

Note of last Community Wellbeing Board meeting

Title:	Community Wellbeing Board
Date:	Friday 27 September 2019
Venue:	Westminster Room, 8th Floor, 18 Smith Square, London, SW1P 3HZ

Attendance

An attendance list is attached as **Appendix A** to this note

Item	Decisions and actions
------	-----------------------

1 Declarations of Interest

There were no declarations of interest.

2 Terms of Reference, Outside Bodies and Board Membership

Mark Norris introduced the report and explained that it was a standard item that was brought to the Board at the start of the new LGA meeting year. He said that he would seek nominations to outside bodies from Lead Members but asked if there were any expressions of interest at this stage.

Cllr Cross expressed an interest in being nominated to the Autism Strategy Task and Finish Group, and both Cllrs Kemp and Scott-McDonald expressed an interest in being on the new National Suicide Prevention Strategy Advisory Group.

Members asked whether there were any bodies looking into dementia which the LGA was represented on. Mark said that he would look into it.

Decisions

Members of the Community Wellbeing Board:

- 1) agreed to note the Board's Terms of Reference (**Appendix A**);
- 2) formally noted the Board membership for 2019/20 (**Appendix B**);
- 3) noted the Board meeting dates for 2019/20 (**Appendix C**); and
- 4) agreed the Board nominations to outside bodies (**Appendix D**).

Actions

Officers to seek nominations to outside bodies from Lead Members.

3 Personalised care: Progress update from NHS England

The Chair welcomed Nicola Kay, NHS England's Deputy Director with responsibility for policy and strategy within Personalised Care, to the meeting.

Nicola outlined the work that had been taking place on developing and rolling out a new comprehensive model for personalised care across the NHS. She said that the commitment to personalised care was laid out clearly in the NHS Long Term Plan: ("People will get more control over their own health, and more personalised care when they need it") and there was a target to reach 2.5 million people by 2023/24 and 5 million by 2028/29.

Nicola went on to explain some of the other commitments in the Plan that depend on personalised care including supporting care quality and outcomes for patients with dementia and cancer; supporting greater choice and control for people with learning disabilities, autism, children and young people and people with mental health conditions; and expanding supported self-management for people with long-term conditions such as diabetes, respiratory disease and muscular skeletal conditions.

Nicola concluded her presentation by talking about the publication "Universal Personalised Care", which is the delivery plan for personalised care, and sets out 21 detailed actions to achieve the implementation of the Comprehensive Model for Personalised Care.

In the discussion that followed, the following comments and questions were raised by members:

- How personalised could personalised health budgets be? What were the rules and regulations surrounding their use? Nicola explained that there was considerable flexibility and no misuse of the budgets had been found so far. She stated that there were approximately 50,000 personalised budgets at the moment, mainly in continuing health care, and the money was spent on a variety of things such as carers, personal assistants, assistive technology and assistance dogs.
- How much local determination could there be? Nicola said that it was a difficult balancing act – giving local areas the autonomy to respond to specific issues but maintaining uniform standards across the country.
- There should be a legal right to have a personalised budget in home-based Continuing Health Care (CHC) – this should be the default position. Concern was expressed that there was variability of take up of CHC around the country. Nicola said that she wasn't aware of this but would look into it.

- In relation to the new Social Prescribing Link Worker roles, concern was expressed that some of the existing excellent practice may be lost. Nicola gave reassurance that they wanted to build on what is already there and not throw the baby out with the bathwater.
- Concern was expressed that some residents still had to fight to get personalised payments, for example, for things like gym membership. Nicola said that this shouldn't be the case as attending a gym could really benefit some people with long term conditions.
- It was stated that ward councillors already acted as unofficial link workers in their communities and much more use should be made of them, particularly where there was a lack of capacity in the system. Nicola agreed to ask local NHS bodies to work more closely with local ward councillors as well as council's themselves.
- Were the NHS personalised budgets being integrated with existing social care personal budgets? Nicola said that Integrated Personal Budgets were already in place but there were barriers to further integration which could require changes to regulations.
- What happened when individual budgets didn't get spent and people chose to save the money instead? Nicola said that they all undergo an auditing process so this would be picked up.
- Concern was expressed about the capacity of the Community & Voluntary Sector (CVS) to support the social prescribing process. Nicola said that the CVS needed very much to be part of the process and the NHS was trying very hard to work with organisations locally.
- How was the NHS working with councils to ensure that people were not having to wait long periods of time to get personalised budgets? Nicola said that the process of getting a personalised budget could be difficult but they were trying to put standards in place around the timing of processes. She admitted that this could improve and that some areas of the country were better than others.

The Chair thanked Nicola for her presentation and for answering the Board's questions. Nicola said that she would be happy to come back and speak to the Board again in the future.

Decision

Members of the Community Wellbeing Board noted the update.

4 Healthy Child Programme Update

Paul Ogden and Vanessa Lucas introduced the update on the Healthy Child Programme.

Vanessa gave some of the background to the Programme and explained that responsibility for commissioning the Healthy Child Programme transferred from the NHS to local government in 2015. She said that in July 2019 the Government made a commitment to modernise the Healthy Child Programme, initially focussed on the first 1001 days and early years. Public Health England would lead the review and the update was due to be published in March 2020, with the LGA being key consultees in the process.

Vanessa went on to outline some of the challenges being faced by local authorities in delivering the programme, in particular, the decline in the number of qualified health visitors and school nurses since 2015.

Vanessa concluded by asking members for feedback on the two questions posed in paragraphs 8&9 – should the review of the Programme be underpinned by a comprehensive and appropriately resourced workforce strategy for health visitors and school nurses?; and does the Board support work to capture and evaluate the impact of the change in skill-mix on outcomes in the Programme?

In the discussion that followed, the following comments and questions were raised by members:

- Were the recruitment problems a symptom of the wider NHS recruitment issues brought about by the reduction in the number of EU nationals working in the UK as a result of the Brexit referendum? Paul stated that uncertainty around Brexit has definitely been a factor.
- A properly resourced workforce strategy definitely needed to be a part of the solution.
- A presentation was requested from the LGA's workforce team on what is being done to address recruitment and retention problems across the wider health and social care workforce. This was agreed by members of the Board.
- Had any mapping been undertaken about where the shortages were particularly acute? Paul said that it was predominantly in London and the South East, the North East and, more recently, Suffolk.
- Around 50% of trainees drop out, exacerbating recruitment problems.

Decisions:

Members of the Community Wellbeing Board noted the contents of the report and endorsed the proposals put forward in paragraphs 8 & 9 of the report.

Actions:

Officers to arrange a presentation from the Workforce team on what was being done to address recruitment and retention problems across the wider health and social care workforce.

5 Community Wellbeing Board Priorities 2019/20

Mark Norris introduced the report on the proposed priority work areas for the Community Wellbeing Board for 2019/20. Mark stated that the work fell into 4 broad themes:

- Reform of social care funding
- The prevention agenda and public health
- Broader links between Adult Social Care and the NHS
- Miscellaneous issues around working age adults

Mark also pointed out that the LGA was currently in the process of refreshing its Business Plan and so the Board's priorities as set out in the paper may have to be reconsidered as a result.

Mark concluded by saying that the Board had a broad agenda and so members might want to consider whether it would be more beneficial to focus in on specific areas of work.

In the discussion that followed, the following comments and questions were raised by members:

- The picture on public health funding across the country was very unclear. How much of a shortfall was there? Could a paper be brought back to a future Board meeting on this? Paul Ogden said that the shortfall is in the region of £1 billion and members agreed that it would be a good idea to bring a report back to the Board on this.
- Health-related worklessness is a huge issue. What was happening with the Public Health England pilots on substance misuse and employability? Members agreed that it would be helpful to bring a report back to the Board on the findings from the pilots.

- The Board's work around prevention and health overlapped with the work of most of the other LGA Boards. Duplication of work should therefore be avoided.
- There should be a stronger role for Health & Wellbeing Boards in the health agenda moving forwards. The LGA needed to take a more prominent role in promoting them and in working with those HWBs that were not so effective. Concern was expressed about the effect on HWB's once Integrated Care Systems became statutory in April 2021. Officers agreed to circulate the LGA's response to the consultation on the NHS Bill to all Board members as this covered some of the issues raised.
- Could the new Minister for Mental Health, Suicide Prevention and Patient Safety be invited to speak at a future Board meeting? Members agreed that this would be a good idea.

Decisions

Members agreed the Board's priorities for 2019/20.

Actions

- Officers to bring papers back to the Board on a) the funding of public health and b) the findings from the Public Health England pilots on substance misuse and employability.
- Officers to circulate the LGA's response to the consultation on the NHS Bill to all Board members.
- The Minister for Mental Health, Suicide Prevention and Patient Safety to be invited to a future Board meeting

6 Update on Other Board Business

Members noted the updates contained in the report.

7 Minute of the previous meeting

The minutes of the meeting held on 19 June 2019 were agreed.

Appendix A -Attendance

Position/Role	Councillor	Authority
Chairman	Cllr Ian Hudspeth	Oxfordshire County Council
Vice-Chairman	Cllr Paulette Hamilton	Birmingham City Council
Deputy-chairman	Cllr Richard Kemp CBE	Liverpool City Council
Deputy-chairman	Cllr Claire Wright	Devon County Council
Members	Cllr David Fothergill	Somerset County Council
	Cllr Adrian Hardman	Worcestershire County Council
	Cllr Jonathan Owen	East Riding of Yorkshire Council
	Cllr Judith Wallace	North Tyneside Council
	Cllr Sue Woolley	Lincolnshire County Council
	Cllr Shabir Pandor	Kirklees Metropolitan Council
	Cllr Natasa Pantelic	Slough Borough Council
	Cllr Amy Cross	Blackpool Council
	Cllr Denise Scott-McDonald	Royal Borough of Greenwich
	Cllr Doreen Huddart	Newcastle upon Tyne City Council
	Cllr Neil Burden	Cornwall Council
Apologies	Cllr Colin Noble	Suffolk County Council
	Cllr Helen Holland	Bristol City Council
	Cllr Arooj Shah	Oldham MBC