

03 March 2015

## **Update on other Board business**

### **Purpose of report**

For information and comment.

### **Summary**

Members to note the following updates:

- Winter Pressures
- LGA Ageing Task and Finish Group
- Housing for Vulnerable Adults (Integrated Approaches) Task and Finish Group
- Female Genital Mutilation
- Update on Child and Adolescent Mental Health Services
- Taking forward work on mental health
- Dementia
- Joint LGA and Centre for Public Scrutiny inquiry on the role of scrutiny in local integration plans
- Joint LGA and Local Government e-learning tool for councillors on health and social care complaints

### **Recommendations**

Members of the Community Wellbeing Board are asked to:

1. **Provide oral updates** on any other outside bodies / external meetings they may have attended on behalf of the Community Wellbeing Board since the last Board in November; and
2. **Note** the updates contained in the report.

### **Action**

As directed by members.

**Contact officer:** Sally Burlington

**Position:** Head of Programmes

**Phone no:** 020 7664 3099

**E-mail:** [Sally.Burlington@local.gov.uk](mailto:Sally.Burlington@local.gov.uk)

## **Update on other Board business**

### **Winter Pressures**

1. The LGA are contributing to a joint approach with NHS England and the Department of Health through the “ Helping People Home Team” to help support those local health and social care systems who appear to have higher levels of delayed transfers of care and bed days lost to delays than other areas. Typically, the cause of any delays are rarely due to any one organisation and are usually more to do with how effective the clinical and managerial leadership of the local system is, the configuration of local services and the different health and care needs of the local population. It is clear that local authorities have more than played their part in tackling the cause of delays through purchasing extra domiciliary care and residential and nursing home beds and through the provision of 24/7 social work teams in acute hospitals. Whilst some of this will have been funded by the extra funds from DCLG and DH, it is clear that councils have also dug into existing budgets to support the NHS at a time when they are finding it difficult to deliver a balanced budget for their wider responsibilities. This will be a major challenge in 2015/16 and 2016/17 for local authorities unless there is recognition of this extra spend in the financial settlement, over and above the recent BCF agreements.
2. Recent analysis has shown that there is not a direct correlation between pressures in A&E and the numbers of delayed transfers of care. The flow of patients through hospitals is affected by many contributory factors – clinical leadership, 24/7 services such as transport and pharmacy, availability of community healthcare facilities, delay in continuing health care assessment and funding and patient choice in deciding on their future care options. Where local systems are working well together at a senior level, sharing information and staff and communicating effectively with local people, there is evidence that the demand on the local system can be managed and timely and appropriate discharges can be safely delivered.

### **LGA Ageing Task and Finish Group**

3. The fourth and final Task and Finish Group on Ageing (chaired by Councillor Izzi Seccombe) took place on the 10 February. This meeting, which was attended by over 20 representatives from the National Forum on ageing, was extremely productive. There was considerable consensus concerning the core themes and messages to emerge from the work of the group. The meetings have explored a wide range of issues, all of which are of real strategic importance to local government, including: supporting older people to live healthier, more fulfilling lives; councils’ strategic place-shaping role; and the opportunities for local government to deliver an enabling, community and asset based approach to an ageing population. Other core inputs for the work have now been completed, including: a literature review; national call for evidence; and consultation work with older people across the country. The task now is to finalise the report from the group, a process which will include full consultation with members of the Community Wellbeing Board. The final report, which will be published in June 2015, will set out a series of clear policy

proposals. These will both inform the LGA's future work and campaigns in this area, and be put forward to an incoming government for its consideration.

#### **Housing for Vulnerable Adults (Integrated Approaches) Task and Finish Group.**

4. The first meeting of the Task and Finish group on housing for vulnerable adults (chaired by Councillor Linda Thomas) was held on the 22 January. The second meeting of the group will be held in March. The Task and Finish Group is exploring the critical role of housing in integrated health, care and support. The group's remit is to review the challenges which local authorities and their partners are facing in this area, and to identify any possible solutions, alongside our potential role, at the LGA, in supporting local authorities in this area. A number of key inputs into this work have already been completed. Four regional seminars have been held, which brought together senior staff from local authorities and health in order to review examples of integrated approaches from their region. The seminars also explored what was currently working well locally, where challenges remained and how these might be overcome. The work was supported by an informal advisory group, comprising key experts in the field of housing, care and support. The aim of the Task and Finish Group is to identify the LGA's main concerns, priorities and findings, and to set out a potential future work programme for the LGA in this area. The results of this work will be presented for consideration to the next Community Wellbeing Board meeting. A good practice report, bringing together the key themes and examples of practice from the regional seminars will be produced by the end of March 2015.

#### **Female Genital Mutilation**

5. The LGA has continued to lobby for an amendment to the Serious Crime Bill which would make it an offence to encourage or promote female genital mutilation (FGM). Cllr Brett met Baroness Williams of Trafford, a Whip in the House of Lords, to discuss the amendment and the reasons for it. The main concern raised by Ministry of Justice officials was having enough evidence to justify an offence that would limit the right to free speech.
6. The LGA passed further evidence to the Ministry of Justice of how FGM was being promoted and encouraged in the UK. The need for the amendment was also raised with MPs ahead of the Bill starting its passage through the Commons. As a result the Labour Home Affairs team tabled an amendment on behalf of the LGA. They also tabled an amendment of their own which would allow the police to issue warning notices to those deemed to be promoting FGM. Both amendments were debated in January. In resisting the LGA's amendment Ministers said they still had serious concerns about the necessity and proportionality of the offence being proposed. The Government has however indicated they will be discussing both amendments with the Opposition before the Bill reaches its Report Stage in the Commons later this month.

7. The Government held a cross-departmental summit on 6 February to mark the International Day of Zero Tolerance for FGM. The event was attended by a range of organisations involved in tackling FGM, and the LGA was invited to participate. Those attending heard from ministers from the Department of Health, the Home Office, Department of Communities and Local Government and the Wales Office, along with the Solicitor General, the Director of Public Prosecutions and representatives from the Department of Education and the Association of Chief Police Officers.
8. A number of new measures were announced to mark the International Day including further funding for prevention work, a new national system allowing clinicians to note the risk of FGM on a child's health record and the extension of the mandatory requirement to record patients with FGM to GPs and mental health trusts.

### **Update on Child and Adolescent Mental Health Services**

9. On 10 February 2015 the Government responded to the Health Committee's report into Children's and adolescents' mental health and Child and Adolescent Mental Health Services (CAMHS) which was published on 5 November 2014. The LGA submitted a written submission to the Health Committee. Our submission included the following key concerns:
  - A lack of investment in CAMHS
  - Poor quality and out of date data
  - Lack of accessibility to specialist services and long waiting times.
  - Poorly planned transitions.
  - Serious concerns about the quality in safeguarding and admissions practice.
10. The Government accepted many of the Health Committee's recommendations and stated that improving child and adolescent mental health is a key priority for the Government. Its key responses to the Health Committee's report included
  - 10.1 Setting up a Taskforce to bring together experts on children and young people's mental health services from across education, social care and health sectors to considering how we can provide more joined up, accessible services built around the needs of children, young people and their families. The Taskforce is due to publish its report with recommendations to Ministers in March.
  - 10.2 Announcing that NHS England has funded eight pilots into collaborative, joint commissioning arrangements for children and young people's mental health.
  - 10.3 As part of the Autumn Statement announcement, the Government announced additional investment of £30 million a year over the next five years in England, to improve services for young people with mental health problems. This will place particular emphasis on eating disorders and other issues such as self-harm.

- 10.4 The Government is expanding and updating a prevalence survey and anticipates publication of the findings in 2017.
11. We welcome the strong focus and prioritisation of child and adolescent mental health issues and we urge the future Government to prioritise and build upon this work to deliver improvements as quickly as possible. Whilst the plans to commission a national prevalence survey of child and adolescent mental health is a positive step forward, the anticipated publication of the findings in 2017 does not satisfy the urgent need for better quality data.
12. Public mental health is now the responsibility of local authorities and Health and Wellbeing Boards have a key leadership role to play in bringing together all partners to create a shared vision for child and adolescent mental health services. The LGA is keen to work with partners to identify and facilitate development of locally led actions which could be progressed now by the sector(s) to keep the momentum going.

### **Taking forward work on Adult Mental Health**

13. At the last CWB Board meeting, members agreed a programme of work on mental health. Work in this area is progressing well. The joint research project on the mental health crisis concordat, carried out with ADASS, has been completed and a seminar is being held on 24 March to disseminate key messages from this to local authorities and their partners. One of the areas that the research explored was the role of Safeguarding Boards in respect of the mental health crisis concordat. To support Boards, we have produced a practice note and checklist for Safeguarding Adults Boards Scrutiny of Local Implementation the Mental Health Crisis Concordat. We are aiming to publish this practice note and checklist on the LGA and ADASS websites on 24 March.
14. The last meeting the Board agreed to further work to review the development of a self-assessment framework for local authorities and their partners in respect of delivering quality services and supports for people experiencing mental health problems. A successful meeting was held on 26 February with key partners to discuss the content of this framework. This provided a useful steer and proposed content for the development of the framework, which we are aiming to complete by the end of March, so that this can be tested out in Spring 2015. Work is also underway to review the wider strategic role of local authorities in respect of mental health, with a round table discussion being held on the 5 March here at the LGA.

### **Dementia**

- 15 The government published its dementia vision on Saturday 21st February, "The Prime Minister's Challenge on Dementia 2020". The LGA has been working closely with DH officials to influence the development of this vision. This document sets out the government's key aspirations for Dementia by 2020. This includes:
- 15.1 Improved public awareness and understanding of the factors, which increase the risk of developing dementia and how people can reduce their risk by living more healthily.
- 15.2 In every part of the country people with dementia having equal access to diagnosis as for other conditions, with an expectation that the national average for an initial assessment should be 6 weeks following a referral from a GP

(where clinically appropriate), and that no one should be waiting several months for an initial assessment of dementia.

15.3 Every person diagnosed with dementia having meaningful care following their diagnosis, which supports them and those around them, with meaningful care being in accordance with published National Institute for Health and Care Excellence (NICE) Quality Standards.

15.4 This care may include for example:

- receiving information on what post-diagnosis services are available locally and how these can be accessed, through for example an annual 'information prescription'.
- access to relevant advice and support to help and advise on what happens after a diagnosis and the support available through the journey.
- carers of people with dementia being made aware of and offered the opportunity for respite, education, training, emotional and psychological support so that they feel able to cope with their caring responsibilities and to have a life alongside caring.

15.5 All hospitals and care homes meeting agreed criteria to becoming a dementia friendly health and care setting.

15.6 Alzheimer's Society delivering an additional 3 million Dementia Friends in England;

15.7 National and local government taking a leadership role with all government departments and public sector organisations becoming dementia friendly and all tiers of local government being part of a local Dementia Action Alliance.

15.8 An international dementia institute established in England.

15.9 Cures or disease modifying therapies on track to exist by 2025, their development accelerated by an international framework for dementia research, enabling closer collaboration and cooperation between researchers on the use of research resources – including cohorts and databases around the world.

15.10 More research made readily available to inform effective service models and the development of an effective pathway to enable interventions to be implemented across the health and care sectors.

15.11 Increased numbers of people with dementia participating in research, with 25 per cent of people diagnosed with dementia registered on Join Dementia Research and 10 per cent participating in research, up from the current baseline of 4.5 per cent.

**Joint LGA and Centre for Public Scrutiny inquiry on the role of scrutiny in local integration plans**

16. The LGA has commissioned the Centre for Public Scrutiny to conduct an inquiry into the role of scrutiny in local integration plans. The LGA and CfPS support the effective development of plans for integration and personalisation, including Better Care Fund plans by helping health and wellbeing boards and council scrutiny to build relationships and by encouraging council scrutiny to ask the right questions about local approaches to integration of services. The objectives of the project are to:
  - 16.1 Demonstrate the role and contribution of council scrutiny in assessing local approaches to integration of healthcare and social care services;
  - 16.2 Use council scrutiny to identify opportunities and barriers to integration (through planning, delivery and assessment of outcomes) and suggest how integration could be improved locally;
  - 16.3 Share learning with council scrutiny and health and wellbeing boards to promote the proactive role of scrutiny;
  - 16.4 Road test and refine shared tools for discussing the service impact of integration and proposal for service redesign.
  
17. The project involves three in-depth inquiry days in Devon, Wiltshire and South Tyneside to:
  - 17.1 Co-design an approach to council scrutiny of integration of healthcare and social care services;
  - 17.2 Develop questions that council scrutiny can ask; identify the reasons for the questions and the kinds of evidence council scrutiny can expect to hear; suggest recommendations that council scrutiny can make;
  - 17.3 Provide expert adviser support to development areas to hold inquiry days to test and adapt the approach;
  - 17.4 Produce a final report summarising the methodology, results, case studies and key messages on how to improve the relationship between the HWB and the council scrutiny function. It will be published in March 2015;

**Joint LGA and Local Government e-learning tool for councillors on health and social care complaints**

18. Arising from a fringe session at the LGA Annual Conference in 2014, the LGA and LGO are working together to develop an e-learning module for councillors on their role in complaints about adult social care and health services. The module will have two main purposes: to support councillors to better understand the complaints system for adult social care and health so that they can help residents and citizens navigate their way through the system; and to understand how complaints data can be used to drive service improvements in health and social care. This module will be helpful to councillors in their frontline role in working with people wishing to make complaints, members of health overview and scrutiny committees, cabinets members for health and adult social care and members of HWBs in making best use of complaints data to identify trends in quality and safety, and to drive improvements.

19. The module will be available first as a downloadable workbook and later as an interactive e-learning module on the LGA website.