

Community Wellbeing Board Priorities 2017/18

Purpose

For discussion and decision.

Summary

This report outlines proposals for the Board's priorities and key areas of work, set against the available resources for 2017/18. 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 2017/18.

Action

Officers to take forward as directed by members.

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Community Wellbeing Board Priorities 2017/18

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. As a part of the LGA's response following the tragic Grenfell Tower Fire a lot of capacity has been taken out of some teams, which will need to be considered when resourcing priorities and when officers develop a work programme for the year.
3. 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

4. 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:
 - 4.1. Britain's exit from the EU
 - 4.2. Funding for local government
 - 4.3. Inclusive growth, jobs and housing
 - 4.4. Children, education and schools
 - 4.5. Promoting health and wellbeing
 - 4.6. Devolution
 - 4.7. Sector led improvement.
5. 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 promoting health and wellbeing, 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

6. Some of the issues and work listed below will inevitably cross-over.
7. **Adult social care funding and reform:** Funding for adult social care – both for the short- and long-term – remains a priority issue for local government and the Community Wellbeing Board has long prioritised this area of work.
 - 7.1. Over the last two years, Government has made additional funding available for adult social care through various means, including the council tax precept, the improved Better Care Fund and the Adult Social Care Support Grant. Although

welcome, these measures are not enough to deal with all short-term pressures and the LGA estimates that the service faces a £2.3 billion gap by 2019/20. This comprises a £1 billion pressure posed by demography, inflation and the National Living Wage and an annually recurring pressure of £1.3 billion to stabilise the provider market.

- 7.2. The LGA estimate does not account for new costs that are outside the control of local government or new burdens imposed by national government. Costs associated with 'sleep-ins' (detailed elsewhere in this report) are one such additional cost that will need to be factored into on-going work on adult social care resources.
- 7.3. It is therefore proposed that the Community Wellbeing Board oversees work to:
 - 7.3.1. Continue evidencing and quantifying all system-wide pressures.
 - 7.3.2. Continue engaging closely with national partners as part of advancing the sector's argument for sustainable adult social care in the short-term.
- 7.4. The LGA has also consistently called for longer-term reform of adult social care funding to secure the future of the service. We expect the Government to publish a 'consultation on proposals' (what has previously been described as a social care green paper) which is likely to cover sustainable funding as well as the links between adult social care and other services which support ageing in its widest sense. It is therefore proposed that the Community Wellbeing Board oversees work to:
 - 7.4.1. Engage closely with Government on its proposals for sustainable funding.
 - 7.4.2. Highlight the importance of, and help build, cross-party consensus on possible solutions for the longer-term.
- 7.5. The LGA, along with partners across the care and support sector, continue to support the idea of a new 'social movement' for social care that would lobby for greater awareness of, and funding for, care and support services. At the heart of this idea is the principle that the movement needs to be driven by individuals using care services and their family and friends. The LGA has been involved in discussions to take this work forward and it is therefore proposed that the Community Wellbeing Board oversees work to:
 - 7.5.1. Continue the development of the social movement, particularly its ownership and leadership by individuals who use services.
- 7.6 It is also proposed that the Board will oversee work with the Care and Health Improvement programme on an ongoing programme of leadership development for lead members including a Leadership Essentials programme, ongoing support for regional networks and a sector led improvement approach to key issues, such as safeguarding. The annual NCAS Conference will continue to be a means for

local leaders to share issues, concerns and practice in adult social care funding and reform.

8. **The future of integration and 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). In some areas it had provided the necessary impetus for health and care to work more effectively and consistently to provide joined up care and support. However, in others that were already working well together, innovation and creativity have been stifled by the bureaucratic and top-down nature of BCF. More recently, the LGA has become increasingly concerned about national interventions to narrow the focus of BCF on reducing delayed transfers of care. This culminated in the LGA deciding to withdraw our support for the BCF Planning Requirements, published in July 2017, that stipulate how social care and NHS funding to support integration is to be spent, including the £2 billion announced in the Spring Budget. The shift in focus, so late in the process to prioritise delayed transfers of care, and the threat of a review of funding allocations if associated targets are not met, is completely unacceptable to local government.
 - 8.1. For this reason, the LGA is now calling for a change in policy on integration and to enable 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.
 - 8.2. We will work, as far as possible, with health partners to take forward our vision for integration as outlined in Stepping up to the place and to shape the national agenda for place based leadership to replace top-down and inappropriate national targets.
 - 8.3. We will 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.
9. **Place based leadership and sustainability and transformation partnerships (STPs):** In July, the LGA published a survey of councillors' perceptions and involvement in STPs. It showed that in most areas there had been little attempt to engage councillors in a meaningful way in the development of STPs and, as a consequence, most councillors had little confidence that STPs would be able to achieve their objectives.
 - 9.1. We are committed to working with our national health partners to improve relationships and mutual understanding between councillors and STP leads. We will work with colleagues in the Care and Health Improvement Programme (CHIP) to support councillors to improve their understanding of STPs in order to make an effective contribution. We will also work with NHSE and others to ensure that STP leads fully appreciate the need for local accountability and wider political and public engagement.
 - 9.2. In partnership with CHIP and health partners to develop a series of good practice case studies of effective engagement and communication with councillors.

10. System transformation and accountable care systems: In March 2017, the Next Steps on the Five Year Forward View announced that nine STP areas would become accountable care systems, in which NHS commissioners and providers, as well as local authorities and other providers of health and care services, will work collectively across the system to join up their commissioning, funding and services. They will gain new powers and freedoms to plan how best to provide care, while taking on new responsibilities for improving the health and wellbeing of the population they cover. The LGA is committed to ensuring that councils are fully involved in these developments and that these systems are locally accountable, focus on all aspects of care and health and are system-wide.

10.1. We will work with the CHIP team and our national health partners to identify examples of good practice that demonstrate meaningful partnership and engagement between councils and the NHS in planning and delivery of care and support.

10.2. We will also identify barriers and levers to effective place based and person-centred planning and service delivery and press for change, where necessary to improve a truly joined up approach to commissioning and provision of care and support.

11. 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.

11.1. 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. 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.

11.2. We are expecting the public health settlement discussions for 2018/19 to recommence in the autumn 2017.

11.3. As discussions continue around the inclusion of the public health grant within 100% business rates retention and the potential removal of the ringfence around the use of the public health grant, it is recommended that the Board makes future funding of prevention services, a priority for the year.

12. 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'.

- 12.1. 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. 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.
 - 12.2. 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.
 - 12.3. As such, it is recommended that the Board makes 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.
- 13. To raise awareness of the link between health, work and worklessness:** Economic development that leads to more jobs for people in our communities is a big contributor to closing the health gap.
- 13.1. 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).
 - 13.2. 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.
 - 13.3. There is a strong economic argument to address health-related worklessness, across public expenditure, the wider economy and personal and household income.
 - 13.4. As such, it is recommended that the Board makes health, work and worklessness a priority for the year.
- 14. To shape the mental health and mental wellbeing agenda:**
- 14.1. In the Queen's Speech, Government committed to reviewing the Mental Health Act and other associated legislation. Councils have specific statutory duties under the Mental Health Act, specifically around the training and employment of approved mental health professionals (AMHPs) and the provision of step-down accommodation and care for a person leaving hospital having received treatment for a mental health condition. As such, any legislative changes are likely to impact on council statutory services.

- 14.2. In addition, demand for mental health services have been increasing, as have the number of assessments under the Mental Health Act. Waiting times for diagnosis and treatment have been increasing. Whilst the NHS has been promised an additional £1bn in investment in mental health services by 2020, there has been no such commitment to support council, community or prevention-based mental health services. There is a strong case for improving early intervention services that allow for more therapy-based interventions, as well as services that lead to better mental health and prevent poor mental health from developing.
- 14.3. Councils have been active on suicide prevention work in recent years. Following the publication of the 2012 strategy, councils were given the responsibility of developing local suicide action plans through their work with health and wellbeing boards (HWBs).
- 14.4. By the end of 2016, 95 per cent of areas had plans in places or were in the process of drawing them up. With plans now in place attention has started to turn to taking practical steps to reduce suicides. The Government expects to see a 10 per cent reduction in suicides by 2020/21 based on a 2016/17 baseline.
- 14.5. As such, it is recommended that the Board makes mental health and influencing the Mental Health Bill, or any other associated legislation, a priority for the year.

15. Raising awareness of the importance of planning for the challenges of an ageing population:

- 15.1. An ageing population, associated conditions such as dementia, and associated implications such as an increased need for unpaid carers, is one of the most challenging developments in the current and future provision of adult social care.
- 15.2. Creating communities that support healthy ageing, independence, and recognise the economic value and contribution of older people requires a collaborative approach to supporting older people beyond the provision of adult social care, but with adult social care as a key component. This means looking at housing, public health, employment, and so forth.
- 15.3. This 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.
- 15.4. 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.
- 15.5. 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 in old age are able to maintain their health, wellbeing and independence for as long as possible.

15.6. Alongside an ageing population is an increasing awareness for the need for dignity and choice in end of life care. Enabling people with long-term conditions to die in a place they want to and in a way they want to, rather than perhaps in a hospital bed, is seen as a challenge, rather than part of how we treat people in modern society.

15.7. As such, it is recommended that the Board makes planning for an ageing society a priority for the year.

16. Emphasising the importance of support to working age adults with social care needs, particularly for autism, mental health and learning disabilities, within any Government proposals for the future of adult social care funding and reform.

16.1. Whilst an ageing population is a major challenge for the provision of adult social care, the demand and cost of provision of support to working age adults for, in particular, learning disabilities, autism and mental health, has been increasing. Funding to support adults with learning disabilities now constitutes between a third to a half of social care budgets. According to the 2017 ADASS budget survey, whilst older people's services account for 1.1 per cent of the total of nearly 2.8 per cent reported pressures on adult social care budgets, people with learning disabilities account for a higher percentage at 1.2 per cent.

16.2. However, the increasing demand for support for working-aged adults does not appear to be recognised by central government, who have been focusing on older people in their discussions on the future of adult social care.

16.3. Of particular concern has been the direction of travel and treatment of vulnerable working-aged adults with regards the payment of sleep-in shifts. The continued confusion over the application of the national minimum wage regulations to sleep-in shifts, the action of HMRC to demand back-pay of six years from providers, charities and vulnerable individuals and the lack of resources for future increases in pay for this sector; is a significant risk to the future support of working-aged adults in need of care. There could also be long-term consequences for the future of personalisation of care and the take-up of direct payments. The issue of balancing a fair wage for care workers with care for vulnerable people with regards to payment for sleep-ins is shared with the Resources Board.

16.4. As such, it is recommended that the Board makes working aged adults with social care needs, and particularly the impact of legislative and policy uncertainty on sleep-ins, a priority for the year.

17. The proposed reform of funding for supported housing, housing for older people, and the important role of housing and having a home in health and wellbeing:

17.1. Housing is being increasingly recognised as underpinning our ability to support people to be healthy and independent. This is particularly so for older people.

- 17.2. Supported housing, such as extra care housing, is a key sector that provides housing within which residents can be independent, supported and cared for. Residents of supported housing include older people, those with mental health conditions, veterans, those recovering from substance abuse, those fleeing domestic abuse, care leavers, those who find themselves homeless, etc.
 - 17.3. Homelessness and ill health are intrinsically linked and professionals in both sectors have a role to play in tackling the issues together. A recent audit found that 51 per cent of homeless people reported a long term physical health problem compared with 25% in the general population.
 - 17.4. Government announced in September 2016 that it intends to apply the Local Housing Allowance (LHA) cap to housing benefit that is allocated to pay for supported housing rents. The LGA responded to a consultation on the proposals in February 2017 and participated in a series of DCLG-led task and finish groups, with Cllr Seccombe chairing one group. The main concern is that the LHA cap rate applies to average local housing rents, not the cost of supported housing. As a result, there is a huge regional difference between LHA cap rates and actual supported housing rents. For example, 93 per cent of supported housing units in the Midlands would have a rent above the LHA cap, whilst only 16 per cent of supported housing in the South East would have rents above the LHA cap.
 - 17.5. Whilst Government is proposing to give councils a 'top-up fund' to meet the gap between the LHA cap and actual rents, there are significant costs associated with administration of this, and there could be a risk to local government reputation. Housing benefit pays for the 'rent' element of supported housing, while councils pay for additional support and care provision.
 - 17.6. We are expecting a White Paper outlining the proposals in autumn 2017. The 2016 Government announcements proposed a 'shadow year' from 2018-19, with full implementation from 2019, which does not give councils very long to prepare for this additional burden. As such, it is proposed that the Board make supported housing a priority for the year.
- 18. The Community Wellbeing Board will continue to champion the Armed Forces Covenant** and will work with the Ministry of Defence (MOD) and the Cabinet Office on the support councils give to the armed forces community and veterans:
- 18.1. In 2016, the LGA collaborated with Forces in Mind Trust to develop a report into the delivery of the armed forces covenant at a local level, with associated materials to support councils in their work.
 - 18.2. The report, 'Our community, our covenant', was well-received and included a number of recommendations, including improving transitioning arrangements for service personnel, better information on housing options and flexibility in applying for school places.

18.3. The LGA has now agreed a joint action plan with the MOD and Forces in Mind Trust to review and implement the recommendations, with a view to revisiting the report in 2019/20.

18.4. Whilst the only direct statutory requirements regarding the armed forces community relates to the provision of housing, most councils value and support their armed forces communities and have been seeking to ensure that no serving personnel or family member is treated unfairly or faces disadvantage as a result of their service.

19. Children and young people's health is a shared priority with the Children and Young People's Board. The Children and Young People health work stream will focus on sexual health, childhood obesity and will continue to support the aims and priorities of the wider public health work stream. Further information about Children and Young People mental health work stream, which was agreed by Children and Young People Board and Community Wellbeing Board Lead Members, can be found below.

20. Children and young people's mental health and wellbeing is a shared priority with the Children and Young People's Board. Activities sit across both Boards. A joint Children and Young People Board and Community Wellbeing Board Lead Members meeting of took place on 23 February 2017 where the following issues were discussed and activities agreed.

20.1. In recent years there has been an increasing focus from the Government and a range of stakeholders about the quality of children and young people's mental health services. This is set against a backdrop of increasing demand for services, workforce difficulties and a recognition that mental health is not being given equal priority to physical health and specifically, that the mental health and wellbeing of children and young people is not given the attention and priority it deserves.

20.2. In 2014 a Government Taskforce together experts including the LGA to set out proposals for improving care over the next five years. A key theme of its report (Future in Mind, March 2015) included the importance of promoting resilience, prevention and early intervention and the role councils can play to support mental health and wellbeing of children and young people. It also emphasised the role local leadership and ownership plays in the development and agreement of local transformation plans (LTPs), which should set out the offer in a local area, covering the full spectrum of services from prevention through to intervention.

20.3. In 2015 the Government committed £1.25 billion in additional investment for Child and Adolescent Mental Health Services (CAMHS) over a five year period. In January 2017 the Prime Minister Theresa May announced a comprehensive package of measures to transform mental health support in schools, workplaces and communities.

20.4. The increased investment and attention on these vital services is welcome, but we have concerns about the accountability of funding and whether or not true transformation is being embedded in local areas. Specifically:

- 20.4.1. There is a concern that the £1.25 billion of funding committed by the Government is not seeing an improvement in these services. In the first year, £75 million was distributed to Clinical Commissioning Groups (CCGs) through Local Transformation Plans (LTPs) to commit to front line services. However, it is not clear how much of this money has been spent on frontline services, but reports from mental health providers indicate that they have not yet seen this increased investment. We are seeking clarity from government on when the remaining funding will be released so that local commissioners can work together as effectively as possible to deliver improvements to services. Accountability at the local level is needed and Health and Wellbeing Boards can be a useful mechanism through which partners are held to account for how money is spent and for ensuring the quality of LTPs.
- 20.4.2. Future in Mind recognised that to achieve real change, a whole systems approach which focusses on prevention of mental ill health, early intervention and recovery is needed. However, the current system sees as much as 80 percent of all mental health care taking place in GP surgeries and hospitals and as many as 60-70 per cent of children and adolescents who experience clinically significant difficulties have not had appropriate interventions at a sufficiently early age. The LTPs are an opportunity for local areas to shift the focus from clinical intervention to early intervention and prevention. However, there are reports that since the release of funding for the implementation of LTPs the level of action from CCGs in relation to prevention has increased by only a small amount. There is an opportunity to redress this.
- 20.5. We are expecting a Green Paper in the autumn. Further information on thinking around content and scope of the green paper have not yet been made public but it is expected that it will focus on the role of schools. In particular their role in early identification of risks. The impact of social media on the mental health and wellbeing of children and young people.
- 20.6. The below work programme was agreed by the Community Wellbeing Board in April 2017 and Children and Young People Board in March 2017, it includes:
- 20.6.1. Responding to the green paper on children and young people's mental health, (due Autumn 2017), highlighting key issues from a local government perspective.
- 20.6.2. Hosting a round table discussion with representatives from the Department of Health, the Department for Education, Health Education England and NHS commissioners and providers, to identify opportunities to build the capacity of providers to deliver services that achieve the transformative change described in Future in Mind.
- 20.6.3. To run a specific campaign on Children and Young People's mental health. Highlighting to government, NHS England, Clinical Commissioning Groups and wider stakeholders the need for; a better balance of funding between early intervention and preventative mental health and wellbeing services and those services focusing on treatment and recovery; the key role of council's in

preventing mental illness and promoting mental wellbeing; and the need for stronger accountability on spend and quality of services at a local level through Health and Wellbeing Boards.

20.6.4. As such, it is proposed that the Board continues to make children and young people's mental health a priority for the year.

Joint work with other LGA Boards

21. 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.

Next steps

22. 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

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