

Community Wellbeing Board –from Cllr Izzi Seccome (Chair)

Health and Wellbeing

1. I chaired a well-attended and well received event for Local Healthwatch reps on Health and Wellbeing Boards on 11th November where we launched a toolkit for Local healthwatch reps 'On the Board'. Also as part of the Health and Wellbeing System Improvement Programme we have launched two other very useful publications; " Making an Impact through Good Governance – a practical Guide for HWBs" http://www.local.gov.uk/health-and-wellbeing-boards/-/journal_content/56/10180/6656438/PUBLICATION and " Connecting HWBs – a Social Media Guide" http://www.local.gov.uk/health-and-wellbeing-boards/-/journal_content/56/10180/6692016/PUBLICATION.
2. The Health and Wellbeing peer challenge continues to be popular and is proving a rich source of evidence to develop the national picture of HWBs and to direct the future focus of the support programme. I was part of the challenge team for Wiltshire, which I found fascinating and highly recommend as a learning experience and I am looking forward to my own HWB and authority undergoing the challenge this month. We have also increased the number of NHS peers we have trained to take part in the challenges.
3. The Shared Intelligence interim evaluation report has provided us with a state of the nation piece on HWBs and has started to describe what a good HWB looks like. This provides a useful basis for developing the improvement programme next year. We are starting to develop the new programme positioning this clearly at the strategic leadership level with Chairs and Vice Chairs of HWBs. We are also aware of the need to build in flexibility to be able to respond to new leadership support needs post election. We are starting a discussion with HWB Chairs on the future for HWBs and how we can best equip them at our Summit on 25th March 2015 http://www.local.gov.uk/events/-/journal_content/56/10180/6780735/EVENT which will be chaired by Cllr Linda Thomas.
4. I have launched the CWB ambassadors. These are members of CWB, who are HWB Chairs and linked them to each HWB Chairs regional network to facilitate a two way flow of information. I have also issued a standing invitation to all regional network Chairs to attend CWB. I look forward to this new initiative bearing fruit and ensuring we have our finger on the pulse on what matters to HWBs.

NHS 5 Year forward view

5. NHS England published their Five Year Forward View on 23 October 2014, alongside five other core NHS partners – Public Health England, Monitor, Trust Development Authority, Health Education England, Care Quality Commission. This clearly set out the challenges facing the NHS, along with their approach to dealing with those challenges. It is proposed that there will be six major work streams, each with their own board and a working group to support delivery. They are as follows:
 - 5.1 Partnership
 - 5.2 Quality
 - 5.3 Prevention
 - 5.4 Models of care
 - 5.5 Information
 - 5.6 Workforce
6. The plan forecasts a shortfall of £30bn over five years if services carry on as they are (to which the £4bn shortfall in social care funding would need to be added) but commits to reducing this requirement to £8bn through better prevention and improved efficiency.
7. There are a number of key messages within the Five Year Forward View that would be particularly welcomed by, and provide opportunities for, local government. In particular the proposed approach envisages much stronger partnerships for prevention with communities, the voluntary sector and with employers – which will link closely with Public Health leadership by Local Government
8. On the new models of care it is proposed that the leading localities that were performing well and had a track record of innovation would be supported to innovate (a kind of super pioneer programme – they were called prototypes); the poorest performers that were struggling would be directed to reform by nationally sponsored changes (building on the challenged health economies programme) and the middle segment would be asked to set out their plans and offered a range of support offers to help them reform. The plan is to identify sites in February and start in a number of areas in March.
9. We have actively argued for a more locally driven approach, full inclusion of social care, wider engagement in each place (as well as nationally) and for a share of national change capacity and money so that local government could play a full part.
10. The LGA were invited to take part in follow up events, and it is under active discussion how the LGA will be involved in these programmes on a permanent basis. It is proposed that we invite senior NHS colleagues to present their recommendations to the Community Wellbeing Board at the next possible opportunity.

Better Care Fund

11. Following the changes to the 'pay for performance' element of the fund in Summer 2014, local areas were asked to revise their plans. This was not a change that the

LGA supported as it had the potential to put additional strain on local relationships, undermine the national condition to protect social care and also divert attention away from implementation to top down assurance.

12. However, NHS and local government partners locally, through Health and Wellbeing Boards, have in large taken a pragmatic and positive approach, resulting in 97% of plans being approved in October 2014, in some cases with some support or conditionality. All but two plans were resubmitted before 9 January, and it is expected that the vast majority of plans will be fully approved by February 2015, enabling all areas to focus on the more important task of implementation.
13. Further peer-led support was provided to assist local areas in developing ambitious but deliverable plans where they were not fully approved, and further support has been commissioned in the form of workshops and online knowledge sharing to assist with implementation through to April 2015 and beyond.
14. The LGA remains positive about the opportunities presented by the Better Care Fund to improve care and support for people locally, and to make more effective use of resources across health and care. Based on the plans submitted in September 2014, the total £5.3bn pot (almost half of all HWBS pooling more than the minimum amount) is expected to deliver savings of £532m, a reduction in non elective activity of over 3%, 100,000 fewer unnecessary days in hospital and 12,000 older people remaining at home three months after discharge.
15. But the Better Care Fund is not new money. We have called on the Government to allow local areas to shape the next iteration of a bigger BCF over a longer period of time and with an accompanying transformation fund of new money to support transition. This must be free from Whitehall interference so that real transformation can be achieved on the basis of investing to save, rather than saving to invest.
16. The BCF cannot immediately solve the unsustainable level of funding (and looming crisis) in both the NHS and social care. We will need to continue to work together nationally and locally to develop sustainable solutions to the challenges facing our health and social care system, including through the New Models of Care

LGA vision for health and care

17. In order to inform the LGA's position in response to the Five Year forward View and in the build up to the General Election, Members instructed officers to commission an independent report outlining a vision and practical steps for the future health and care system.
18. The report will make recommendations to address the biggest challenges facing social care, and will provide a practical response to the Five Year Forward View and current direction of travel.
19. The report will be published following sign-off by Members in early February 2015

Transfer of 0-5s public health commissioning responsibilities to local government

20. On 11 December the DH published indicative funding allocations for local authority commissioning of 0-5 public health services from 1 October 2015, which will complete the transfer of public health responsibilities to local authorities. Local authorities have until 16 January 2015 to raise any concerns regarding their allocations.
21. The indicative allocations are based on current spend on existing services and the expectation will be that current resources will be 'lifted and shifted' to local government. We have received feedback from local authorities on a number of finance and contracting issues which we have fed into national discussions. Adjustments to the indicative allocations have been made to reflect concerns raised by a range of local areas. The DH has also introduced a 'floor' allocation, meaning that the minimum allocation to any local authority will be not less than £160 per head of 0 – 5 population.
22. The DH has also listened to our concerns and confirmed an extra £2 million to fund local government commissioning responsibilities. We are continuing to press for a clear plan to move to funding which reflects need over time, and to ensure regulations do not add any unfunded new burdens to local authorities in taking on the new roles.
23. We are aware of particular concerns in some areas that current allocations do not relate to need. We are seeking a clear view of how the funding will shift to a needs based formula over time and have expressed concern that this could take many years unless substantial extra funding is made available.
24. The DH has consulted with us and partners on the draft regulations for the five mandated universal checks. We expect the regulations to make very clear that councils will not be expected to suddenly increase coverage of the mandated checks and can only be expected to take a reasonable approach to continuous improvement. We will continue to resist any expectation of a sudden uplift which constitutes a new burden. We are also pressing for greater clarity about current performance at local authority level, so councils have a clear baseline pre-transfer.

Children's Mental Health

25. Cllr Gillian Ford attended the Department of Health and NHS England Children and Young People Taskforce on 16th December. The Taskforce is drafting proposals on the following areas: Data and Standards, Prevention and access, A co-ordinated system, Vulnerable groups and inequalities. It plans to report to Ministers in the Spring.
26. The LGA responded to the Taskforce's consultation on how mental health services could be improved for children and young people. Our key points included:

- 26.1 For the CAMHS system to be sufficiently funded and resourced.
- 26.2 A need for more information, data and evidence about the business case for investing in early intervention and preventative services.
- 26.3 A whole system approach to CAMHS in which all partners take ownership, responsibility and accountability for CYP's mental health. Better integration across all tiers and join up with wider council led initiatives such as Troubled Families.
- 26.4 Supporting commissioners to help them jointly commission mental health services with wider services such as housing and education. Sharing different models of what works more widely.
- 26.5 Developing child and young person friendly services and environments in consultation with CYP.

27. The task force is due to report in Spring 2015.

Joint officeholders meeting between the Children and Young People and Community Wellbeing Board - 8 January 2015

28. A joint meeting was held between lead members of the CYP and CWB Boards to establish how both Boards can support work together on children's health policy work going forward. Children's health has been a joint Board priority since 2011. The key outcomes included:

- 28.1 Officeholders agreed that the work on the transfer of 0-5s public health commissioning to local government in October 2015 was travelling in the right direction. They noted that this was a challenging situation for local authorities particularly in relation to asylum seekers and army populations but they suggested developing and modifying the funding formula in future.
- 28.2 Officeholders considered that more work needs to be done for CAMHS to work closer with schools and that clear monitoring by the CQC was needed. They noted the need to consider using safeguarding as a model for showing local accountability and the role of Health and Wellbeing Boards in bringing together services.
- 28.3 Officeholders discussed and agreed proposals for an initial programme of work to gain a better understanding of the cost pressures on adult social care for those adults with learning disabilities. It was suggested that a scoping study would take place for people with learning difficulties and autism to understand better their experiences, outcomes and transition.

Winter Pressures

29. In recent weeks there has been considerable media coverage of the 'winter pressures' facing the NHS. Some of this coverage has laid the blame for NHS pressures on adult social care – particularly its part in 'delayed transfers of care'. We are arguing that as we have been saying for some time, social care funding is unsustainable. "The LGA has long warned that the health and social care system is chronically underfunded. It is social care services that support elderly and vulnerable people to maintain their independence, live in their own community and stay out of hospital longer which is why investing in social care is a crucial part in alleviating the pressures on the health service. Investing extra money in the NHS whilst forcing councils to cut their social care budgets is simply a false economy and will not solve this ever-growing problem.
30. The current care system is in crisis and unless adult social care is urgently put on a sustainable footing the situation is set to get even worse over next two years, and undoubtedly continue to have a knock on effect on vital NHS services. We simply cannot wait any longer for this to be fixed.
31. The combined pressures of insufficient funding, growing demand, escalating costs and a 40 per cent cut to local government budgets across this parliament mean that despite councils' best efforts they are having to make tough decisions about the care services they can provide, potentially leaving the most vulnerable members of our communities at risk of losing essential care.
32. It's not enough to keep plastering over the cracks. Government needs to invest money in protecting a system which will be there to look after people in the future and not just in the immediate term. This will only be achieved through a determined effort from councils, the health service and government working together.
33. We need a care system that is fit for the 21st Century and it must be a shared ambition between councils and their health partners. If social care continues to be inadequately funded, this will tip some services into failure and leave the most vulnerable members of communities at risk of losing essential care."
34. Through Carolyn's attendance at the committee, and our media work, the LGA is providing much-needed balance to this important matter. In the context of major budget pressures facing adult social care (at a time of growing demand) we are being clear that things cannot go on as they are any longer; if adult social care remains underfunded then the NHS will remain under pressure. We are making sure that the Government – and our wider partners – understand that local government is part of

the solution, not part of the problem; investing scarce resources just in the NHS is a false economy which fails to see the system as a whole.

35. Over the coming weeks we will be working with ADASS, DH and DCLG to support the local areas that are most challenged by winter pressures.

Deprivation of Liberty Safeguards (DoLS)

36. On 16 December the Minister of State for Care Services, Norman Lamb MP, replied to a joint LGA and ADASS letter to the Minister on the impact of changes to Deprivation of Liberty Safeguards following the Supreme Court judgement in March 2014. The LGA and ADASS estimate that the additional cost to councils arising from DoLS is £98 million. We are calling on the Government to fund this new burden and work with the sector on immediate actions that can help alleviate some of the capacity pressures arising following the Supreme Court ruling. The Minister's letter helpfully recognised the challenges facing councils and the work being done to keep the system operating effectively. However, the Minister's reply did not address the sector's funding concerns. David Pearson, ADASS President, and I will be responding to the Minister seeking an urgent meeting to discuss the issues further.

Towards Excellence in Adult Social Care priorities for 2014-15.

37. An outline of the six priorities for the adult social care improvement programme was published at the NCAS conference. These are:
- 37.1 Local accounts.
 - 37.2 Identifying and sharing best practice.
 - 37.3 Commitment to demonstrating outcomes.
 - 37.4 Building confidence amongst stakeholders.
 - 37.5 Identifying and supporting authorities who are struggling.
 - 37.6 Clarifying the offer of support.

Further detail can be found here:

<http://www.local.gov.uk/documents/10180/11493/TEASC+Priorities+2014-15+FINALweb.pdf/8dc0f3df-de03-4f11-8daf-1a61b279288f>

Use of resources tool 2014 launched at NCAS

38. This self-assessment toolkit is an updated version of the toolkit produced in 2012 by TEASC. They are part of an ongoing initiative to support councils (including councillors) to make the best use of their resources, and to promote personalisation in a difficult and challenging context. Our aim is to share ideas about how to get better value for people and taxpayers – pooling evidence about what works. The toolkit was used by around 15 councils in 2013. We will

continue to refine it on the basis of feedback from councils, and as the evidence base grows. The final toolkit will be launched on the TEASC website shortly.

Public Health

39. On 17 December the Government published the public health funding settlement 2015/16. The Government confirmed that in 2015/16 local authorities will receive a ring-fenced grant of £2.79 billion, same as this year with no inflationary or pace of change increase. This is equivalent to a two per cent decrease in real terms. We are disappointed with the Department's decision not to protect real terms funding for 2015/16. Devolving public health was a positive step, however the LGA has consistently maintained that local government can only fulfil the new duties if it is adequately resourced to do so. Investing in prevention ultimately saves money for other parts of the public sector by reducing demand for hospital, health and social care services and would ultimately improve the public's health and wellbeing outcomes.
40. Government will allocate an additional £5 million towards a new Health Premium Incentive Scheme. Under the scheme, which will be piloted during 2015/16, local authorities will be rewarded for meeting one mandatory national public health target, related to improving drug and alcohol services, and one local target of their choice. We welcome proposals that recognise councils for making positive progress to improve health and reduce health inequalities. Although only a small budget has been allocated to the Health Premium Incentive Scheme, it's not clear whether the Health Premium is the best use of scarce resources for public health.
41. We have launched two other useful publications:
- 41.1 Tackling chlamydia: Local government's new public health role
http://www.local.gov.uk/web/guest/public-health/-/journal_content/56/10180/6820278/PUBLICATION
 - 41.2 Tackling poor oral health in children: Local government's public health role
http://www.local.gov.uk/web/guest/public-health/-/journal_content/56/10180/6778162/PUBLICATION

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