

Community Wellbeing Board Achievements 2015/16

Purpose

For information and discussion.

Summary

This report provides an overview of the issues and work the Board has overseen during the last year. It sets out key achievements in relation to the priorities of the Community Wellbeing Board in 2015/16.

Recommendation

Members are invited to note the achievements against the Board's priorities in 2015/16.

Action

Officers to action as appropriate.

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Board Achievements 2015/16

Background

1. The Community Wellbeing Board 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 Board 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.

The Future Vision for Health and Social Care Systems

3. During 2015/16 the Board developed and promoted a clear vision for the local authority role in health and social care, with health and wellbeing boards leading a place based approach to health and social care commissioning.
4. The LGA formed an effective partnership with NHS Confederation, the Association of Directors of Adult Social Services and NHS Clinical Commissioners to develop a clear vision of an integrated, place-based system, the essential components and what needs to change at local and national levels to achieve this. *Stepping up to the place: the key to successful integration* was launched at the NHS Confederation's annual conference in June 2016. The Chair of the CWB was a keynote speaker at one of the main plenary discussions at the conference and we contributed to workshop sessions on integration.
5. Stemming from *Stepping up to the place*, we developed an *Integration Self-Assessment Tool* to support local health and care system leaders assess their own capability and capacity to drive the scale and pace of integration at local level. The self-assessment tool is currently being piloted and, after independent evaluation and subject to funding being available, will be available to all health and care system leaders as part of the Care and Health Improvement offer.
6. We have continued to influence Government and the NHS Leadership to adopt our system-wide vision of integration in discussions on sustainability and transformation plans (STPs) and on the future of the Better Care Fund. The LGA was represented at high level in meetings between the NHS leadership and STP footprint leads to discuss the first draft of plans. As a result, further guidance from NHSE has highlighted the importance of including the funding pressures on adult social care in STPs, the need to share plans with political leadership, the need for engagement with local communities and clarity on how integration will help meet the objectives of STPs.

Health and Social Care Devolution

7. A key strand of work during 2016/17 has been to develop an offer to support areas negotiating for the devolution of health resources and decision making.
8. In partnership with Greater Manchester Combined Authority and NHS Greater Manchester, we held a high-level round-table discussion for aspirant health devolution areas on how to turn a successful health devolution deal into an achievable plan and published a summary of the discussion, including early lessons from Greater Manchester.
9. Together with NHS Clinical Commissioners, NHS Confederation and the Richmond Group of charities, we organised a briefing event for NHS and community and voluntary sector stakeholders on the challenges and opportunities of health devolution.
10. We have spoken at several national and regional events on health devolution, including a very successful sub-plenary session at the 2015 National Children's and Adults Services Conference.
11. We continue to offer areas pursuing health devolution deals bespoke support, drawn largely from our existing Care and Health Improvement Programme support offer for leadership and integration.

Adult Social Care Funding

12. Over the last year we have led the debate on the future of health and care by supporting social care and health integration and lobbying to close the funding gap in adult social care, investment in a transformation fund for prevention, and the expansion of the Better Care Fund by pooling health and social care funding.
13. Our work in this area 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.
14. 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.
15. 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.
16. 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.

17. Working with the Care and Health Improvement programme, an ongoing programme of leadership development for lead members included ongoing support for regional networks, 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 key issues in adult social care, such as [delayed discharge](#) and [adult safeguarding](#). The NCAS conference was well attended and included a session for lead members.

Public Health Transformation and Health Protection

18. The last 12 months has been a year when child obesity moved to the top of the public health agenda and became the focus of intense media attention. As part of our child obesity campaign work, we have called for fundamental reforms, such as a mandatory reduction of sugar in soft drinks, better sugar labelling on food and drink products, calorie counts on menus in chain restaurants, and for councils to be given powers to ban junk food advertising near schools.
19. In February we held our fifth *Annual Public Health Conference*, the LGA's national annual flagship conference on public health offered a valuable opportunity to analyse the implications for local government and public health. The event highlighted the innovative work already being undertaken by councils and public health teams, with their partners and communities, and it looked at how to build on existing best practice to identify and tackle the challenges and opportunities of the new public health landscape.
20. In the same month we published [Public health transformation three years on: extending influence to promote health and wellbeing](#) a series of case studies showing how local authorities are making progress on improving health and wellbeing and tackling health inequalities since public health was transferred to local authorities in April 2013.
21. Councils will continue to face significant spending reductions to their public health budget up to 2020/21. We are concerned that reductions to the public health budget will have a significant impact on the 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.
22. 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 for 2015/16 announced in November 2015. It is crucial that councils are given a free hand in how best to find the savings locally and we have sought government's reassurance on this point. Anything less, will make the task of finding the reductions more difficult.
23. Giving children a healthy start in life is one of the most important jobs councils do. On 1st October Councils took responsibility for commissioning children's public health services for children aged 0-5 following the transfer of these responsibilities from the NHS. This joins up with the much larger transfer of public health functions to local government which included responsibility for 5-19 year olds, which took place on 1 April 2013. To support local authorities understand their new responsibilities we published [A new home for](#)

[public health services for children aged 0-5: A resource for local authorities](#) and [Healthy beginnings: Giving our children the best start in life](#)

24. In October we published [Prevention a shared commitment](#). This work identifies and collates key pieces of evidence about the cost effectiveness of prevention in order to develop the LGA's concept of a Prevention Transformation Fund. About 5 per cent of the entire healthcare budget is spent on prevention. Local Government Association (LGA) research on a range of local prevention schemes suggests that investment in prevention could yield a net return of 90 per cent.
25. From exploiting digital technologies to stressing social norms in a bid to encourage people to make lifestyle changes, local authorities have started using behavioural insights to make a difference to people's lives. In January we published a useful resource for councils on the theme of [Behavioural Insights and Health](#)
26. There is growing recognition that loneliness is a serious problem, with far reaching implications, not just for individuals, but also for wider communities, which merits the attention of local authorities. In February we published [Combating loneliness: a guide for local authorities](#)
27. It is over 15 years since the then government launched its Teenage Pregnancy Strategy in response to England having one of the highest teenage pregnancy rates in Western Europe. Since then the under-18 conception rate has halved thanks to the hard work of councils and their partners. In February we published [Good progress but more to do: teenage pregnancy and young parents](#).
28. England has one of the highest rates of unhealthy weight of other western countries. The prevalence of obesity in England has more than doubled in the last 25 years. And if we go on as we are, the rate of obese people is expected to double in the next 40 years. Obesity is a complex problem that requires action from individuals and society across multiple sectors. To support Councils the LGA published three complementary publications [Tipping the scales: Case studies on the use of planning powers to limit hot food takeaway](#), [Building the foundations - tackling obesity through planning and development](#), [Healthy weight, healthy futures: Local government action to tackle childhood obesity](#)
29. In March we raised concerns about the proposed £172m announced reductions to the Community Pharmacy program. The LGA is concerned that insufficient recognition had been given to the role of pharmacy in the community as a much needed social and economic asset. In our response to the Department of Health's consultation over proposals, the LGA insists local pharmacies must remain at the heart of communities, rather than risk bringing more people to surgeries and adding to existing pressures.
30. Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable. In April we drew attention to our [research](#) that showed that the cost of removing rotting teeth in children and teenagers has soared by 61 per cent (£35m) in the last five years, leading to fears that youngsters' sugar addiction is spiraling out of control.
31. The challenge of the ageing population and supporting people with long-term conditions is one of the biggest our society faces. Chronic illnesses consume approximately 70 per

cent of the health budget. But as there is no cure for them they require us to look beyond the traditional clinical model the NHS offers. By connecting people with local community services and activities we can improve the health and wellbeing of large numbers of people. In May we launched [*Social Prescribing: Just what the doctor ordered.*](#)

32. The evidence that unemployment is bad for your health is clear and likewise that good work is an important contributor to health and wellbeing across people's lives. Over the last 12 months we have been working with Public Health England (PHE) to provide local councillors with a [*strong business case*](#) to address health related worklessness and promote workplace health in their local authority. Our focus has been on employed individuals with health conditions falling out of work and onto out-of-work welfare, and those on welfare with health conditions who are not in employment.
33. Developing integrated services across local government and the NHS is a key government policy imperative. The LGA and the Association of Directors of Public Health (ADPH) are strongly committed to supporting the involvement of public health in integrating services to help improve their quality and cost effectiveness, to provide a better experience for those who use them, and, ultimately, to improve the health of the population. In July we published a [*report*](#) to support those goals by showing why public health should be involved in integration, and what expertise public health can bring to planning, commissioning and delivering more integrated services.
34. It is estimated that costs to the NHS of treating the health effects of poor diets are around £6 billion per year. The public sector spends about £2.4 billion per year buying food and catering services – that's about 5 per cent of the entire sector. Councils play a significant role in this. Councils employ 1.5 million people and many eat in their staff canteens. We run and commission leisure services where there are cafés and vending machines. In August we launched a new guide aimed at commissioners on the theme of [*Healthier Public Sector Food Procurement.*](#)

Vulnerable People and Older People

35. 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, the armed forces and housing and social care.
36. The Portfolio was represented on the Autism and LD Programme Boards in order to input into the development of 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, Child and Adolescent Mental Health Services (CAMHS) and the armed forces to promote these areas of work. The Portfolio was represented on the Dementia 2020 challenge Programme Board and we had involvement with the launch of the PM's 2020 Dementia Challenge Implementation Plan and post diagnosis support pledge, published autism case studies. The Portfolio was also represented on the 'Think Local Act Personal' (TLAP), and influenced, agreed and signed up to the TLAP Memorandum of Understanding on co-production. It was also agreed that the LGA should be represented on the 'Ambitions' end of life care board and a round table was held with the NHS England clinical director for end of life care. Members also attended and contributed to the Dementia Action Alliance and the Disability Action Alliance.

37. We held sessions at the LGA annual conference on mental health and the armed forces community covenant, held an event on the community covenant with the MOD in November 2015 and published in August a report into local implementation of the armed forces covenant, with recommendations for government and examples of good practice. We have helped secure grant funding of £4 million for councils through the MOD covenant fund.
38. The LGA has continued to lobby on funding to CCGs on children's mental health and the role of health and wellbeing boards to have an oversight of the system locally, influenced and responded to the Mental Health Taskforce report as well as continued to influence the Crisis Care Concordat partnership, and contributed to the PHE work on mental ill-health prevention. We also responded to a consultation on the National Audit Office report on personalised budgets and the CCG report into personalised commissioning for adult social care. We worked with the NHS Confederation and partners on a publication to improve Crisis Care for Older people, published in April. The Chair of the board was invited to speak to a European Audience on the findings of our report on the opportunities and challenges of an ageing population, "the silver lining". We made representations to the LGA's Housing Commission and spoke at a variety of APPGs including those on mental health, Muscular Dystrophy and housing, suicide prevention, housing and health, and older people.
39. As a result of LGA lobbying on the proposal by government to apply the Local Housing Allowance cap to supported accommodation, government has revised its proposals and will only apply the cap in 2019/20, when a new funding model is brought forward. This will involve an additional ring-fenced grant to councils to commission supported housing for vulnerable people. The development of this policy area 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, alongside a 'state of the nation'-style report on children's and mental health, as well as guides for councils on mental health and autism. We also published a report on the integration of housing, health and care, "A house is much more than a home" and the LGA is a signatory to the Health and Housing MOU. We made a submission to the Government Carers Strategy and are contributing to its development through the Carers Strategy Steering Group. We attended the missing people ministerial roundtable and made a submission on the Missing People's Strategy.

Asylum, Refugee and Migration Task Group

40. 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.

CWB Events and Publications

41. The statistics below give an indication of the reach of the Board's activities in the media, with member authorities and with other key stakeholders:

- 41.1 Twitter Followers: 3,357
- 41.2 Number of events held: 14
- 41.3 Attendees at National Children and Adult Services Conference: 559
- 41.4 Number of publications: 40
- 41.5 Number of downloads from the LGA website: 220,745 (since Sept 15)
- 41.6 309 national newspaper, online and broadcast CWB mentions
- 41.7 CWB Board Chair Cllr Izzi Seccombe was interviewed or mentioned in national print, online and broadcast media 166 times over the last 12 months.
- 41.8 CWB Board members Cllrs Jonathan McShane and Richard Kemp were also mentioned 25 times collectively in national print, online and broadcast media.

42. Highlights of the media coverage included:

- 42.1 [Councils respond to Spending Review announcements on social care](#) (25 November) (25 pieces of national coverage). Cllr Izzi Seccombe was interviewed on **BBC Radio 4's Today** programme about the 2 per cent levy on council tax to pay for adult social care.
- 42.2 [Bottles and cans of alcoholic drinks should include calorie count signs](#) (2 January 2016) (24 pieces of media coverage). LGA Deputy Chairman Cllr Peter Fleming was interviewed on **BBC Breakfast**, **Sky News** and **LBC** about our call for alcoholic drinks to carry calorie counts, which was also reported on **BBC Radio 5 Live** news bulletins.
- 42.3 [Fizzy drinks need child-friendly 'teaspoon labels' to spell out sugar content, say councils](#) (20 February) (7 pieces of national coverage). Cllr Jonathan McShane's comments were broadcast on **BBC Radio 5 Live** about our call for soft drink companies to spell out sugar content in teaspoons on their product labels, in a bid to beat tooth decay and child obesity.
- 42.4 [More low-alcohol cider, beer, wine and spirits needed to tackle health problems and meet surge in non-drinkers, say councils](#) (26 March) (18 pieces of national coverage). Cllr Izzi Seccombe appeared on **BBC Breakfast** and **BBC Radio 5 Live** about our calls for greater low-strength cider, beer, wine and spirits to help tackle health problems and meet a surge in non-drinkers.

- 42.5 [Hospitals spending £35 million on "rotting teeth" in children](#) (15 April) (29 pieces of national coverage). Our media release warning from Cllr Izzi Seccombe about how the cost of removing decayed teeth in children has increased to more than £35 million a year was reported in the **Mail, Sun, Guardian, New Day, Express, Star, Times, Metro, i paper** and **Mirror**.
- 42.6 [Children mistaking dangerous laundry tablets for sweets every day](#) (4 June) (13 pieces of national coverage). Cllr Jonathan McShane was interviewed by **ITV News, BBC Radio 5 Live** and **LBC** to discuss our release ahead of Child Safety Week warning of the dangers of children mistaking laundry tablets for sweets, with one case being reported every day.
- 42.7 [Obesity to cost councils half a billion](#) (18 July) (7 pieces of national coverage). Cllr Izzi Seccombe featured on **BBC Radio 5 Live** and **LBC** news bulletins and on **BBC Online, Times, i paper, Metro** and **Telegraph Online** about our warning that government cuts to public health funding could curb councils' efforts to tackle obesity.
- 42.8 [Councils respond to childhood obesity plan](#) (18 August) (5 pieces of national coverage). CWB Board Deputy Chair Cllr Richard Kemp was interviewed on **BBC News** and **BBC Radio 5 Live** with our response to the Government's obesity strategy. Our statement on the plan was also reported on, **BBC Online, Mail Online** and **ITV Online**.

CWB in Parliament

43. Senior LGA members have engaged ministers and parliamentarians to promote our policy priorities. Below is a summary of our parliamentary activity in 2015/16:

- 43.1 In November 2015, Cllr Gillian Ford and Sarah Pickup gave oral evidence to the All-Party Parliamentary Group on Housing and Care, focusing on the impact of the Spending Review on health, social care and housing. This event took place the day after the Spending Review, so it was an excellent opportunity to highlight the LGA's initial response to the additional funding made available through the Better Care Fund and the council tax precept. There were several questions relating to whether councils would look to raise the precept in all areas, and if so, would this cover the funding shortfalls for adult social care.
- 43.2 In December 2016, the LGA gave written evidence to the Health Committee on its inquiry into [Public Health Post 2013: structures, organisation, funding and delivery inquiry](#). Cllr Jonathan McShane subsequently delivered oral evidence on behalf of the LGA, in February 2016. We received notable mentions in the [committee's report](#), and Dr Sarah Wollaston supported our call for a public health objective in licensing applications.
- 43.3 Cllr Richard Kemp gave oral evidence to the APPG on Primary Care and Public Health. He subsequently gave evidence to the APPG on delivering the Five Year Forward View. Both sessions focused heavily on the importance of prevention and investment in public health services, drawing

attention to local authority responsibilities and the importance of pairing PH duties with adequate resourcing.

- 43.4 Cllr Rachel Eden gave oral evidence to the All-Party Parliamentary Group on Ageing – focused on the Ageing Agenda. The session focused on the LGA's isolation and loneliness report, and ensuring that older people are not seen as a burden on society, but people who are actively engaged in our community and able to retain their independence for as long as possible.
- 43.5 Cllr Izzi Seccombe spoke at an International-Longevity Centre (ILC) and Age UK event on the impact of the Spending Review on Care.
- 43.6 In January 2016, the LGA submitted written evidence to the Health Committee on its [inquiry on the Comprehensive Spending Review](#). Following this, the LGA's Deputy Chief Executive, Sarah Pickup provided oral evidence to the Committee in March 2016. This formed part of the Committee's visit to Salford Hospital.
- 43.7 In February, Cllr Jackie Meldrum gave oral evidence to the APPG on Social Work during its inquiry on Mental Health Provision. This focused on both children and adult mental health services and the importance of integration between housing and health services.
- 43.8 In April 2016, Cllr Izzi Seccombe gave oral evidence to the All-Party Parliamentary Group on Mental Health during their inquiry on the Mental Health Taskforce.
- 43.9 In April, Cllr Gillian Ford gave oral evidence to the APPG on Ageing and Older People during their session on devolution and the integration of health and social care.
- 43.10 In June 2016, Sarah Mitchell gave oral evidence on behalf of the LGA to the Public Accounts Committee on discharges from hospital for older people. She also gave oral evidence to the Public Administration and Constitutional Affairs Committee on [unsafe discharges from hospital](#) in July 2016.
- 43.11 Following the new ministerial appointments in the Department of Health, the Chairman and Cllr Seccombe wrote to the Secretary of State for Health and the new ministerial team at the Department of Health.
- 43.12 In August 2016, the LGA gave written evidence to the Communities and Local Government Committee on [adult social care](#). We have been invited to give oral evidence on 10 October 2016, which Sarah Pickup will speak at, on behalf of the LGA.
- 43.13 In September 2016, the LGA has submitted written evidence to the House of Lords NHS Sustainability Committee on the sustainability of the NHS. In the submission we focused on the importance of fully supporting adult social care and prevention in order to have a sustainable NHS.

- 43.14 During party conference season, a number of the Community and Wellbeing Board are speaking at fringe events on behalf of the Local Government Association. These include panel discussions hosted by the Optical Confederation, NHS Providers, RCPCH, Alzheimer's Society, NHS Clinical Commissioners, Common Vision, Turning Point, Royal Pharmaceutical Society and other stakeholders.
- 43.15 The LGA will submit written evidence to the Health Committee's inquiry on the impact of [Brexit on health and social care](#), due on 28 October 2016.

Financial Implications

44. None.