

Community Wellbeing Board Priorities 2016/17

Purpose

For discussion and decision.

Summary

This paper sets out proposals for the Community Wellbeing Board's priorities and work programme for 2016-17.

It outlines how the LGA-wide priority on responding to the Brexit vote will impact the work of the Community Wellbeing Board, as well as options for broader work priorities 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 2016/17.

Action

Officers to take forward as directed by members.

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Community Wellbeing Board Priorities 2016/17

Background

1. At this first meeting of the Community Wellbeing Board (CWB), 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 work that the LGA Leadership Board has asked Boards to undertake based on the overall policy priorities of the LGA.
 - 1.2. Specific policy priorities based on the remit of this Board.

Work commissioned from LGA policy Boards by the LGA Leadership Board

2. As in 2015-16, LGA policy Boards are being asked to incorporate cross-cutting LGA priorities within their work programmes. The key request from the LGA's Leadership Board as we begin the 2016-17 Board cycle is for individual Boards to:
 - 2.1. Consider the impact of the vote to leave the European Union on their policy areas and make appropriate provision within their work programme.
 - 2.2. Contribute to the development of the LGA's Autumn Statement submission and pitch to the new Government.
3. Alongside this, the LGA Business Plan was refreshed during September, to be considered by the LGA's Leadership Board in October. The key themes in the plan, in common with previous years, are expected to be devolution, housing, finance, and adult social care and health, with an additional theme around Brexit. It is anticipated that the adult social care and health section of the new business plan will focus on the LGA's role in leading the debate on the future vision of the health and social care system, the funding needed to deliver integrated social care services, the role of councils in promoting health and wellbeing, and the support councils provide to the vulnerable and elderly. These areas of work are reflected in the priorities set out later in the paper.

Impact of the vote to leave the EU on CWB policy areas and work planning

4. At its meetings in July and early September, the Leadership Board identified five priority areas for the LGA to influence following the vote to leave the EU:
 - 4.1 Securing investment which is currently sourced from the EU;
 - 4.2 Developing a new legal base for local government;
 - 4.3 Initiating a constitutional debate;
 - 4.4 Community Cohesion;
 - 4.5 Place-based impact.
5. Two of these have particular relevance for CWB's work programme. These are:
 - 5.1. Developing a new legal base for local government, given that European legislation affects the delivery of adult social care and public health services.
 - 5.2. Community Cohesion, which includes the impact on the residency rights of EU citizens, including those working in local government services.

Community cohesion

6. There are a number of themes to this work, but one strand will look at the impact of the referendum decision on the local government workforce. Councils (both as employers and place leaders) have concerns about the residency rights of EU citizens, especially those in essential jobs. Providers are very concerned about the risk to services in the medium term. We are currently working with the NHS and social care providers to assess the risk and to develop joint proposals for Government to address such risks. The Board will undoubtedly wish to feed into this work, which is being led by the LGA's Resources Board as an issue that cuts across a wide range of council services.

Developing a new legal base for local government - impact of Brexit on adult social care and public health work

7. Local government services are influenced to a significant degree by European legislation. With the UK having voted to leave the EU, there is a need therefore to develop a new legal base for a number of local government services.
8. Adult social care and public health services are amongst those shaped by European legislation. The range of areas where Europe has an impact include: the working time directive; rules around procurement and state aid; air quality standards; rules for processing asylum claims; agreements on the coordination of responses to serious cross-border health issues; programmes for reducing and preventing drug use; regulations on food labelling and additives (including sugars); rules on the claims nutrition and health marketing can make about foods; standards on the quality and safety of blood; regulations on the manufacture, presentation and sale of cigarettes; and controls on the trade in and packaging of medicines.
9. As with other services the legislation is a mix of EU directives that have been transposed into UK law (which will still apply when the UK actually leaves the EU) as well as EU regulations and decisions that apply directly. These would not apply once the UK leaves the EU, meaning that in those areas there will be no legal framework following exit. Predominantly adult social care and health are affected by EU directives rather than regulations.
10. In relation to both, Brexit provides an opportunity for political choices to be made to change laws previously based on EU regulatory frameworks, for example if they have been 'gold-plated', are simply outdated or are no longer desired.
11. All Boards with policy areas whose legal basis will be affected by withdrawal from the EU are being asked to identify priority areas to flag with government as part of our ongoing discussions on Brexit.
12. Given the range and technical nature of much of the EU-led regulation in this area, we do not propose that CWB should reach a view on each or even groups of the individual regulations. Instead it is proposed that CWB gives a general steer on any priority areas for adult social care and public health affected by the UK leaving the EU. This will help to shape our LGA wide approach to renegotiating the legal base for local government.
Members are therefore asked to identify any priorities for adult social care and public health.

Specific work of relevance to this Board's remit

13. Alongside Brexit and other corporate work, LGA Boards will continue to develop specific work within their policy areas. These priorities will be reported back to the LGA Executive.

14. The draft priorities outlined below suggest four key overarching themes for the Board this year, and a series of activities underpinning each of them:

14.1. Integration and devolution of health and social care

14.1.1. **Integration:** Building on *Stepping up to the Place: the key to successful integration* and the *integration self-assessment tool*, continue to promote our shared vision and the essential components as the national and local framework for achieving the 2015 Spending Review commitment to full integration of health and social care by 2020. We will do this by:

- 14.1.1.1. pressing for two-year Better Care Fund plans, with a 'light touch' and sector-led approach to assurance and a focus on a place-based preventative approach;
- 14.1.1.2. pressing for the Department of Health, the Department of Communities and Local Government, NHS England and NHS Improvement to adopt our vision for integration and the self-assessment tool as the framework for local areas to progress towards full integration;
- 14.1.1.3. working with the Care and Health Improvement Programme (CHIP) to develop a 'maturity matrix' for national policy makers and local system leaders to use to assess their own progress to full integration,
- 14.1.1.4. working with CHIP to develop a set of good practice case studies of areas at the leading edge of integration;
- 14.1.1.5. continuing to build our strategic partnership with the NHS and social care partners – the Association of Directors of Adult Social Services, the NHS Confederation, NHS Clinical Commissioners and NHS Providers – to support and represent local care and health systems; to campaign for a place-based, preventative approach; to develop further support offers to health and care system leaders to drive local integration; and to model effective joint working.
- 14.1.1.6. Develop proposals to support an integrated health and care workforce, reflecting concerns around capacity, jointly with the Resources Board and linked to the work on integration and devolution of health and social care outlined elsewhere in this paper.

14.1.2. **Sustainability and Transformation Plans (STPs):** Continue to press our key messages on STPs: to involve political and clinical leaders in the development of STPs; to ensure that the funding pressures on adult social care are clearly identified in STPs; to ensure ongoing and meaningful community engagement; ensure that there is a focus on integration and prevention in STPs; and press for robust system-wide governance arrangements for STPs to ensure local accountability.

14.1.3. **Health devolution:** To continue to support local areas to develop clear and ambitious plans for health devolution and maximise the potential for devolution to join up the health and growth/regeneration agendas by:

14.1.3.1. publishing good practice case studies and lessons from cutting edge areas;

14.1.3.2. organising a national conference in December 2016 to discuss the progress on health devolution and explore the potential for embedded health and wellbeing into local growth initiatives.

14.1.4. **Community services:** To develop clear campaigning messages on what community health services, including the New Models of Care need to do to work in partnership effectively with social care services.

14.1.4.1. Organise a roundtable discussion with key national policy makers and local system leaders to discuss the role of community services in supporting social care.

14.1.4.2. Public a summary paper of discussions in order to inform local development of community health services.

14.2. Funding and support for adult social care

14.2.1. **Funding:** continue to evidence the mounting pressures facing adult social care services (including, but not limited to, demography, inflation, National Living Wage, Deprivation of Liberty Safeguards, Care Act) and push for a sustainable funding settlement.

14.2.1.1. Building on the LGA's Autumn Statement submission, highlight – and further develop the evidence base of – the immediate funding gap that needs to be addressed to secure the sustainability of the provider market, and the projected gap by the end of the decade.

14.2.1.2. Continue to be part of on-going discussions to consider how best to be involved in a new, sector-wide, 'social movement' campaign to influence the 2020 Spending Review. Following agreement, take that involvement forward. This could be a significant piece of work.

14.2.1.3. Produce a publication for the autumn exploring partners' views on the importance of adult social care, what sustainable care would look like, and why it is unsustainable now.

14.2.1.4. Make appropriate links with the business rates reform agenda, particularly in respect of any reform of Attendance Allowance (AA). As per the LGA position, lobby against any proposals to transfer AA to councils.

14.2.2. **Support:** support leadership development and strengthen links with the voluntary and community sector.

14.2.2.1. Develop and deliver a programme on leadership development and align with sector-led improvement programmes in adult social care (eg Transforming Care, adult safeguarding, and implementation of the Mental Capacity Act).

- 14.2.2.2. Strengthen links with the voluntary and community sector (VCS) to better understand the impact of funding pressures on the VCS and work jointly to support care and health delivery.

14.3. Public Health

- 14.3.1. Continue to make the case for increased investment in public health, and disseminate and showcase knowledge and best practice including whole systems approaches to tackling obesity, alcohol, physical inactivity and sexual health.
- 14.3.2. Support the case for public health to be funded from business rates in the future and assist councils in preparing for the transition from Public Health Grant funding.
- 14.3.3. To support councils embed public health across councils' policies and work.
- 14.3.4. To ensure that systems and processes are in place to support public health to deal with extreme events and health protection emergencies.
- 14.3.5. Provide support to councils in the delivery of their 0 - 5 public health commissioning role.
- 14.3.6. Support councils to influence and contribute to the transformation agenda in relation to children and young people mental health services.
- 14.3.7. Continue to press our key messages around obesity and physical inactivity including how we respond to the introduction of the Sugary Drinks Industry Levy and the implementation of the Child Obesity Plan.
- 14.3.8. Organise the annual public health conference on 6 March 2017

14.4. Vulnerable and older people

- 14.4.1. **Mental health and suicide prevention:** To ensure that the key role of local government in the mental wellbeing of local communities is recognised and as such adequately resources at a national level, as well as local government's role with regards to mental health crisis, the commissioning of support services, early intervention, prevention and step-down services. We will do this by:
 - 14.4.1.1. Influencing the new cross-government mental health strategy to ensure the key role of local government is included and continuing to work with NHS England to influence the improvement of their mental health services and the links across with councils and community-based services.
 - 14.4.1.2. Publishing a report into Children and Young People's Mental Health, services and support, and campaigning on this important issue.
 - 14.4.1.3. Shaping the Public Health England (PHE) Mental ill-health prevention concordat and building on the success of last year by holding another joint national mental health event with PHE.
 - 14.4.1.4. Influencing the development of the new suicide prevention strategy and supporting councils in this area.
 - 14.4.1.5. Developing improvement support to councils on mental health services with CHIP.
 - 14.4.1.6. Continuing to influence the mental health crisis care concordat for those experiencing a mental health crisis.

- 14.4.1.7. Working with the Home Office to ensure vulnerable adults continue to have access to an appropriate adult whilst in custody, and that the links with social care and safeguarding services are maintained.
- 14.4.1.8. Influencing the emerging Missing People strategy.
- 14.4.2. **Disabilities and specific conditions, including Learning disabilities, Autism, and Dementia:** To ensure that government policy relating to specific conditions adequately takes into account the role and financial constraints of local government, and that we support councils to improve in this area. We will do this by:
 - 14.4.2.1. Influencing the activity of the Ministerial Learning Disabilities Programme Board and the emerging Department of Health Learning Disabilities Strategy and Action Plan.
 - 14.4.2.2. Influencing the Ministerial Autism Programme Board and the emerging work on local accountability, including holding an event jointly with the Autism Alliance and Department of Health (DH).
 - 14.4.2.3. Making links between the work of the CWB Board and the Transforming Care programme.
 - 14.4.2.4. Influencing the delivery work and oversight of the Prime Minister's 2020 challenge on Dementia, particularly on Dementia Friendly Communities and the emerging Dementia prevention work.
 - 14.4.2.5. Working with the Dementia Action Alliance and publishing good practice for councils and their partnership on Post-diagnosis support.
 - 14.4.2.6. Working with the Disability Action Alliance and influencing their programme on increasing the profile of those with disabilities in public life.
- 14.4.3. **Personalisation, co-production, carers and end of life care:** to build on the principles of personalisation of care and co-production, including during end of life care, and to enable the support of unpaid carers by:
 - 14.4.3.1. Influencing and engaging with the national Ambitions partnership on End of Life Care.
 - 14.4.3.2. Influencing the emerging DH Carers Strategy.
 - 14.4.3.3. Engaging with Think Local Act Personal and the National Co-production Advisory Group to support councils in building community capacity around health and social care, and embedding personalisation and co-production in their commissioning and advice activities.
- 14.4.4. **Housing, homelessness and supported housing –** enable councils to support vulnerable people in their local area to live more independently through the provision of suitable and adequate housing. We will achieve this by:
 - 14.4.4.1. Working with government and partners to ensure that councils receive adequate funding to cover new supported housing commissioning responsibilities and any new burdens, including the development of a commissioning framework for councils and housing providers, and demonstrating the opportunities by integrating housing, health and care.

14.4.4.2. Influencing the development of new legislation on supported housing, sheltered housing and homelessness – this will also include those in need of short term crisis housing. Engaging with cross-LGA work on homelessness. Taking forward the findings of the LGA Housing commission with regards to housing for older people.

14.4.5. **Armed forces** – enable councils to fulfil their role in ensuring serving members of the armed forces, their families, reservists and veterans not to suffer disadvantage under the national armed forces covenant by:

14.4.5.1. Taking forward the recommendations in the report the LGA produced with the Forces in Mind Trust “Our Community – Our Covenant”.

14.4.5.2. Raise awareness with councils, partners and government the improvement recommendations in the report “Our Community – Our Covenant”.

14.4.5.3. Influencing the funding available to councils to implement the armed forces community covenant.

Joint work with other LGA Boards

15. There are also a number of joint strands of work with other LGA Boards that the Board will want to progress. As well as the suggested work with the Resources Board to support an integrated health and care workforce under the funding and support to adult social care theme, 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.

Communications and events

16. A number of internal and external communications channels are available to help the Board promote the work it is doing and to seek views from member authorities. These include a dedicated section on the LGA website, regular e-bulletins, outside speaking engagements as well as interviews, features and news items in First magazine, and use of social media such as twitter. We will also explore the opportunity to engage with member authorities by linking with the chairs of health and wellbeing boards through a virtual sounding board.

17. In addition there is a full programme of conferences and events to support the delivery of the Board’s proposed priorities, and designed to support members and officers around a range of health and wellbeing issues. Conferences already planned include:

17.1. 2-4 November 2016: National Children and Adult Services Conference

17.2. 9 March 2017: annual LGA/Association of Directors of Public Health, Public Health Conference

Next steps

18. Members are asked to discuss and agree the Board’s priorities for 2016/17.

Financial Implications

19. This programme of work will be delivered with existing resources. Additional supporting projects may be commissioned subject to funds being available from a small directorate / team budget.