

Note of decisions taken and actions required

Title: Community Wellbeing Board

Date: Wednesday 5 March 2014

Venue: Westminster Suite and Smith Square Rooms 3&4, Local Government House, SW1P 3HZ

Attendance

Position	Councillor	Council / Organisation
Chair	Katie Hall	Bath and North East Somerset
Deputy chair	Gillian Ford	Havering LB
Deputy chair	Linda Thomas	Bolton MBC
Members	Colin Noble	Suffolk CC
	Ken Taylor OBE	Coventry City Council
	Izzi Seccombe	Warwickshire CC
	Victor Pritchard	Bath & NE Somerset
	Andrew Gravells	Gloucester City Council
	Elaine Atkinson	Borough of Poole
	Steve Bedser	Birmingham City Council
	Jonathan McShane	LB Hackney
	Iain Malcolm	South Tyneside MBC
	Mohammed Khan OBE	Blackburn with Darwen BC
	Mark Ereira-Guyer	Suffolk CC
	Louise Goldsmith (Vice Chair)	West Sussex CC
	Catherine McDonald	Southwark LB
	Lynn Travis	Tameside MBC
Apologies	Ken Taylor OBE	Coventry City Council
	Sandra Samuels	Wolverhampton City Council
Substitutes	Colette Wyatt-Lowe	Herts CC
	David Lee	Wokingham BC
	Elizabeth Mallinson	Cumbria CC
	Helen Grant	North Yorkshire CC
In attendance	Paula Lavis	Children and Young People's Mental Health Coalition
	Amanda Allard	National Children's Bureau

LGA Officers	Sally Burlington	Head of Programmes
	Helen Johnston	Head of Programmes
		Senior Adviser
	Andrew Webster	Associate Director for Integrated Care
	Sam Ramanah	Adviser
	Liz Hobson	Adviser
	Stephen Service	Member Services Officer

Item	Decisions and actions	Action
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Joint Community Wellbeing and Children & Young People's Board

Welcome and introductions

Cllr Katie Hall welcomed members and noted apologies from Cllr Ken Taylor and Sandra Samuels on the Community Wellbeing Board.

1 The transfer of 0-5s public health commissioning to local authorities in 2015 (internal discussion)

Sally Burlington, Head of Programmes for Community Wellbeing introduced this item. She asked members to contribute to the LGA's negotiating stance on this issue by commenting on the questions within the report and on whether they felt that the key issues had been adequately identified in Paragraph 7.

Members advocated building in flexibility over how outcomes were achieved rather than a prescription-based approach to mandation, as local areas were best placed to understand the way services needed to be delivered to achieve outcomes within their specific communities. In particular, members cited local issues such as the added complexity of service requirements in some rural areas and the demographic differences between local child populations as factors running against a "one-size-fits-all" approach.

The Boards felt that significant risks needed to be recognised in the following areas:

- On information-sharing, members commented that NHS England were unlikely to bring Child Health Information systems up to a gold standard before the transfer took place. They identified a need for partners to drive up standards in the interim.
- Potential legacy issues, such as historic underspend or overspends on funding.
- Overlapping timescales were considered to present a potential risk, with some members identifying a danger of going through budget and service transition at the same time.
- Members highlighted that those areas already involved in high levels of integration were finding the amount of prescription from the NHS difficult. Health and Wellbeing Boards were seen to

have an important role in commissioning a new approach to public health.

- On the transfer of Public Health responsibilities, some members also expressed scepticism that the October 2015 date named by Government would remain fixed, particularly in view of the forthcoming general election. Sally pointed out that the planned date would require the relevant regulations and financial allocations to be in place before the election, which suggested the transfer date should be secure.

While members debated the extent to which NHS England would sufficiently improve CHS, the Joint Board agreed that CHS and CHIS should remain the responsibility of, and be commissioned nationally by NHSE.

Decision

Members agreed that:

- LGA should support option 4 of the proposals suggested by DH, with an emphasis on mandating outcomes rather than systems and maximising local flexibility.
- CHS and CHIS should remain the responsibility of and be commissioned nationally by NHS England.
- CYP / CWB Office holders to be consulted on transfer proposals as they develop, with regular updates to Board members.

Actions

Officers to reflect the Board's comments in position going forward, adopting sign-off process and updates as outlined.

Samantha Ramanah

2 Children's mental health

The Joint Board received a presentation from Paula Lavis, Coalition Coordinator for the Children and Young People's Mental Health Coalition on key issues facing Children and Young People's mental health.

Cllr Hall thanked Ms Lavis for her introduction and invited comments from members.

Members made the following points:

- On service demand, members emphasised that increasingly complex cases in the system and increasing levels of self-harm made it difficult to plan in terms of need. Money needed to be allocated more effectively to meet these rising demands.
- Some members felt that child carers were an important omission in the presentation, with evidence that this group were particularly vulnerable to mental health problems and associated factors such as isolation and depression.
- Bullying was identified as a key issue with members commenting that more needed to be done to address its underlying causes. It

was also highlighted that children may avoid visiting the CAMHS nurse when they come to their school as they are stigmatized by their peers.

- Timescales were seen as a crucial issue. Members emphasised that a three month wait in some areas to see someone regarding a mental health issue was unacceptable.
- Members observed that the definition of “intervention” has changed over the years, with this being reclassified as a piece of paper in some instances. This raised questions regarding the value for money offered by CAMHS services and made it difficult to scrutinise activity which had taken place and whether children and young people’s needs had been adequately served. Councillors asserted that it was time to stop considering outcomes alone and assess what was being done on the ground.
- While agreeing with much of the presentation’s analysis on what was wrong with the CAMHS service, members highlighted that further work was needed to identify what “good” looked like for the service.
- Members commented that the assertion in paragraph 5 of the report regarding groups “more at risk” of mental health problems risked generalising mental health problems across groups. They emphasised that the most vulnerable groups would vary according to area.
- Officers agreed to ensure that the LGA’s position going forward adequately reflects the full range of vulnerable groups at risk of mental health problems across local areas.
- On the issue of funding, members said that it was important to provide background evidence when quoting statistics such as spending £1 to save £84.

Members requested more information on the terms of reference for the health committee inquiry on CAMHS.

Cllr Hall thanked members for their contributions and said these would be reflected in the select committee response.

Decision

Members **agreed** subject to seeing the terms of reference, that officers submit a response to the Health Committee inquiry on CAMHS.

Actions

LGA officers to:

- i. provide the Joint Board with further information on the terms of reference for the health committee inquiry on CAMHS
- ii. incorporate members’ comments in draft response to Health Committee Inquiry on CAMHS. Draft response to be sent to CYP and CWB Board portfolioholders for comment in advance of submission and circulated to members.

**Samantha Ramanah /
Steve Service**

**Samantha Ramanah /
Steve Service / Verity
Sinclair**

- iii. ensure LGA's position going forward adequately reflects the full range of vulnerable groups at risk of mental health problems across local areas.
- iv. circulate MHC presentation slides to Board members.

**Sally Burlington /
Samantha Ramanah**

**Steve Service / Verity
Sinclair**

3 Special Educational Needs and Disability

Amanda Allard, Principal Officer to the Council for Disabled Children presented to the Joint Board on the SEND reforms.

Following the presentation, Cllr Simmonds thanked Ms Allard and asked members to feedback any comments to LGA officers.

Members requested that the presentation be circulated to them following the meeting.

Actions

Members to feedback comments to LGA Officers.

Presentation slides to be circulated to Board members.

Samantha Ramanah

**Steve Service / Verity
Sinclair**

Community Wellbeing Board only meeting

4. Better Care Fund update

Andrew Webster, Associate Director for Integrated Care provided an update on the Better Care Fund and headline findings from the 151 draft BCF plans received.

Andrew said that the plans demonstrated very high levels of engagement between partners in different areas and early feedback suggested that any issues emerging were largely as predicted. Andrew said a fuller update would be provided at the end of March.

On the Disabled Facilities Grant, Members asked if assurance had been sought that the provisions set out in the Guidance in December 2013 have been met. Andrew responded that grant money had to be passported to authorities in 2 tier areas.

Members asked about the rationale for the timetable of first drafts of plans in April followed by a revised submission in April. Andrew said that this was because the NHS needed to conclude their contract plans in April.

Members highlighted a number of issues affecting their local areas in relation to the BCF, including:

- The importance of having risk assessments in the plan in the event that the HWB were unsuccessful in bidding for money. Some Councillors reported that they are currently aggregating these and would present back to Government. One risk identified was that of moving the workforce from one place to another.

- There was a danger of confusing transition with transformation. Some members reported that some areas risked overreaching in trying to change the service when authorities' ability to manage transition effectively was the key area which would come under scrutiny.
- Some members felt that there was still a lack of clarity over what the role of NHSE would be in the new system.
- Members asked what would happen if agreement was not reached on how potential funding was spent. Andrew said that local government peers would try to broker agreement, but there was no formal process on this. However, if stalemate continued, NHSE would decide on what to do with the money, so there was an incentive to reach agreement in order to retain local determination.
- On Monitor, members highlighted that despite ostensibly acting in a support role, mixed messages were being received by some areas, where authorities incorrectly believed they would be subject to special measures. Andrew said that while nationally the relationship with Monitor was positive, there was further work to be done at local level, particularly within the NHS to provide reassurance and clarify their role to ensure traction on the ground.

In response to a query from members, Andrew agreed to seek clarification on a figure of £22m to be provided for ADASS leads.

On the range of assumptions made in relation to the cost of implementing Care Bill, Andrew said that more information was likely in May on this following the presentation of DH's impact assessment to parliament. It was agreed for the cost of the Care Bill to be included in the agenda of a forthcoming meeting following this announcement.

Decision

Members **noted** the update and **agreed** the next steps as outlined in the report.

Actions

Officers to seek clarification on the £22m for ADASS leads.

Andrew Webster

Cost of the Care Bill to be included in the agenda of a forthcoming meeting.

LGA Officers

Officers to progress work on BCF as directed by members.

Andrew Webster

5. Other Business report

Sally Burlington introduced this report.

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On the Governance review and LGA Business plan, Sally highlighted that the Improvement Board would take responsibility for improvement issues relating to Community Wellbeing ; in addition, the newly created City Regions and People and Places Board were likely to take an interest in some Community Wellbeing issues so members may wish for a joint

paper to be presented at these Boards.

Decision

Members **noted** the report.

6. Notes of the last meeting and actions arising

Members asked for it to be noted that Cllr Sue Whitaker had attended the previous meeting as a substitute for Cllr Sandra Samuels.

Decisions

The Board approved the note of the last meeting and noted the verbal update on outstanding actions provided.

7. Any other business

None.

Date of next meeting

Wednesday 11 June 2014, 11.00am, Local Government House