

27 September 2019

Community Wellbeing Board Priorities 2019/20

Purpose

For discussion.

Summary

This report outlines proposals for the Board's priorities and key areas of work, set against the available resources for 2019/20. 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 2019/20.

Action

Officers to take forward as directed by members.

Contact officer: Mark Norris
Position: Principle Policy Adviser
Phone no: 020 7664 3241
Email: mark.norris@local.gov.uk

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. The LGA's business plan is currently being refreshed, and proposes a series of corporate priorities. Following the July 2019 motion of the LGA General Assembly *calling upon the government to explore the domestic implementation of the Sustainable Development Goals (SDGs) through funded partnership roles with local authority areas, [and] encouraging councils to continue to link local priorities with the overall ambitions of the SDGs and declaring a climate emergency*, the business plan is being developed in the context of the SDGs.

3. As in previous years, LGA policy Boards are being asked to incorporate cross-cutting LGA priorities within their work programmes. The current draft priorities are as follows:

- 3.1. Funding for local government
 - 3.2. Adult social care, health and wellbeing
 - 3.3. Children, education and schools
 - 3.4. Housing and sustainable communities
 - 3.5. Economic growth and employment
 - 3.6. Climate action
 - 3.7. Britain's exit from the EU
 - 3.8. Strong local democracy
 - 3.9. Supporting councils
 - 3.10. The way we work
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.

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6. **Sustainable funding for adult social care and support (short-medium term):** Prior to the recent Spending Round, we estimated that social care faced a funding gap of £3.6 billion by 2025. The positive impact of the Spending Round announcements for social care are currently being analysed but we already know that adult social care faces annual cost pressures (demand and inflation alone) of £1.2 billion.
7. Our work in the run up to the Spending Round highlighted the consequences of underfunding and set out the value of adult social care in its own right. This year, with a full multi-year Spending Review expected next year, we will continue to make the case for greater investment in social care to secure its stability for the short-medium term, building on the successes achieved through the Spending Round.
8. As part of this, we will seek to develop cases studies of what life is really like 'on the ground' for councils and the consequences for other council services of offering relative protection to adult social care and support. We will continue to work with the Care and Health Improvement Programme (CHIP) on key issues and pressures in care and support, including leadership development, safeguarding and market sustainability.
9. **Towards a reformed care and support system:** Our work on social care funding reform has been high profile and very well received. Since we launched our green paper, *The Lives We Want To Lead*, in July 2018, we have published a follow up report setting out key findings, implications and recommendations for a way forward, based on the consultation responses we received. In July this year we then published another report as part of this work to mark 'one year on' since our green paper. Building on all of this work, we plan to develop a new publication for November that will set out the issues and questions we want a Government white paper to address. This will seek to move our own position on the 'solutions' for care funding further along. We would then seek to develop a new publication, with relevant modelling, exploring those solutions in more detail.
10. Throughout this work, and as with the work to date, we will seek to work with key partners at every opportunity and continue to stress the importance of working nationally on a cross-party basis.
11. Make the case for prevention funding: Councils continue to face significant spending challenges to their public health budget in 2020/21. We are concerned that without sustainable long-term investment in the public health grant there will be 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.
12. Public health funding has been hit with a £700 million real terms reduction to the public health grant since 2015. Discussions will 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 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.

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13. **Beyond the Prevention Green Paper:** The prevention green paper published in July includes a number of promising initiatives to improve the health of the nation and prevent avoidable ill health. We support measures to be smoke free by 2030, an evidence based review of NHS Healthchecks, a ban on selling energy drinks to under 16s and strategies to increase uptake of vaccination and to prevent sexually transmitted infection.
14. The green paper, while containing some ambitious and interesting ideas, would have been further strengthened had it made the most of councils' role and expertise. The paper failed to acknowledge the role of Environmental Health and Trading Standards. The paper does not attempt to tackle the root causes of ill health – including poor housing, deprivation, poor quality work, social isolation and poor quality environments.
15. The Community Wellbeing Board will make influencing the next phase of the prevention green paper a priority for the year.
16. **To raise awareness of the impact of health inequalities on local communities:** As a society, people are living longer – life expectancy in England has reached 79.6 years for men and 83.2 for women and we're healthier at every age group than ever before. However, stubborn inequalities persist – in the richest areas people enjoy 19 more years in good health than those in the poorest areas.
17. The LGA will continue to monitor future trends in health, which will aid local and national government to prioritise efforts to prevent ill health not just deal with the consequences. For example:
 - 17.1. the number of people aged 85 years has more than tripled since the 1970s and will include more than 2 million people by 2031;
 - 17.2. the death rate for dementia and Alzheimer's disease – already the leading cause of death in women – may overtake heart disease in men as early as 2020 and is likely to become the leading cause of death in men too;
 - 17.3. the number of people with diabetes is expected to increase by a million – from just under 4 million people in 2017 to almost 5 million in 2035;
 - 17.4. in the last 7 years, smoking prevalence has dropped by a quarter to 15 per cent and as little as 10 per cent of the population could still be smoking by 2023; and
 - 17.5. While most causes of morbidity become more prevalent with age, mental health problems and substance use affect younger adults the most, accounting for more than a third of the disease burden in those aged 15 to 29 years.
18. 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. 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.

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19. 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.
20. The LGA and Public Health England developed a joint strategic framework for health inequalities in 2019 and work will continue to deliver on this activity.
21. **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:
 22. 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 LGA.
 23. 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.
24. **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. 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.
25. We are pleased that the Government's child obesity plan includes clearer food labelling, which the LGA has long-called for, plus measures to introduce mandatory calorie information on menus, age restrictions on the sale of energy drinks, improve food standards and physical activity in schools and the option to introduce further fiscal measures.
26. On behalf of the DHSC, the LGA is leading the three year 'Trailblazer Child Obesity' programme that asks councils to lead innovative action in their local community to tackle childhood obesity.
27. We will continue to keep child obesity within our current work programme.
28. **Air quality:** Air pollution is the biggest environmental threat to health in the UK, with between 28,000 and 36,000 deaths a year attributed to long-term exposure. There is strong evidence that air pollution causes the development of coronary heart disease, stroke, respiratory disease and lung cancer, and exacerbates asthma.

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29. The Clean Air Strategy, which was published in January 2019, sets out plans to meet ambitious legally-binding international targets to reduce emissions of the 5 most damaging air pollutants by 2020 and 2030.
30. The Community Wellbeing Board will continue to work with the Environment, Economy, Housing & Transport Board on this important topic.
31. **The NHS Long Term Plan:** In January 2019 NHS England published 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 is the major planning and prioritisation document for the NHS and is now being rolled out, through the implementation framework to direct the way the NHS works at national, regional and local level with councils, in particular on adult social care, population health and prevention.
32. We will continue to work hard to ensure that local government is recognised and valued as a key planning and delivery partner for the NHS plan, both at national and local level, included in the development and delivery of the plan. In particular the LGA will:
 - 32.1. Work with NHSE/I and other national partners to ensure that councils and, in particular, health and wellbeing boards, are meaningfully engaged in the development of integrated care systems and the development of system implementation plans.
 - 32.2. Ensure that the LGA represents the views of councils on all relevant NHSE/I implementation work streams.
 - 32.3. Continue to 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.
 - 32.4. Promote the leadership role of health and wellbeing boards in the development of place-based, person-centred plans to improve the health and wellbeing of local populations.
33. **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, the Association of Directors of Public Health, NHS Clinical Commissioners and NHS Providers to further develop our shared vision and six shared principles for integration. In particular, we will:
 - 33.1. Identify action that needs to be taken at local, strategic and national level to address barriers to more effective joined up working.
 - 33.2. 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.

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- 33.3. 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.
 - 33.4. 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
 - 33.5. 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.
34. **The future of the Better Care Fund:** The CWB has 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 round is uncertain. The LGA will continue to press for the continuation of arrangements to 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:
- 34.1. 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
 - 34.2. Work to support health and wellbeing boards to work with system leaders of primary care networks, integrated care systems and sustainability and transformation partnerships to ensure that the plans and priorities for neighbourhood, place and systems are aligned and coordinated.
35. **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:
- 35.1. 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 integrated care provider;
 - 35.2. 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 organisations to develop and refine our systemwide leadership support offer; and
 - 35.3. In partnership with CHIP and health partners to develop a series of good practice case studies of effective engagement and communication with councillors.

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36. **Autism:** We will continue to work with DHSC and other partners to influence the forthcoming autism strategy to ensure any new burdens arising from the new strategy are identified and funded appropriately by government.
- 36.1. We will continue to help promote the strategy and any associated legislation, to councils and key partners and, where appropriate, develop tools and resources to support councils to implement the new strategy – including developing a case study guidance demonstrating good practice for both adults and children.
37. **Mental Health and capacity:** We will continue to highlight the statutory and wider role of councils in delivering adults and children mental health care and support in the community. In particular, to highlight the role a range of local services play in promoting wellbeing and preventing mental health crisis and to ensure any new burdens arising from the extension of the new Mental Health Act are identified and fully funded and to support councils with implementation of the Act. We will work with government and national partners to support transition, implementation and funding of the Liberty Protection Safeguards, including links with mental health reform.
38. **Carers:** We will continue to support councils to meet the needs of carers – including young carers. Supporting and improving the wellbeing and rights of carers is a priority for local government. We recognise that the role of carers in our health and care system is vital and the contribution carers make to people with social care needs is significant.
39. **Dementia:** We will continue to help councils provide high quality care and support to people with dementia and their carers and to promote dementia friendly communities. To continue to work as a partner on the Prime Ministers Dementia Challenge 2020 programme and help shape post 2020 commitments. To highlight the cost of complex care needs in all our funding calls.
40. **End of Life care:** We will continue to represent and clarify local government's role in delivering end of life care in the community. To improve end of life care through partnership and collaborative action between organisations at local level throughout England, such as through the Ambitions partnership.
41. **Suicide prevention:** We will work with the Association of Directors of Public Health to deliver the suicide prevention sector led improvement programme funded by the Department of Health and Social Care and supported by Public Health England. The following activities will be delivered in 2019/20 to help councils further strengthen local suicide prevention plans:
- 41.1. National: a series of tools, products and events designed to provide wider and easier access to the good practice and learning and existing resources, consisting of: a webinar, masterclass, stream-lined prevention resource, case studies and 'Must Know' publication for Elected Members.
- 41.2. Regional: funding to support and build capacity for SLI activity that will target a large number of local authorities who could further strengthen an already solid approach to suicide prevention with less intensive support. Allocated directly to ADPH

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networks to support their regional Suicide Prevention work depending on current priorities.

- 41.3. Local: bespoke expert support for up to twelve local authorities and partners, who self-identified as facing delivery challenges around suicide prevention. Experts will deliver a 1-day workshop, where an action plan will be produced and follow-up support offered depending upon progress.
42. **Transforming Care Programme:** We will continue to support the Transforming Care Programme which aims to improve health and care services for people with learning disabilities and/or autism who display challenging behaviour so that they can live well and safely in their communities with the right support.
43. **Housing:** We will work with the Environment, Economy, Housing and Transport Board to:
- 43.1. Continue to support councils to provide high quality supported or adapted housing for vulnerable adults, people with a disability and older people. In particular, responding to the government's review of accessible home standards and continuing to influence reform of the Disabled Facilities Grant so that funding keeps pace with demand and it is easier for people to access.
- 43.2. Make the case for a sustainably funded local oversight regime for supported housing.
- 43.3. Support housing and social care directors to respond to Social Housing Regular concerns about specialist supported housing.
44. **Sleep-in shifts:** With the Resources Board, continue to provide councils with timely advice about the implications of ongoing legal action relating to payment of overnight sleep-in shifts in social care. While the LGA supports fair pay for care workers, we intervened in the Court of Appeal case to highlight the significant financial implications for councils and providers of a change in the law. There will be a Supreme Court appeal hearing in February 2020 and Members will need to decide whether or not the LGA should apply to have a formal role in the legal proceedings.
45. **Loneliness:** We will ensure that the government's work to develop phase 2 of the national loneliness strategy reflects and builds upon the extensive work that is already being led locally, particularly existing social referral and social connector schemes, and that voluntary and community sector capacity is supported. With the National Association of Local Councils, launch and promote our new joint guide about principal and local councils working together to prevent and tackle loneliness.
46. **Armed Forces Covenant:** We will continue to support councils to meet their obligations under the Armed Forces Covenant, which every councils has signed, so that serving personnel, veterans and their families receive good quality, co-ordinated and person-centred support and advice. This will include seeking out and sharing good practice examples, building upon our recent Shared Intelligence [report](#), and ensuring that local government's role is central to the government's welcome focus on supporting veterans.

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Joint work with other LGA Boards

47. 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.
48. The LGA Asylum, Refugee and Migration [Task Group](#) also reports to both the Community Wellbeing Board and the Children and Young People's Board. The Task Group will continue to push for clearer alignment between and sustainable funding for all the programmes that resettle asylum seekers and refugee, with regular updates to be provided to the Board.
49. The Children and young people's mental health and emotional wellbeing sit across both this Board and the Community Wellbeing Board and over the coming year the will:
- 49.1. Undertake research and renew the LGA policy position and campaign lines for the LGA Bright Futures Campaign, including calling for a refocus of national policy and funding towards prevention, early intervention and general support for children and young people's mental health and emotional wellbeing, as well as for those with multiple and complex needs, articulating and championing the key role that councils play.
- 49.2. Provide particular focus on the role of health and wellbeing boards, improving the transition between children and adult services, the 16-25 cohort, the role of schools, the implementation of the NHS Long Term Plan and the new schools-based NHS-led mental health units.

Financial implications

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

Next steps

51. 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.