

Community Wellbeing Portfolio - End of Year Report

Background

1. The Community Wellbeing Portfolio has responsibility for Local Government Association's (LGA) activity in the areas of the wellbeing of adults, including lifelong learning, training, health and social care and for the wellbeing of all people in the areas of community cohesion, asylum and immigration. The LGA has continued to promote the vital leadership role of local government in the health and care system.
2. For the 2015/16 meeting year, the Community Wellbeing Portfolio has piloted a Member-driven Portfolio style governance model. Instead of holding formal Board meetings, four Policy Groups were created for each of the four priority areas agreed by Portfolio members, and the particular achievements of the four areas of work are outlined below. Following a review of the pilot, the Leadership Board decided to revert to the Board mode of operating for the 2016/17 meeting cycle.

Achievements

3. The LGA, in partnership with NHS Confederation, NHS Clinical Commissioners and the Association of Directors of Adult Social Services, published *Stepping up to the Place: the key to successful health and care integration* at the NHS Confederation's conference in June. It sets out a clear shared vision for achieving better health and wellbeing outcomes, better services and best use of resources by adopting a place based and preventative approach to population health.
4. The LGA also launched an *Integration Self-assessment Tool* at the LGA Annual conference in July which supports local system leaders to assess their own capacity and readiness to escalate the scale and pace of integration locally.
5. With regard to Sustainability and Transformation Plans (STPs), the LGA has strenuously represented our members' views that there needs to be full local government and democratic involvement in the development of STPs. Our influencing has been effectively in ensuring that local government is involved in the strategic and regional oversight of the process of developing STPs and we continue to lobby for greater and more meaningful involvement of local government at local level.
6. On health devolution, the LGA has organised two roundtables and briefings. The first with Greater Manchester and aspirant health devolution areas to discuss the practical challenges of turning a devolution deal into an achievable plan; and the second, a briefing for the NHS and community and voluntary sector on the opportunities and challenges of devolution.

The Future Vision for Health and Care Systems

7. The LGA have led a partnership with the NHS Confederation, NHS Clinical Commissioners and the Association of Directors of Adult Social Services to develop a shared system-wide vision on the aims of integration, the essential components of a fully integration system, our evidence base and the key questions for local leaders and national policy makers that need to be addressed. *Stepping up to the Place: the key to success health and care integration* was launched at the NHS Confederation Conference on 15 June.

8. We have also worked with the Care and Health Improvement Programme and our key partners in NHSCC, ADASS and NHS Confederation to develop an *Integration Self-assessment tool* to help local system leaders clarify what action they need to take to escalate the scale and pace of local integration plans. All of the support tools will focus on the essential elements required for successful integration set out in *Stepping up to the Place*. It was launched at the LGA Annual Conference and will be piloted in several areas throughout the summer and early autumn and independently evaluated. It will be available as a core element of CHIP support from autumn 2016.

Adult Social Care

9. The last year has been dominated by developing our submission to the Spending Review (jointly with ADASS) and responding to it, and the Local Government Finance Settlement. The Spending Review announcements of the 2 per cent council tax social care precept, and additional funding for social care via the BCF of 'up to £1.5 billion by 2019/20', were welcome recognition by Government of the key points we had put forward about the importance of adult social care and the pressures facing the system.
10. However, it is clear that the question of adult social care funding remains unanswered and the system remains under significant strain. We have therefore set out our overall post-Spending Review position on social care funding, as well as our positions on specific agendas, at various times during the last 6-8 months. This has included: written and oral evidence to the Health Select Committee on the impact of the Spending Review; written evidence to the Communities and Local Government Committee on social care funding; oral evidence to the Public Accounts Committee on discharging older people from acute hospitals; written response to the DCLG consultation on funding to councils to support former Independent Living Fund recipients; written and oral evidence to the Carers Trust Commission, 'Care Act for Carers: One Year On'; and numerous briefings and national media responses.
11. Central to our position has been the call to bring forward £700 million of the largely backloaded 'up to £1.5 billion' funding for social care by 2019/20 through the BCF. This position has been widely covered in the media and is now publicly supported by a range of partner organisations.
12. Following the introduction of the National Living Wage the pressure on providers (and therefore councils' fee levels) has increased further, with many providers raising concerns about future viability. The LGA therefore organised a high profile 'Summit' that brought senior sector figures together from the LGA, ADASS and provider representative bodies to share an understanding of pressures and consider what could be done jointly to mitigate them.
13. Councils are still facing significant capacity and resource pressures post by the Supreme Court Judgement on Deprivation of Liberty Safeguards (DoLs). LGA is working with ADASS and the Law Commission on legislative change to make the scheme simpler and more cost effective. We also are working with ADASS to commission resources to support the sector implement the Mental Capacity Act including DoLs.
14. Working with the Care and Health Improvement programme, an ongoing programme of leadership development for lead members include an induction event for new members, a leadership essentials programme and ongoing updates of the online 'must knows' for lead members. The LGA worked closely with ADASS on a sector led improvement approach to adult safeguarding. The NCAS conference was well attended and included a session for lead members, led by the Portfolio.

Promoting Health and Wellbeing

15. Councils have seized their new responsibilities for improving the public's health and reducing inequalities with vision, vigour and considerable creativity and innovation. With the NHS 5 Year Forward Review calling for a 'radical upgrade' in public health, our new responsibilities represents a unique opportunity to change the focus from treating sickness to actively promoting health and wellbeing.
16. At the top of our list of priorities has been influencing the forthcoming child obesity strategy. This year we launched three major publications on the 'obesogenic environment' in partnership with Public Health England and Town and Country Planning Association. We received a considerable media interest on a range of themes such as the sugar levy, fast food advertising around schools, nutritional labelling on front of packs, academy schools not obliged to comply with Healthy Eating Standards, poor oral health in children and our call for chain restaurants and cinemas to help families make informed choices.
17. Through our public health improvement programme eight local authorities have taken part in the Health in All Policies Peer Challenge and over 300 councillors took part in the Royal Society of Public Health (RSPH) Health Champions Training Programme.
18. We published over 20 publications covering a range of public health policy priorities such as early years, teenage pregnancy, oral health, sexual health, physical inactivity, making them some of the most downloaded LGA publications.
19. The LGA has continued to lobby Whitehall, backed by solid evidence, to develop a genuinely long-term approach to the economics of prevention.

Vulnerable People and Older People

20. Priorities for this area for 2015-16 included autism and learning disabilities (LD), mental health (with a particular focus on children's mental health), dementia, older people, end of life care, personalisation, carers, and housing and social care.
21. The Portfolio has had representation on Autism and LD Programme Boards in order to input into the LD strategy, and held a Mental Health conference in partnership with Public Health England in March 2016. An ageing population event was held in February 2016. We published articles in First Magazine on mental health, CAMHS and the armed forces to promote these areas of work. We had involvement with the launch of the PM's 2020 Dementia Challenge Implementation Plan and post diagnosis support pledge, published autism case studies, and influenced, agreed and signed up to the TLAP Memorandum of Understanding.
22. The LGA has continued to lobby on funding to CCGs on children's mental health, influenced and responded to the Mental Health Taskforce report, and responded to a consultation on the National Audit Office report on personalised budgets. We made representations to the LGA's Housing Commission and attended a variety of APPGs including those on mental health, housing and health, and older people.
23. Lobbying on the Local Housing Allowance cap and supported accommodation is ongoing, as is the development of an ageing report on good practice. The LGA is working with PHE on the mental health Prevention Concordat and a toolkit for councils on mental health and JSNAs.

The CAMHS campaign is being further developed, as well as guides for councils on mental health and autism.

Asylum, Refugee and Migration Task Group

24. The LGA Asylum, Refugee and Migration Task Group as chaired by Cllr David Simmonds, reports to both the Community Wellbeing and Children and Young People Board. The Task Group and lead LGA members have overseen the development of a range of national schemes supporting refugees and asylum seekers and a range of resources to support local authorities. The LGA contributed to achieving five year funding for the Syrian resettlement scheme, the development of a national transfer scheme for unaccompanied children to reduce capacity pressures, and continuing to raise concerns around the dispersal system for adults and families. Councils have great expertise bringing communities together and the Safer and Stronger Communities Board will be pulling together resources to support this.

Programme of work and priorities 2016/17

25. Community Wellbeing Lead Members, along with Members of the Funding Policy Working Group, have been very clear that the argument for a more sustainable funding settlement for adult social care must continue to be made.
26. It is clear that the rest of the sector feels similarly and there is a growing sense that all parts of the sector need to come together to collectively influence the next Spending Review and campaign to raise awareness of what social care is and its value. The LGA will need to play into these conversations whilst pursuing its own work on social care funding.
27. On integration it is important to get the balance right between local and strategic commissioning of services. The Board will work to ensure that each area has the right footprint and governance model for commissioning different services.
28. Good practice case studies on public and political engagement for service transformation, integration and reconfiguration will be undertaken on behalf of the sector. The Board will also continue to produce briefings and case studies on accountable care organisations and accountable care systems.
29. The Board will develop a good practice guide on End-of-Life Care, evaluate the costs and identify good practice in children to adult learning disability services (jointly with the Adult Social Care Funding Working Group), and respond to the development of a Department of Health Carers Strategy.

Financial Implications

30. All work programmes are met from existing budgets and resources.