

Update on Other Board Business

Purpose of report

For information and comment.

Summary

Members to note the following updates:

- Autumn Statement 2016
- Armed Forces Covenant Report
- Children's Mental Health
- Self-Care and Health Literacy
- Health in all policies: a manual for local government
- Personalisation
- Government consultation on Dementia: care, support and awareness

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

Autumn Statement 2016

1. In the Government's Autumn Statement, announced by the Chancellor on 23 November 2016, there were no announcements for adult social care.
2. In recent months the entire care and health sector, including councils, providers, charities, the NHS, health economists, Parliamentarians and the Care Quality Commission have united around the urgent need to address the unsustainable pressures facing adult social care and the growing funding gap those pressures are creating. The Government's failure to act on these calls, and by implication its insistence that adult social care has the resource it needs, is unacceptable. The absence of additional funding will have knock-on effects on the viability of providers and the sustainability of the NHS. Most importantly, the impact will fall on residents. Unmet need is likely to increase and elderly and vulnerable people will continue to face an uncertain future in which they might not receive the care they need to support their independence and wellbeing. Those receiving services may see further reductions in the care and support they receive.
3. The LGA estimates that adult social care faces a funding gap of £1.3 billion by 2019/20 (even with the measures announced in the 2015 Spending Review) based on pressures caused by demography, inflation and the National Living Wage. In addition to this, LGA analysis of 'fair price' of care calculations developed by provider organisations suggests that the scale of the immediate challenge could be in the order of at least £1.3 billion. This is the minimum requirement to stabilise the provider market meaning that a total of at least £2.6 billion is needed by the end of the decade.
4. Immediate and medium-term challenges of this scale simply cannot be ignored any longer. As a country we need far greater recognition of why social care matters and why it must be treated as a national priority. If councils are to stand any chance of protecting such vital services that support elderly and vulnerable people then we need urgent action to put social care on a sustainable financial footing. This must mean genuinely new additional funding."
5. The LGA's full 'On the Day Briefing' is included at **Appendix A**.

Armed Forces Covenant report – 'our community, out covenant'

6. The LGA and the Forces in Mind Trust (FiMT) commissioned Shared Intelligence to review local implementation of the armed forces covenant. All councils in England have voluntarily signed up to a local version of the national covenant. There are no statutory duties directly relating to the local implementation of the armed forces covenant, beyond housing statute that gives ex-servicemen and women additional preference should they be in high need of accommodation. There is grant funding available that councils can apply for, and there is currently £4 million available.
7. The report of the review made a number of recommendations that the LGA are taking forward with the MOD subject to LGA capacity and funding:

The LGA and Government

8. The LGA and Government will agree a statement on the legitimate expectations flowing from the Covenant, including what it can and cannot deliver, which should form the core text of national and local statements on the Covenant.
9. The core wording on the Covenant will be strengthened by including the following question as a way of testing whether or not a person or family is suffering from comparative disadvantage:
 - 8.1 “Had the person/family been a long term resident of the area would the decision have been different?”

Councils and their Partners

10. The report recommends that:
 - 9.1 A core infrastructure is adopted by councils seeking to successfully implement the Covenant at a local level.
 - 9.2 To be effective a Covenant co-ordinating group:
 - 9.2.1 Meets at least twice a year;
 - 9.2.2 Regularly reviews how it works, including frequency of meetings and any sub-groups;
 - 9.2.3 Evolves in term of its membership to reflect energy and interest.
 - 9.3 Councils identify people on their staff and council who have a personal link with the Armed Forces and use their understanding and commitment to help galvanise the delivery of the Covenant.

The LGA and the MoD

11. The LGA explores the factors underlying our finding that few councils have adjusted their policies and strategies on adult social care to reflect the Covenant.
12. The LGA works with the MoD and the Forces in Mind Trust to put in place an action research framework to enable councils which are seeking to improve their delivery of the Covenant to work collectively to develop and implement ways of doing so.
13. The MoD and the Armed Forces explore ways of improving the transition process by:
 - 12.1 Putting more effort into identifying people who are at risk of facing challenging circumstances and to whom additional support could be offered;
 - 12.2 Ensuring people leaving the Armed Forces are well briefed on the realities of civilian life and that spouses are at least as well-briefed as their serving partner;

12.3 Involving more outside organisations in the transition process.

14. The LGA and MoD explore ways in which communications could be improved between significant Armed Forces bases and councils in whose areas people are leaving.

Children's Mental Health

15. The LGA is developing a campaign to address Children's Mental Health.

16. Suicide is the most common cause of death for boys aged between 5 and 19, being the cause of 14 per cent of deaths in this age group, and the second most common for girls of that age (9 per cent), after land traffic accidents¹.

17. In September 2014, the Government established the Children's Mental Health Taskforce, working with experts across education, health and social care, to produce the national strategy 'Future in Mind' (March 2015). This set out a clear direction for local leadership 'to make it easier for children and young people to access high quality mental health care when they need it'.

18. Local areas have used this guidance to work on Local Transformation Plans. These plans show how outcomes can be improved, based on local priorities, over the next five years. Although this is a positive step, like all funding for CAMHS work, extra support for the implementation of plans was given to clinical commissioning groups (CCGs) in December 2015.

19. Although in many areas, councils and CCGs are working closely together on local plans to decide how money is spent, there is no obligation for CCGs to involve councils and health and wellbeing boards in the decisions they make, causing concern for councils that they have less say over how money is spent.

20. New research by the Education Policy Institute Independent Commission on Children and Young People's Mental Health suggests that although the Government last year pledged an extra £250 million a year during this Parliament to improve mental health services for children in England, only £75 million made it to CCGs, with the rest being used to offset NHS cuts elsewhere instead.²

21. Evidence shows that the more money spent on early intervention as problems arise in childhood and adolescence, the less money is needed to tackle either more acute issues or mental health problems as they reach adult life. This is positive for the public purse as well as improving the life chances and wellbeing of the thousands of people who rely on mental health services. Without this, the current trends for

¹ What do we die from? Part of Mortality Statistics: Deaths Registered in England and Wales (Series DR), 2014 Release, 17 December 2015. Cause of death listed as 'suicide or poisoning of undetermined intent'
<http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/rel/vsob1/mortality-statistics--deaths-registered-in-england-and-wales--series-dr-/2014/sty-what-do-we-die-from.html>
2015

² 'Children and young people's mental health: Time to deliver', November 2016: <http://epi.org.uk/wp-content/uploads/2016/11/time-to-deliver-web.pdf>

preventable mental health issues, such as suicide, are an increasing challenge for councils to tackle.

22. In September, Directors of Children's Services were asked to complete a short opinion survey in order to gauge how successful the development and implementation of local transformation plans has been, and whether this has translated into improved CAMHS services. The findings of this survey are being used to help develop the campaign and it is the intention to publish the results of the survey in the New Year.
23. More information on the campaign will be made available to members at the next Board meeting.

Self-Care and Health Literacy

24. Self-care has long been talked about. In 2002 Sir Derek Wanless' review of health spending talked about the importance of public engagement. For the past decade or so choice has been championed as a way of getting the public more engaged in their health and more recently the NHS Constitution attempted to enshrine individual responsibility as a key part of the 'contract' between the patient and health service. The transfer of responsibility for public health to councils in 2013 has sparked a surge in innovative programmes looking at self-care and improving health literacy among the local population.. Last month the LGA published [*Helping people look after themselves: a guide on self-care*](#).

Health in all policies: a manual for local government

25. Health in All Policies (HiAP) is an approach to policies that systematically and explicitly takes into account the health implications of the decisions we make; targets the key social determinants of health; looks for synergies between health and other core objectives and the work local authorities do with partners; last month we [*published a manual*](#) that brings together the arguments for a HiAP approach with practical suggestions for development at the local level.

Personalisation

26. The LGA are signatories of the Think Local Act Personal publication 'Engaging and Empowering Communities: a shared commitment and call to action'. This was launched at NCASC. An action plan is to be developed by TLAP partners. <http://www.thinklocalactpersonal.org.uk/Latest/Engaging-and-Empowering-Communities-a-shared-commitment-and-call-to-action/>

Government consultation on Dementia: care, support and awareness

27. The LGA are supporters of the Prime Ministers Challenge on Dementia 2020. As part of the Challenge the LGA have contributed to developing the programme consultation. The government want to hear from people with dementia, their families and carers if the programme is making a difference to their day to day lives. The consultation runs until 31st January 2017.
<https://consultations.dh.gov.uk/dementia/care-support-and-awareness/>