

Outside bodies, external meetings and other CWB business updates

Purpose

For information and discussion.

Summary

Members to note the following updates:

- Outside Bodies and External meetings
- Implementation of Death Certification Reforms Delayed
- Local Integration Programmes-Role of Scrutiny
- Update on Integrated Personal Commissioning Programme
- A whole systems approach to tackling obesity
- Public Health Update
- Evidence to the Health Select Committee on public expenditure
- National Children and Adult Services Conference
- The Role of Local Government in Responding to the Needs of an Ageing Society – LGA Task and Finish Group
- Housing for Adults with Care and Support Needs – LGA Task and Finish Group
- Winterbourne View
- LGA briefing on NHS England Five Year Forward View

Recommendations:

- For the Board to note the various updates; and
- Members to respond to Paragraphs 6 and 32 if appropriate

Action/s

As directed by Members .

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Outside bodies, external meetings and other CWB business updates

Outside Bodies and External meetings

1. Tuesday 7 October – Cllr Gillian Ford attended the Dementia Equity Task and Finish Group.
2. October 22 – Cllr Colin Noble attended the TLAP Programme Board
3. Further updates were included in the recently circulated newsletter:

Other CWB Business updates

Implementation of Death Certification Reforms Delayed

4. A new system of death certification (excluding cases referred to the Coroners), in which upper tier local authorities would have a duty to appoint a medical examiner to provide oversight and scrutiny of the death certification process, was planned to go live in October 2014. This is the last remaining part of the the Health and Social Care Act 2012 that has yet to be implemented. The LGA has learned that, though the Secretary of State remains committed to the reforms, all further work on implementation will be delayed until after the General Election.
5. The current process for issuing death certificates will remain in place until further notice. The LGA will provide an update to councils as soon as further information becomes available.

Local Integration Programmes-Role of Scrutiny

6. Following the Board's request to consider the role of scrutiny in local health and care systems, the LGA and CfPS are inviting councils to help shape a national ambition for council scrutiny to add value to local integration programmes, arguably the greatest priority facing healthcare and social care policy. A series of local 'inquiry days', are being planned that will bring together council scrutiny, health and wellbeing boards, clinical commissioning groups and local Healthwatch, to:
 - 5.1 Consider the current and future role and contribution of council scrutiny in assessing local approaches to integration of healthcare and social care services;
 - 5.2 Identify opportunities and barriers that help or hinder council scrutiny to influence integration and to suggest how integration could be improved locally;
 - 5.3 Share learning with council scrutiny, health and wellbeing boards and other partners to promote the proactive, valuable role of scrutiny;
 - 5.4 Road test and refine shared tools for discussing the service impact of integration and proposals for service redesign.

6. The LGA is seeking a small number of areas in which to organise these days. If you are interested, then please link to <http://cfps.org.uk/integration> for more information and how to apply

Update on Integrated Personal Commissioning Programme

7. The Integrated Personal Commissioning initiative is joint NHS England, LGA, ADASS and Think Local Act Personal (TLAP) programme to work with up to 10 local areas to extend personal health and social care budgets. The Programme will be overseen by a Programme Board, co-chaired by Carolyn Downs and Ian Dodge, National Director for Commissioning Strategy at NHS England.
8. The closing date for applications was 7 November and 34 areas have submitted an application. The selection process, including LGA, ADASS and TLAP officers, is now underway and the Programme Board will approve the successful applicants in December. The LGA is working with NHS England to develop the support offer to local areas, scope the evaluation of the project and develop a communications strategy to promote the programme.

Public Health Update

a) A whole systems approach to tackling obesity

9. A new programme commissioned by Public Health England (PHE), in collaboration with the LGA and the Association for Directors of Public Health (ADPH) has been established.
10. The aim of the programme is to support local authorities, their partners and communities in their work towards achieving a healthy weight across their populations. It will develop a framework, with the building blocks and tools needed by local authorities, to implement a whole systems approach to tackling obesity and the inequalities associated with obesity.
11. Many localities across England have excellent examples of activity underway in varying degrees and approaches, to address concerning levels of adult and child obesity.
12. These are led by Local Government or Public Health teams or a combination of the two. This programme of work is not designed to criticise any current activity but to look for opportunities for how to support and build upon existing projects.

b) APPG on Sexual and Reproductive Health Accountability and Performance Review

13. The LGA submitted written evidence and Councillor Jonathan McShane gave oral evidence to the All Party Parliamentary Group on Sexual and Reproductive Health review on accountability and performance within the new public health system.
14. In our oral evidence we argued that the past year has been a transformative time. Commissioning arrangements have undergone radical changes, with the aim of creating locally relevant responses to improve the sexual and reproductive health of people and populations, while seeking to increase equity for high-cost prescribed HIV services nationally. Much has been achieved, but further work is needed to ensure a seamless linkage between national and local commissioning.

c) LGA/ADPH Public Health Conference and Exhibition – 11 February 2015

15. The programme for the Public Health Conference is gradually taking shape with confirmed speakers to include: Jane Ellison MP, Minister of State Public Health, Luciana Berger, Shadow Public Health Minister, Duncan Selbie, Chief Executive, Public Health England.

d) Health Premium Incentive Scheme 2014/15 and Public Health Allocations 2015/16

16. The LGA and the Association of Directors of Public Health have submitted a response to the Department of Health and Public Health England consultation on the Health Premium Incentive Scheme and Public Health Allocations 2015/16. The response welcomes the early announcement of the 2015/16 PH allocations, in advance of the main Local Government settlement, but also highlights concerns that the opportunity has not been taken to increase investment in public health and prevention – and thereby relieve pressures on other health and care services in the future.

<http://www.adph.org.uk/2014/10/the-association-of-directors-of-public-health-local-government-association-submission-to-the-technical-consultation-on-the-health-premium-incentive-scheme-201415-public-health-allocatio/>

e) Reduce the Strength – Guidance for councils considering setting up a scheme

17. Reducing the Strength refers to initiatives designed to tackle the problems associated with street drinking by reducing the sale of low price high-strength alcohol through voluntary agreements with local retailers.
18. This new guide sets out some simple steps that can be taken to ensure that Reducing the Strength schemes are designed and established in a way that ensures they adhere to relevant controls and are as effective as possible. In so doing, this will enable them to make a valuable contribution to the local communities where they operate.

f) Tackling Chlamydia - Local government's public health role

19. Sexually Transmitted Infections (STIs) and unplanned pregnancy are amongst the biggest contributors to young people's poor health. The two most common STIs in young people are HPV, the virus which causes cervical cancer and chlamydia, a bacterial infection which can lead to infertility in women. This briefing for councillors and officers explains the challenges and the opportunities they have to tackle chlamydia and reduce the burden of poor sexual and reproductive health in local communities.

Tackling Poor Oral health in under 5's – Local government's public health role

20. Tooth decay is the most common oral disease affecting children and young people in England, yet it is largely preventable. Today nearly 28% of five year olds in England have experience of tooth decay (in comparison with 31% in 2008) and, although the oral health of children has been improving, significant inequalities remain. Across local authorities in England there is huge variation ranging from 13% to 53% of five year olds having experience of tooth decay, these children have on average 3 teeth affected. Those living in deprived communities have poorer oral health than people living in richer communities, as do those in vulnerable groups including those with disabilities.

21. Local authorities have a key role in the scrutiny of oral health improvement and dental service provision. This guide explains how councils can bring together public agencies and organisations to establish the extent to which poor oral health is prevalent in local areas and to ask questions about planning for better outcomes from services.
22. Links to these will be available on the LGA website in early December.

Evidence to the Health Select Committee on public expenditure

23. On 18 November 2014, LGA Chief Executive, Carolyn Downs, gave oral evidence alongside David Pearson (ADASS) and Rob Webster (NHS Confederation) to the Health Select Committee as part of its inquiry on public expenditure on health and social care. The Committee asked a range of questions covering the short- and medium-term position of adult social care, progress with integration and the Better Care Fund, and the Barker Commission on the Future of Health and Social Care in England.
24. Carolyn made a number of key points on each of these issues setting out the stark reality of local government finances overall and their impact on adult social care. She argued that adult care must be protected in the next Spending Review and that, moving forward, there needs to be clear 5-year funding settlements, greater integration through a single budget for health and social care – supported by a transformation fund of new money – and an honest conversation with the public to raise awareness of the likelihood of needing care in the future, how to prevent needs arising, and what trade-offs need to be considered to develop the health and care system required in the future.
25. On the Better Care Fund Carolyn set out the LGA's support for the concept but was clear that the process, including putting the money in the spending power of both health and social care, was deeply unhelpful, undermined the original intent of the fund, and bred competition rather than collaboration across the system. Carolyn also criticised the recent National Audit Office report on the BCF – particularly its failure to recognise the significant amount of work that councils and their health partners completed on the BCF in response to last minute Government changes. Carolyn also criticised the report's failure to grasp the founding principle of the BCF – that it was meant to be a bottom-up and local approach to bringing health and social care closer together, and that top-down Whitehall approaches would not achieve the integration of health and care that local areas are united around.

National Children and Adult Services Conference

26. The National Children and Adult Services Conference (NCAS) conference from 29 – 31 October in Manchester was attended by over a 1000 delegates on each of the three days. Organised by the LGA, Association of Directors of Adult Social Services (ADASS) and Association of Directors of Children's Services (ADCS), the programme focused on key issues in adult social care, with keynote speakers covering Care Act implementation and integration throughout the three days. Sessions aimed at children's services had a focus on as well as education and youth training and employment.

27. In the run up to the election, attendees heard from three Secretaries of State, government ministers and the Shadow Cabinet. In the main, very similar views for the need for local accountability in health and social care and the need to develop the role of Health and WellBeing Boards were outlined across the political parties.
28. Community Wellbeing Board members were involved in many of the sessions during the conference, flagging up the role work on the Board and its views on funding pressures, the importance of local leadership and the need to develop a vision for the health and social care going forward. The event also offered the chance for lead members to ask questions on the key issues in their areas in a closed session with Norman Lamb and to network more informally at the free Councillors' dinner.
29. The LGA launched a number of key initiatives at the conference in Manchester. The LGA and the Association of Directors of Adult Social Services launched the State Of The Nation report into [Adult Social Care Funding](#), previously circulated to members. The Chairman also highlighted that an urgent review of the skills crisis facing social work is needed in his opening speech. The LGA is calling on government to urgently tackle the need to recruit quality social workers and to put social work on a par with other health and social care professionals such as doctors and nurses. Despite £65 million being spent every year by central government on social worker grants aimed at getting people into the profession, councils face an urgent skills crisis, with almost three quarters struggling to recruit and retain enough social workers. **The LGA launched a support pack to help councils recruit and retain social workers. This includes best practice examples on issues that social workers say matter to them most:** www.local.gov.uk/social-workers
30. Presentations from the conference can be found at <http://www.adass.org.uk/ncasc-2014/> The conference organisers are already considering how to increase representation from people that use services at next year's conference. If you have any other comments on the event that will inform the planning for next year's conference, please contact emma.jenkins@local.gov.uk.

The Role of Local Government in Responding to the Needs of an Ageing Society – LGA Task and Finish Group

31. The first meeting of the LGA's new Ageing Task and Finish Group took place on 11th November 2014. The group explored the strategic role of local government in responding to population change, and discussed the opportunities for local authorities to work with communities to promote the health and wellbeing of older people. This was the first of 4 planned sessions of the Group, with the final session scheduled for 10th February 2015. The aims of the Group, which comprises of lead members drawn from relevant LGA Boards alongside leaders from key organisations (such as Age UK, Carers UK, ILC-UK, Councils and Housing providers), is to consider the opportunities and challenges that an ageing society presents, and the future role of local government in addressing these. The final report will aim to influence the LGA's campaigns leading into the 2015 general election and the first spending review.
32. **If you have examples of innovation or good practice demonstrated by local authorities and their partners in planning for an ageing society, or wish to provide evidence of challenges, issues or opportunities for local government in**

this area, please respond to the LGA's Call for Evidence, which is being coordinated by the Centre for Policy on Ageing, via the following link:

http://www.cpa.org.uk/lgacallforevidence/lga_call_for_evidence.html

Housing for Adults with Care and Support Needs – LGA Task and Finish Group

33. Following the Community Wellbeing Board's request that an LGA Task and Finish Group be established to explore the role of housing in integrated health, care and support for people with support needs, the first meeting of the Group will take place on 22nd January 2015. The Task and Finish Group will be informed by some key inputs including a series of regional seminars organised by Sitra, exploring the issues in detail with experienced practitioners and leaders working in the field.
34. The Task and Finish Group will debate the issues and develop recommendations for the LGA in this area, in order to enable the LGA to establish its own policy position, and to develop a work programme, going forward. A final report will be published in March 2015. For more information about the regional seminars, please go to the LGA website. Information about the first of the events, on 9th December in Birmingham, can be found here:

http://www.local.gov.uk/events/-/journal_content/56/10180/6629706/EVENT

Winterbourne View

35. As at 30 September 2014 there were 2600 people with Learning Disabilities and / or autism with a mental health problem or behaviour that challenges commissioned by NHS England, or Clinical Commissioning Groups in an inpatient setting, many of whom have been in hospital for a number of years.
36. The latest data continues to show no significant change in the overall numbers of people in inpatient hospital settings. It also shows more people being admitted to inpatient settings than being transferred out in the last quarter.
37. However, compared to last quarter, over a thousand more people have a planned transfer date – 1680 people compared to 577 from the last data collection, with 922 people set to transfer out of their hospital placement over the next year. 2562 people have a care coordinator.
38. Councils are working alongside the NHS and partners in local areas to help develop the support services, housing and community capacity needed for the development of truly personalised solutions for people and to reduce the flow of new admissions.
39. The LGA has argued that tackling the ongoing challenges preventing people from moving back into the community requires an approach that brings together the combined skills and expertise from across health and social care systems. We must ensure joint planning for individuals, and that funding follows the individual through the system so that councils, CCGs and regions can ensure appropriate levels of care and support are delivered and planned for.
40. We are expecting to see an acceleration at national level in the response to Winterbourne View.

41. NHS England has set itself the ambition of getting over 1,000 people back into the community by March. It is also carrying out a programme of 'care and treatment' reviews to clarify in greater detail:
 - 41.1 The nature of the care and treatment being provided;
 - 41.2 The engagement of the individual and their families in these plans; and
 - 41.3 What is currently preventing the right care and support being provided in a community setting near to home.
42. Where resources and support are not in place to facilitate someone moving on, the reviews will make clear recommendations for what needs to be done next to get to the point of a safe discharge. We have secured agreement that Care and Treatment Reviews for inpatients must involve local council staff to ensure joint planning can take place for each individual case from an early stage.
43. A new Transforming Care Assurance Board, co-chaired by the Minister, also has been set up to develop stronger partnership working arrangements and to set out a programme plan with key actions for all partners.
44. The Winterbourne Joint Improvement Programme (JIP) is continuing to support local area partners to work together to develop safe, appropriate and high quality services that allow people with learning disabilities and / or autism who have mental health conditions or behaviour which may challenge to get the support they need to live locally in community-based settings.
45. As outlined at previous meetings, the JIP's key role in the overarching Transforming Care Programme has been to encourage, facilitate and lead conversations at a local level, provide support to particular areas in need and to create and share tools and guidance for those delivering and those receiving services. The JIP's work focuses primarily on influencing and supporting local area partners to work together to deliver the objectives in Transforming Care: local authorities and CCGs, with significant involvement from NHS Area Teams and Specialised Commissioners.
46. The programme has helped to ensure that the Transforming Care work remains a priority at a local level. It has contributed to a genuine shift in understanding and attitudes, both locally and nationally, and developments in local approaches. An outline of current activity is attached as Appendix One.
47. The JIP's work also centres on ensuring that learning and good practice is shared. Board members may be interested in the availability of new local area approach case studies which demonstrate how local areas are meeting some of the many challenges to ensuring progress. Members may also be interested in a guide for Health and Well-being and a new 'must know' publication on what local leaders can do in shaping the response to Winterbourne locally. All are available – as well as more information on the work of the JIP - on: www.local.gov.uk/place-i-call-home.

48. The LGA is working with partners to develop proposals for the next phase of the programme for 2015-16 with a focus on identifying levers for improvement within existing activity and infrastructures to support continuous improvement for this group of people into the long term.

LGA briefing on NHS England Five Year Forward View

49. NHS England published their Five Year Forward View, which sets out how the NHS needs to change to meet the future challenges
<http://www.england.nhs.uk/ourwork/futurenhs/>
50. The key messages are summarised below.
51. **Public health is central to the future sustainability of the NHS.** Without effective public health and prevention strategies, the NHS will not be able to cope with the rising burden of illness caused by obesity, smoking, alcohol and other major health risks. As well as proposing new workplace schemes to promote employee health, NHS England will support greater public health powers for local government.
52. **Patients need greater control of their care.** NHS England is working with the LGA, the Association of Directors of Adult Social Services and the Think Local Act Personal Partnership on the Integrated Personal Commissioning Programme. It will work with demonstrator areas to develop shared personal health and social care budgets to give people greater choice and control of all the health and social care service to promote independence and wellbeing and to reduce demand for inpatient care. The voluntary sector and carers will be key partners in this initiative and in giving greater voice, choice and control to all patients.
53. **There will be greater integration** between hospitals and primary care and between health and social care to break down the barriers and provide holistic care and support in community settings. In recognition that a 'one size fits all' model of care will not be adequate to meet local diversity, NHS England will develop a limited number of options for service delivery. The options include:
- 53.1 combining GP services with community health and social care;
 - 53.2 vertical integration of acute and primary care;
 - 53.3 a redesign of urgent and emergency care to integrated A&E, GP out-of-hours services, urgent care centres, NHS 111 and ambulance services;
 - 53.4 new options for smaller hospitals to remain viable, including partnerships with larger hospitals to provide services on site;
 - 53.5 new midwife-led units for maternity services; and
 - 53.6 in partnership with adult social care develop enhanced health care in care homes to reduce hospital admissions.
54. **No further national structural reorganisation** but instead encourage local leadership and flexibility to drive innovation in the adoption of new technology .

55. **Greater investment in primary care and give GPs a greater role in commissioning primary care** to support a shift in investment from acute to primary and community services. This will include increasing the recruitment, training and retention of GPs.
56. **The NHS requires real terms increase in funding** in order to meet the projected £30 billion funding gap that will open up by 2020/21. Efficiency savings will not be sufficient to improve quality, safety and patient experience. NHS England argues that without investment the NHS will not be sustainable.

LGA response

57. Cllr Izzi Seccombe, Chair of the Local Government Association's Community Wellbeing Board said:

"Many of the messages in this report strongly echo our own proposals set out in our first 100 days pledge for the next parliament. In particular, the urgent need to put greater focus on prevention and the recognition that integration is the most sustainable model for health and social care.

Effective and adequately-funded local government is fundamental to the sustainability of the health services. Without effective public health services promoting prevention, the NHS will continue to have to deal with a rising tide of disease and ill-health related to smoking, alcohol and obesity. Without adequately funded adult social care services, Accident and & Emergency admissions to hospital will continue to rise. It is crucial that funding for adult social care is protected going forward.

We welcome the recognition that Health and Wellbeing Boards (HWBs) provide local leadership of the health and care system but there needs to be greater consideration of how health services will be held to account locally. Local NHS leaders are already working with elected members and community voice organisations in HWBs to ensure that health care is aligned to local needs and local service provision. The NHS will need to involve and co-produce new service models with elected members and communities.

Local government has long recognised the importance of social care and health integration for improving people's lives by keeping them out of hospital and living in their communities for longer.

At a time when local government funding has been cut by 40 per cent, and pressure on vital services continues to grow, volunteers are playing an increasingly vital role in working alongside councils to protect and improve the services we provide. A community contribution discount would not only recognise the fantastic work volunteers do, but could help save the public purse many millions more than it costs.

The LGA is now urging political parties to include a commitment to fund community contributions discounts in their election manifestos."