

27 September 2018

## **Community Wellbeing Board Priorities 2018/19**

### **Purpose**

For discussion.

### **Summary**

This report outlines proposals for the Board's priorities and key areas of work, set against the available resources for 2018/19. 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 2018/19.

### **Action**

Officers to take forward as directed by members.

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27 September 2018

## **Community Wellbeing Board Priorities 2018/19**

### **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. 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**

3. 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:
  - 3.1 Britain's exit from the EU
  - 3.2 Funding for local government
  - 3.3 Inclusive growth, jobs and housing
  - 3.4 Children, education and schools
  - 3.5 Adult social care and health
  - 3.6 Supporting councils
  - 3.7 A single voice for local government
4. 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 adult social care and health, 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**

5. Some of the issues and work listed below will inevitably cross-over.
6. **Towards a sustainable adult social care and support system:** sustainable funding for adult social care is a key part of the corporate priorities for adult social care and health, as noted in section 4 above.

27 September 2018

- 6.1. The LGA has estimated that the shortfall in adult social care makes up £3.56 billion of overall funding gap in local government as a whole of £7.8 billion by 2025. The LGA will continue to raise the impacts of this immediate term funding issue on promoting health, independence and wellbeing in local communities. Ongoing work with national partners to raise the profile of adult social care has included a recent series of think pieces in which sector experts address key issues around planning for the future of adult social care.
- 6.2. In addition, “*The lives we want to lead: the LGA [green paper](#) for adult social care and wellbeing*” was published in July alongside a range of accompanying resources. The consultation, which will run until 26 September, sets out a number of options on how best to pay for care and support for adults of all ages, as well as how to shift the overall emphasis of our care and health system to focus more on preventative, community-based personalised care. To date, there has been 55,578 views of the webpage, 179 responses to the main paper, 110 responses to the summary green paper and 1 response to the easy read version. There has been 3,489 downloads of the Green Paper, 356 of the easy read version, 414 of the communications pack and 338 of the facilitators pack for local events. The consultation includes and will to be followed by a range of further engagement, and an analysis of the responses published. These results also will be used to influence the Government’s green paper and spending plans. The Board will be kept updated both of the results of the consultation and key messages from the Government’s own green paper expected later in the autumn.
7. **Securing a sustainable social care system:** Building on the success of the LGA’s own green paper “The Lives We Want to Lead”, the LGA will continue to influence the Government’s own Green Paper on adult social care, the autumn Budget and the 2019 Spending Review. We will:
  - 7.1. Publish a report setting out what people have told us in the consultation, and set out what we therefore need to see in the Government’s Green Paper.
  - 7.2. Continue to lobby for a sustainably funded social care system both in the short-term and longer-term.
  - 7.3. Engage with Government and other partners to influence future social care reforms and Parliamentary and public debate, building cross party consensus wherever possible.
  - 7.4. Continue to promote the innovative work of local government and the importance of social care in its own right to help people live the lives they want to lead, for both working age adults and older people.
8. **The NHS Long Term Plan:** In November 2018, NHS England will publish its 10 year plan to outline how it will use the additional £20.5 billion to improve the quality, safety, sustainability and outcomes of health services. This plan will be the major planning and prioritisation document for the NHS and as such, will have a huge impact on the way the NHS works at national, regional and local level with councils, in particular on adult social care, population health and prevention. It is vital that local government is recognised as a

27 September 2018

key delivery partner for the NHS plan, both at national and local level, and as such needs to be included in the development and delivery of the plan. The LGA will:

- 8.1. Develop clear messages and asks to influence the underpinning principles of the NHS Long Term Plan;
  - 8.2. Develop key asks to feed into each of the relevant work streams of the NHS Long Term Plan; and
  - 8.3. Support councils to work effectively with their local NHS partners to ensure local delivery plans build on existing priorities to improve population health and wellbeing and are subject to democratic oversight and challenge.
9. **The Future of Integration:** Joining up care and support to achieve better services, better outcomes for people and better use of public resources remains a central policy ambition for health and social care leaders at national and local level. The LGA will continue work with its partners, the NHS Confederation, the Association of Directors of Adult Social Services, NHS Clinical Commissioners and NHS Providers to further develop our shared vision for integration. In particular, we will:
- 9.1. Review what progress there has been towards achieving our shared vision of integration with the aim of publishing our revised vision in November 2018;
  - 9.2. Identify action that needs to be taken at local, strategic and national level to address barriers to more effective joined up working;
  - 9.3. Work with the Care and Health Improvement Programme to identify and promote good practice and evidence of how joined up care and support can improve outcomes;
  - 9.4. Continue to press for our place based, person-centred and preventative approach to care and support to be central to Government and NHS England's approach to integration;
  - 9.5. Continue to press for greater democratic accountability of the planning and delivery of integrated services, with a stronger role of health and wellbeing boards in leading and overseeing local plans for integration; and
  - 9.6. 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.
10. **The future of 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) and we have continued to support local health and care leaders to ensure that the BCF remains true to its original intentions: to protect the NHS transfer to support adult social care funding and to support community-based preventative services which improve outcomes for people and reduce pressure on the NHS. The future of BCF, beyond the current spending period is uncertain. The LGA will continue to press for the continuation of arrangements to

27 September 2018

incentivise joining up health and care services, including BCF, albeit with far more local control and less national direction and performance management. In particular, we will:

- 10.1. The LGA will work to ensure that BCF remains true to its original objectives of local health and political leaders working to agree shared plans for joined up community and preventative services (including adult social care) to keep people well and independent and reduce pressure on acute services; and
  - 10.2. The LGA will work to support 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.
- 11. Models of integrated planning and delivery:** We will continue to work with NHS England and other partners to ensure that sustainability and transformation partnerships, integrated care systems and integrated care providers, and any other models of joined up planning and provision of care and support are based on the values, principles and evidence in our refresh of the shared vision for integration to be launched in November 2018. In particular:
- 11.1. We will submit a response to the consultation on the contractual arrangements for integrated care providers (ICP) (formerly known as accountable care organisations);
  - 11.2. We will work with NHS England to provide councils with information and support to be able to identify the benefits and risks of putting councils services and functions with the scope of an ICP;
  - 11.3. We are committed to working with our national health partners to improve effective system leadership by clinical and political leaders. We will continue to work with colleagues in the Care and Health Improvement Programme (CHIP), the NHS Confederation and other partner organisation to develop and refine our system-wide leadership support offer; and
  - 11.4. In partnership with CHIP and health partners to develop a series of good practice case studies of effective engagement and communication with councillors.
- 12. 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. In particular:
- 12.1. 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.

27 September 2018

- 12.2. 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.
- 12.3. As discussions continue around the inclusion of the public health grant within 75 per cent business rates retention, negotiations with the Treasury around the Comprehensive Spending Review 2019 and the planned removal of the ringfence around the use of the public health grant, the Community Wellbeing Board will make future funding of prevention services, a priority for the year.
- 13. 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'. Latest statistics show health inequalities are widening. In particular:
- 13.1. 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;
- 13.2. 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;
- 13.3. 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;
- 13.4. As such, the Community Wellbeing Board will make 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; and
- 13.5. Work is currently underway with Public Health England to develop a joint strategic framework for health inequalities.
- 14. To raise awareness of the link between health, work and inclusive growth:** Economic development that leads to more jobs for people in our communities is a big contributor to closing the health gap. In particular:
- 14.1. 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);

27 September 2018

- 14.2. 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; and
- 14.3. There is a strong economic argument to address health-related worklessness, across public expenditure, the wider economy and personal and household income. As such, the Community Wellbeing Board will make health and the economy a priority for the year.
- 15. Creating healthy communities:** The 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. In particular:
- 15.1. 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; and
- 15.2. 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 are able to maintain their health, wellbeing and independence for as long as possible.
- 16. Child Obesity:** Childhood obesity has been described as one of the biggest health challenges of the 21st century. At the start of primary school one in 10 children are obese and by the end, that has increased to one in five. For the first time the LGA recently highlighted figures that show more than 22,000 children aged 10 and 11 in Year 6 are classed as severely obese. In particular:
- 16.1. Since the responsibility of delivering public health transferred to councils in 2013, local authorities have spent more than £1 billion tackling child and adult obesity, and physical inactivity;
- 16.2. We are pleased that the Government's recent child obesity plan includes clearer food labelling, which the LGA has long-called for, plus measures to introduce mandatory calorie information on menus, improve food standards and physical activity in schools and the option to introduce further fiscal measures. A specific programme to help to support councils develop their existing powers is also good news; and
- 16.3. We will continue to keep child obesity within our current work programme.

27 September 2018

**17. Supporting local government to embed the 0-5 HCP and address unresolved issues post-transfer:** The LGA will:

- 17.1. Continue to raise our concerns at national level around unresolved variances in funding for the HV service at the point of transfer and issues around recruitment and retention;
- 17.2. Continue to share good practice so that councils can learn from it and to have a story to tell national partners that both highlights good work but demonstrates the difficulties facing LG in this agenda; and
- 17.3. Feed into the APPG on the First 1000 days and wider consultations.

**18. Promoting a healthy adolescence and transition in to adulthood:** The LGA will work to:

- 18.1. Support councils to understand the issues and health inequalities for this age group (10 – 25) and how they can address them. To highlight our concerns to Government as they develop and implement their policies and to the NHS as it develops and implements its long term plan;
- 18.2. Respond to the Government's consultation on Relationship and Sex Education and Relationship Education and to help councils understand and prepare for the changes to the move to statutory basis; and
- 18.3. Focus on good transitions and share good practice with the sector.

**19. Mental Health:** The LGA will continue to promote, influence and shape local governments role in improving mental health across the life course. Local government has a fundamental role to play in improving mental health outcomes in our communities both in a statutory role in safeguarding and non-statutory role in promoting wellbeing. Councils can be a powerful resource if they are properly embedded in to national strategies and given greater power over the commissioning of services. In particular, we will:

- 19.1. Support an integrated, place-based approach to tackling mental ill health both across council service areas and more broadly throughout the local health and care system, and among services like the police and the voluntary sector;
- 19.2. Continue to input into the ongoing Mental Health Act independent review. We recommend that the new Mental Health Act, or any reform of mental health legislation, should establish a coordinating role for council on mental wellness and health, with the devolution of associated services and funding;
- 19.3. Continue to support councils to ensure that early intervention and prevention mental health services are adequately funded. Mental health is not exclusively about treatment within a NHS setting, but should include the mental health, wellness and prevention services provided by councils. We recommend explicitly include investment directed at councils in any future funding for mental health - including growing the capacity and capability of providers and the broader system

27 September 2018

to deliver on the spectrum of support needed, from early intervention and prevention, through to specialist clinical and recovery services;

19.4. Continue to promote health and wellbeing boards in ensuring local accountability for the quality of a spend on mental health and wellbeing services;

19.5. Continue to support councils with their local suicide prevention plans; and

19.6. Continue to lobby on behalf of councils to clarify the new process to replace the Deprivation of Liberty (DoLS) standards and ensure councils are fully funded for any burdens.

**20. Children and Young People's Mental Health:** The LGA will continue to promote, influence and shape local governments role in transforming CYP Mental Health Provision. In particular, we will:

20.1. Continue to promote, influence and shape local governments role in transforming Children and Young People's Mental Health **(CYPMH)** Provision.

20.2. Work with partners at national and local level to promote health and wellbeing boards in ensuring local accountability **and transparency** for the spend on CYP mental health and wellbeing services.

20.3. Work with partners at national and local level to promote and embed the role of health and wellbeing boards specifically their oversight role for the delivery of Local Transformation Plans and the implementation of the Government's Green Paper.

20.4. Continue to highlight our concerns as articulated in the LGA Bright Future CAMHS campaign <https://www.local.gov.uk/about/campaigns/bright-futures/bright-futures-camhs>

20.5. Continue to input into the ongoing implementation of the Green Paper "transforming CYPMH Provision".

20.6. Continue to raise our concerns to Government about the need **to** fund early intervention and prevention services as well as for CYP Mental Health services to be adequately funded and for the role local government plays in providing these services to be recognised.

20.7. Continue to address the gaps within the Green Paper and the potential gaps in the NHS long term plan e.g. focusing on vulnerable groups, transitions and young people.

**21. Best start in life – promoting the early years of childhood:** The LGA will:

21.1. Continue our work to support local government to embed the 0-5 **Healthy Child Programme** and address unresolved issues post-transfer.

27 September 2018

- 21.2. Continue to raise our concerns at national level around unresolved variances in funding for the Health Visiting service at the point of transfer and issues around recruitment and retention.
  - 21.3. Continue to share good practice so that councils can learn from it and to have a story to tell national partners that both highlights good work but demonstrates the difficulties facing local government in this agenda.
  - 21.4. **Respond to** the Health and Social Care Committee inquiry into the First 1000 days and related consultations.
22. **Promoting a healthy adolescence and transition into adulthood:** The LGA will continue to promote a healthy adolescence and transition into adulthood. In particular we will:
- 22.1. Support councils to understand the issues and health inequalities for the 10-25 age group and how they can address them. To highlight our concerns to Government as they develop and implement their policies and to the NHS as it develops and implements its long-term plan;
  - 22.2. Respond to the Government's consultation on Relationship and Sex Education and Relationship Education and to help councils understand and prepare for the changes to the move to statutory basis; and
  - 22.3. Focus on good transitions and share good practice with the sector.
23. **Healthy Ageing:** The LGA will continue to promote healthy ageing, and support the independence and wellbeing of older and vulnerable people and their carers. In particular, the LGA will:
- 23.1. Continue to highlight the challenges and opportunities of an ageing society and the key role of councils in addressing this locally and nationally;
  - 23.2. Continue to prioritise local governments leadership role in championing healthy ageing and ensure that people are able to maintain their health, wellbeing and independence for as long as possible;
  - 23.3. We will highlight the central role of local government in creating communities that support healthy ageing, independence, and recognise the economic value and contribution of older people. This will require a collaborative approach with other partners and across council services - supporting older people beyond the provision of adult social care, but with adult social care as a key component;
  - 23.4. Promote the local government contribution to public health and healthy ageing, 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 health and social care services. The care model must change so that people experience it

27 September 2018

as a seamless package of care and support to address their specific needs and aspirations, helping them to live independent and fulfilling lives;

- 23.5. Continue to shape key policy areas of; healthy ageing, prevention, loneliness and isolation, dementia, end of life care, supporting carers, engagement, personalisation, care and housing;
  - 23.6. Continue to promote the needs of carers. To ensure carers have the support they need to maintain their own wellbeing and to be able to lead fulfilling lives; to maintain social relationships, undertake education and training, maintain employment and be active community members;
  - 23.7. Continue to support councils to provide high quality supported or adapted housing, for vulnerable adults, people with disability and older people;
  - 23.8. Continue to work with councils to meet the needs of veterans and deliver the Armed Forces Community Covenant; and
  - 23.9. We will continue to lobby on behalf of councils to ensure any financial burdens due to ongoing 'sleep in' legal case are covered.
24. **Learning disabilities and autism:** The LGA will continue to support councils with meeting the needs of people with learning disabilities and autism. In particular the LGA will:
- 24.1. Support councils with local planning and leadership of services for adults with autism and learning disabilities. Health and Wellbeing Boards have a particularly important role in identifying needs and priorities. However, supporting people with learning disabilities and autism to live independently in the community involves engagement and partnership with all the community and services not just health and social care;
  - 24.2. Contribute to the national autism strategy review;
  - 24.3. Continue to support the Transforming Care Programme which continues until March 2019. The programme aim is to improve health and care services for people with learning disabilities or autism so that they can live in their communities with the right support; and
  - 24.4. Highlight the cost pressures of Learning Disabilities services. Government narrative and focus of attention has been on services to support older people, largely overlooking the fact that much of the growth in cost pressures comes from the increasing needs of working age adults. The recent ADASS budget survey shows, services for working age adults now account for 58 per cent of the demographic pressure on social care budgets – including 39 per cent relating to services for people with a learning disability. Funding challenges also continue to impact people with autism. Local groups supporting people with autism are struggling to find funding; there is a need for more training of frontline staff; and the potential to extend good practice, such as the autism champion's model is challenging because of financial pressures.

27 September 2018

**Joint work with other LGA Boards**

25. 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. The LGA Asylum, Refugee and Migration Task Group also reports to both the Community Wellbeing Board and the Children and Young People's Board.

**Next steps**

26. 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**

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