground Floor, 18 Smith Square, London, SW1P 3HZ

Attendance

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

Item Decisions and actions

1 Welcome and declarations of interest

There were no declarations of interest.

2 The Adult Social Care Workforce - activity in 2018/2019

Jon Sutcliffe, Senior Adviser, introduced the paper and gave a presentation on recent reporting and activity around the adult social care workforce at a national level. In particular he drew the Board's attention to the summary of activities at Appendix A of the paper. Jon also highlighted the role of the LGA in working with government and other organisations to facilitate developments at a local and regional level. He also raised key challenges in the adult social care workforce.

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

- Workforce issues would be an important issue for the government's Green Paper to cover.
- Consideration needed to be given to how the apprenticeship levy was being used.
- It was suggested there a better breakdown of data would be helpful for example around the age of the workforce.
- Jon explained that a joint lead members meeting between the Community Wellbeing Board and Resources Board lead members on broader health and social workforce issues and other local government workforce issues relating to health, including apprenticeships, health visitors and public health, would be beneficial.
- A view was expressed that it was important to take into account the geographical variation of housing costs and how this impacts the workforce.
- Issues around vacancy rates, difficulties in recruiting staff, pay for travel and mileage were also raised.
- A view was expressed that there needed to be clarity on the role of Skills for Care in approaching adult social care workforce issues, in particular around the issue of progression in the workforce, which had an impact on staff retention.
- The Chairman emphasised that it was crucial we have a clear and consistent message on the adult social care workforce.

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Decision

The Community Wellbeing Board:

1. Noted the current LGA activity on the adult social care workforce;
2. Discussed and developed the LGA's key messages on the adult social care workforce which need to be addressed in the care and support Green Paper; and
3. Agreed that Lead Members of the Community Wellbeing Board and Resources Board meet to discuss broader health and social workforce issues and other local government workforce issues relating to health, including health visitors and public health.

Actions

Officers to incorporate the Community Wellbeing Boards comments into the LGA's key messages on the adult social care workforce.

4 Care and Health Improvement Programme 2018/19

Andrew Hughes, Head of Care and Health Improvement Programme, introduced the report providing a brief overview of the Care and Health Improvement Programme (CHIP) priorities for 2018//19 and an update on its activities to achieve them. In particular he highlighted the three priorities of CHIP, these being;

- risks and resources;
- care market quality and sustainability; and
- sustainable and integrated care and health systems.

Andrew also highlighted work that CHIP were currently working to support areas with delayed transfer of care. He also brought Members attention to the further three years' funding from NHS Digital to continue the Social Care Digital Innovation Programme into 2020/21. He also raised that CHIP would be engaging with Skills for Care and the LGA's Workforce team to work towards a more integrated workforce in the care sector.

In the discussion that followed, the following points were raised:

- Consideration needed to be given to how much the role of local authorities in the integration agenda was pushed; and
- The role of health and wellbeing boards in commissioning of services also needed to be thought about.

Decisions

The Community Wellbeing Board noted;

1. The agreed priorities for the Care and Health Improvement Programme and the high level activities that will be delivered for 2018/19;
2. The programme's recent notable achievements; and

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3. Progress on leading activities.

Action

Officers to take forward any member feedback.

5 Support for political leaders and reaffirming the position of Health and Wellbeing Boards

Caroline Tapster, Director of Health and Wellbeing System Improvement, introduced the paper detailing the progress of Health and Wellbeing Boards (HWBs) in their fifth year as well as the LGA's political and clinical leadership offer to support HWBs (through the Care and Health Improvement Programme.) In particular Caroline emphasised the importance of strengthening leadership and building relationships between organisations for HWBs to progress. Caroline asked Members continue to encourage their colleagues to engage with their local HWBs.

The Chairman emphasised the importance of encouraging improvement in local HWBs.

Decision

The Community Wellbeing Board;

1. Noted the report; and
2. Agreed to champion the political leadership offer.

Actions

Officers will continue to support HWBs to re-establish their role; maximising their value as statutory bodies with legal duties, democratic accountability and their unique positioning to bring together the wider determinants of health and to set a long term vision for their local populations.

Political leaders in health, care and wellbeing will be supported to develop their engagement and relationships with the NHS through the new partnership approach.

Officers to bring an update paper to the Community Wellbeing Board in six months.

6 Children and Young People's Health Update

Samantha Ramanah, Adviser, introduced the paper updating the Community Wellbeing Board on current activities in relation to the LGA's work related to children's health issues.

Paul Ogden, Senior Adviser, informed members of the Community Wellbeing Board that the LGA would also be holding an event on childhood obesity on 26 September at 18 Smith Square.

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

- Members emphasised the implications of poor health during pregnancy and the

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first 1,000 days of a child's life, and that going forwards services need to give greater attention to deal with children's issues as early in their life as possible.

- The important link between resilience, emotional wellbeing and children's health was emphasised by Members.
- The emphasis on children's mental health was welcomed by Members, and particular attention drawn to the mental health of children with special educational needs.
- The importance of campaigns to stop smoking, and to support better mental health, as well as the importance of home economics and diet on children's health was also highlighted by Members.

Recommendation

The Community Wellbeing Board noted the update in the report.

Action

Officers to incorporate feedback from the Community Wellbeing Board into future work.

7 Community Wellbeing Board Achievements 2017/18

The Chairman introduced the report providing an overview of the issues and work the Board has overseen during the last year, as well as setting out key achievements in relation to the priorities of the Community Wellbeing Board in 2017/18.

The Chairman also shared her reflections from her time as Chairman of the Community Wellbeing Board. The following points were raised:

- Funding for adult social care and public health, as well as the need for integration in the sector, had remained a constant priority.
- That the LGA's Adult Social Care Green Paper was a crucial piece of work and an opportunity for local government to participate in developing the Government's green paper.
- That Sustainability and Transformation Partnerships had got off to a challenging start.
- That it had been clear Health and Wellbeing Boards would need to have a greater leadership role in future.
- That public health had found a natural home in local government, and there were strong arguments on why it should remain a local service.
- That mental health had raised up the agenda over recent years and that it was crucial that local government continued to lend their support.
- That the collective voice of the LGA would continue to be crucial to local government.

The Chairman also emphasised that local government had protected adult social care, but raised her concern that due to funding cuts this had come at great cost to other services.

The Chairman expressed her thanks to all Members of the Board for their work, and to all the LGA officers who support the Community Wellbeing Board.

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

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- Views were expressed that the LGA adult social care green paper was an opportunity to evidence the value of localism, and to highlight the need for thought around how we prepare for old age – as individuals, families and communities.
- The importance of how local government supports local care in future was also raised.
- The need for cross party work going forwards was emphasised.
- A view was expressed that including personal stories and case studies would be of great value to the LGA adult social care green paper.
- A view was expressed that local government should have a greater role in community care.
- The need for a stronger message to the public as to the importance of social care and the challenges it faces.

Following this discussion Alyson Morley, Senior Adviser, raised the following points;

- Following polling the LGA found 89 per cent of Council leaders now want a resolution for Adult Social Care from national tax.
- 87 per cent of the public support more funding for Councils.
- 82 per cent of the public support this coming from a national tax.
- Alyson emphasised that these results show a shift in public awareness of adult social care.
- The Board were informed that the LGA was commissioning adult social care case studies.
- The Board were informed that a consultation on the adult social care green paper would be carried out over August and September.

Members expressed their thanks to the Chairman for her work in this role over the past three years and in having built such a clear cross party consensus in the Community Wellbeing Board.

Decision

Members noted the achievements against the Board's priorities in 2017/18.

Action

Officers to incorporate Members feedback into future priority setting.

8 Update on Other Board Business

The Board noted the updates in the report.

9 Note of the last meeting

The Board agreed the minutes of the last meeting.

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Appendix A - Attendance

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

LGA location map

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 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

