

Annual Review of 2014-15 Priorities

Purpose

For discussion and direction.

Summary

This report sets out the Annual Review of activities of the Community Wellbeing Board for 2014-15. It concludes (Paragraph 15) by setting out proposals for the priorities for 2015-16. It would be helpful to have Members' views on the priorities so that these can be developed over the summer and agreed at the away day. The aim of the away day will be to determine the Board priorities, objectives and programmes for 2015-16.

Recommendations:

Members are asked to:

- a. Note the annual review of Board priorities; and
- b. Discuss:
 - i. the proposed priorities for 2015-16
 - ii. the content and the format of the away day.

Action:

Officers to take forward as directed by members.

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Overview

1. The LGA has continued to promote the vital leadership role of local government in the health and care system, building on the proposals developed in [The First 100 Days](#). Several of the key proposals in the document are priorities for the Community Wellbeing Board.
2. During the year, the Board has discussed a number of important issues, including adult social care funding, public health including the transfer of commissioning responsibilities for 0-5 year olds to local government winter pressures, the future of Health and Wellbeing Boards (HWBs), the Better Care Fund (BCF) and Deprivation of Liberty Safeguards (DoLS). The year has included joint meetings with Lead Members from Resources (Skills for Care) and Children and Young People. In addition the Board received updates on the BCF and Care and Health Improvement Programme throughout 2014/15.

CWB events and publications

3. There statistics below give an indication of the reach of the Boards activities with LGA member authorities and other key stakeholders:
 - 3.1 1,965 Twitter followers on @lgawellbeing;
 - 3.2 33 publications produced;
 - 3.3 98,714 downloads of health and social care publications from the LGA website. The most downloaded health and social publications are:

A councillor's guide to the health system in England	8,883
Adult social care funding 2014 state of the nation report	8,633
Tackling the causes and effects of alcohol misuse	7,640
Public health in local government: one year on	6,752
Guide to the Care Act 2014 and the implications for providers	6,070
 - 3.4 900 attendees at the National Children and Adult Services Conference 2014;
 - 3.5 22 other events delivered by the Community Wellbeing Team, attended by 1,368 people;
 - 3.6 1,429 mentions of CWB issues in Parliament: a significant proportion of these related to health and social care issues; and
 - 3.7 Between March 2014 and February 2015 LGA achieved 251 media mentions on health and adult social care issues, with the overwhelming majority of which were positive: 87 per cent positive and 13 per cent negative.
4. At the 2014 main political party conferences, LGA lead members spoke at fringe events and contributed to roundtable debates on 141 occasions, 22 of which involved CWB Members. These included events hosted by stakeholders including The Kings Fund, NHS Confederation, Crisis, Age UK, Dementia Friends, the British Medical Association, Reform, the National Council for Palliative Care, the Royal College of Physicians, Drinkaware and the Royal College of General Practitioners, Swansell and the Mental Health Policy Group.

CWB activity in Parliament

5. Senior LGA members have engaged ministers and parliamentarians to promote our policy priorities. Below we summarise our parliamentary activity in 2014/15:
 - 5.1 In November, LGA Chair Cllr Sparks met the Secretary of State for Health to discuss the pressures facing adult social care funding. In March 2015, he met the Shadow Minister for Care and Older People to discuss adult social care funding, the Better Care Fund (BCF) and integration of health and social care services.
 - 5.2 In October 2014, the LGA and ADASS submitted written evidence to the Health Select Committee inquiry into public expenditure on health and social care. The following month, LGA Chief Executive Carolyn Downs gave evidence to the Committee, alongside ADASS and the NHS Confederation.
 - 5.3 In December 2014, the LGA Chief Executive gave evidence to the Public Accounts Committee inquiry into planning for the Better Care Fund.
 - 5.4 In February 2015, Cllr Seccombe and Andrew Webster, Director of Integration, spoke to the All-Party Parliamentary Group on Housing and Care for Older People about integration in health and social care.
 - 5.5 The LGA's analysis on the future of health and social care was quoted during a debate in the House of Commons on adult social care.
 - 5.6 In December 2014, the LGA submitted written evidence to the Health Select Committee inquiry into the impact of physical activity and diet on public health.
 - 5.7 The LGA report, *Tackling Tobacco*, on local government's work delivering smoking cessation programmes was quoted in a House of Commons debate on the standardised packaging of tobacco.
 - 5.8 Keith Vaz MP (Labour, Leicester East) Sir Bob Russell MP (Liberal Democrat, Colchester) and Peter Bottomley MP (Conservative, Worthing West) sponsored a motion to support the recommendations in the LGA report, *Tackling the Causes and Effects of Obesity*.

Work plan priorities for 2014/15

- This section summarises the activity in 2014/15 to achieve the CWB priorities.

6. Influencing the spending review in 2015

- 6.1 The LGA has continued to be vocal in highlighting the severe funding pressures facing adult social care and the need to put the service on a sustainable financial footing. The LGA is currently developing its overarching corporate submission for the forthcoming Spending Review, in which care and health features prominently. A separate thematic submission – focused on just care and health – is also a development. The LGA activity on adult social care funding is summarised below.
- 6.2 The LGA has continued to have a strong media presence on a range of issues impacting on adult social care funding. These include, provider fees, the impact of underfunding on people who need care and support, workforce and the National

Minimum Wage, the duration of care visits and commissioning. Over the last year the LGA received 103 mentions for adult social care in national media, including front page coverage in print media.

- 6.3 As a result of LGA work with ADASS to model the costs of the Care Act in 2015/16, the Department reallocated funding within the total to provide more money for carers. The LGA conducted its own separate analysis and was vocal in highlighting a potential funding gap of £50 million.
- 6.4 In October 2014 the LGA (jointly with ADASS) published [Adult social care funding: 2014 state of the nation report](#). This set out the impact of cuts to local government on adult social care funding, highlighted current and future pressures, and made proposals for what needs to happen next to secure the ongoing sustainability of care and support. The report received considerable national media coverage and was downloaded more than 8,600 times.
- 6.5 LGA Chief Executive, Carolyn Downs, gave oral evidence to the Health Select Committee's inquiry on public expenditure in November 2014. The LGA emphasised the funding pressures facing adult social care and the consequences – for people, services and partners – of not addressing them. LGA evidence also focused on the need to integrate care and health and the platform for this provided by the BCF. Criticisms of the BCF process were firmly made.
- 6.6 Winter pressures -The LGA firmly rebutted media coverage that deficiencies in adult social care were one of the main reasons for delayed transfers of care. The LGA lobbied extensively behind the scenes and briefed all lead members, directors and chief executives to set the record straight on social care funding pressures and the vital role councils play in helping to mitigate pressure on the NHS.
- 6.7 In January, the LGA was successful in securing £25 million of grant funding to councils with high levels of delayed transfers and a further £12 million to the remaining councils. In March, as a result of LGA lobbying, the DH announced an additional £12 million for councils to take forward their winter pressures work into 2015/16.
- 6.8 Deprivation of Liberty Safeguards (DoLS) .The LGA and ADASS estimate additional cost to councils of at least £98 million following a Supreme Court judgement in March 2015. Cllr Seccombe, Cllr Hall and David Pearson, ADASS President met the Minister to discuss the need for Government to fund this as a new burden. In March 2015, the Minister announced that the DH would provide local authorities with a non-recurrent contribution of £25m in 2015/16. The LGA is continuing to press for the costs of any new burdens to be fully funded.

7. Preparing for implementation of the Care Act in April 2015 and beyond

- 7.1 The LGA collaborated with ADASS and the DH through a joint Programme Management Office to support the implementation of the Care Act, a model of implementation praised by the National Audit Office. This provided an extensive suite of tools and support, bespoke support where requested and regional networks to share good practice. It also provided support to care providers to enable them to work with their local authorities to implement the Act. In June, the LGA published [Get in on the Act: The Care Act 2014](#).

- 7.2 Three readiness Stocktakes were conducted in 2014, capturing councils' accounts of their preparedness to implement the Care Act. Over the year councils reported increasing confidence to implement the legislation from April 2015 and cautious confidence to implement funding reforms from April 2016. Although the number of councils reporting that they are on track to deliver the Care Act has increased, the stocktakes also show that total implementation costs and uncertainty about additional demand from carers remain key risks to delivery.
- 7.3 The LGA has continued to lobby on policy matters related to the legislation. The LGA submitted technical submissions on several consultations concerning the Act, including: the 2015/16 allocation formula; regulations and statutory guidance; and the 2016/17 funding reforms. The LGA has also continued to raise the need to fully-fund the cost of the reforms. This has led to DH agreeing to monitor the costs of the Act in 2015/16.

8. The Better Care Fund (BCF) and integration

- 8.1 BCF plans for all areas are now approved; two 'approved with support'. We have developed a support programme including regional events, 'how to' guides, a [Better Care online sharing platform](#), as well as bespoke support. Proposals for the future of BCF are being developed as key part of the LGA's Spending Review work.
- 8.2 A further 11 *Integrated Care and Support Pioneer* sites were announced in January – adding to the 14 announced in November – to pilot approaches to join up care around the needs of people. In March, 29 *NHS Vanguard* areas were chosen from more than 250 submissions. This was the first phase of partnerships to take forward plans to develop an integrated care model to transform how care is delivered locally. The LGA continues to provide direction and support to the development and implementation of these initiatives, encouraging alignment of activity across the sector and supporting partners and stakeholders.

9. Public health transformation and health protection

- 9.1 Health protection and global health became the focus of intense media attention last year. The Ebola crisis in West Africa, and concern about the challenges of tuberculosis and hepatitis C and the need to identify new ways to tackle the diseases have been particular concerns.
- 9.2 The LGA's First 100 Days campaign work called for a slice of existing VAT raised on sweets, crisps, takeaway food and sugary drinks to go to boost council initiatives to tackle obesity. It also called for a slice of the existing tax on alcohol and tobacco to be used to tackle alcohol misuse and tobacco control and smoking cessation.
- 9.3 The LGA's fourth Annual Public Health Conference in February 2014 highlighted the innovative work already being undertaken by councils and public health teams, with their partners and communities. It also looked at how to build on existing best practice to identify and tackle the challenges and opportunities of the new public health landscape.
- 9.4 In December, the Government confirmed that in 2015/16 local authorities will receive a ring-fenced public health grant of £2.79 billion, the same as 2014/15. This is equivalent to a two per cent decrease in real terms. The LGA has consistently maintained that local government can only fulfil these 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.

- 9.5 The LGA has been visible in the media on a range of public health topics ranging from calls for improved food and drink nutritional labelling, a change in UK law to stop "legal highs" being sold in shops, and responding to MPs voting in favour of standardised cigarette packaging. Our lobbying work contributed to the inclusion of The Psychoactive Substances Bill in the Queen's Speech, which will introduce a ban on the sale of 'legal highs' by making it an offence to produce, supply, offer, possess with intent, import or export psychoactive substances.
- 9.6 The LGA worked with the commissioners in local government, Public Health England (PHE), NHS England (NHSE) and DH to develop support for councils in the commissioning sexual health, reproductive health and HIV services.
- 9.7 The LGA developed the Cold Weather Planning and Heatwave Planning with PHE, NHSE, the Voluntary and Community Sector and other stakeholders to support health and social care professionals to manage the impact on services of both cold and hot weather.
- 9.8 The LGA has also produced publications and tools to support the public health role of councils.
- 9.8.1 [Public health transformation twenty months on: adding value to tackle local health needs;](#)
- 9.8.2 [Making every contact count: Taking every opportunity to improve health and wellbeing;](#)
- 9.8.3 [Healthy Homes, healthy lives;](#)
- 9.8.4 [Making the case for public health interventions;](#)
- 9.8.5 [Making it work: a guide to whole system commissioning for sexual health, reproductive health and HIV; and](#)
- 9.8.6 [Public Health Opinion Survey;](#)

10. Funding and implementation of 0-5 public health responsibilities

- 10.1 The LGA worked with the DH and NHSE to develop a national process to establish the expenditure baseline for commissioning services for 0-5 year olds in 2014/15 in advance of the transfer of commissioning responsibilities in October 2015. We were successful in securing an additional £2 million to address the identified funding gap. We also secured a commitment that every local authority will receive at least £160 per head (0-5). The additional spend for 2015/16 is likely to be £36m higher than 2014/15 in order to pay for the costs of the commitment to increase the numbers of Health Visitors and Family Nurse Partnerships. Only a small number of councils require further adjustments to their allocations.
- 10.2 The LGA continue to make the case that from 2016-17 funding needs to move to a needs-based formula. In March the LGA responded to the Advisory Committee on Resource Allocation (ACRA) consultation on the 0-5 element of the public health grant.

- 10.3 The LGA successfully influenced the wording of the [final regulations for the five mandated universal health checks delivered by health visitors](#) (published by DH in January 2015) to make it clear that councils are expected to only take a reasonably practicable approach to delivering the checks, with continuous improvement over time. The regulations are time-limited and will be reviewed after 12 months.
- 10.4 The LGA led a light touch self-assessment process for the transfer, supported by nine local government-led regional oversight groups. The 100 per cent response showed high levels of confidence from councils about the transfer and strong joint working with NHS local teams and providers. The LGA is working with partners to address issues raised by councils on data collection and reporting requirements, improvements to the Child Health Information Services and technical issues around the move from registered to resident population. The LGA is also developing briefings for elected members and officers to update them on the transfer and on the opportunities to join up and transform services.

11. Influencing and shaping the national system for health and care

- 11.1. **Reform and integration** Integration has been a key theme of all CWB activities throughout 2014/15. It has worked closely with the NHS to shape its joint vision and proposals on the future of integration. The LGA and NHS Confederation set out the shared ambition for health and social care integration in a report [All together now: Making integration happen](#), published in July 2014. The report outlines a common vision for the future of the integration of health and social care, identifies the barriers and highlights what government needs to do to incentivise and promote integration.
- 11.2 **The Future of Health and Wellbeing Boards** -the LGA and NHS Clinical Commissioners have developed an ambitious future vision for Health and Wellbeing Boards (HWBs). The document, which will be launched at the LGA's Annual Conference on 30 June, will issue a challenge and a call to action to local commissioners, government and national bodies to support health and wellbeing boards to achieve a radical transformation in the health of their communities. It has been prepared in consultation with members of HWBs across the country through a series of consultative events. CWB Lead Members have been influential in developing the vision and key messages.
- 11.3 **Integrated Personal Commissioning Programme**-In July 2014 NHSE and the LGA, working in partnership with ADASS and Think Local Act Personal, established the Integrated Personal Commissioning (IPC) programme to blend health and social care funding for individuals, and allow them to direct how it is used. Nine demonstrator sites have been selected and will pilot a radical approach to joining up health and social care for people with complex needs. This proposal makes a triple offer to service users, local commissioners and the voluntary sector to bring health and social care spend together at the level of the individual. The IPC Programme Board is co-chaired by NHSE and the LGA.
- 11.4. **Shared principles for redesigning the health and social care landscape** The [First 100 Days](#) included proposals for the LGA to promote 'five tests for health and social care redesign' as best practice to support local consultation on redesigning services. It has piloted the tests in three areas with key stakeholders from health, social care and community voice groups and will be published in the summer.

- 11.5 In October 2014 the LGA held a successful national conference for key national and local stakeholders to hear how local health and care services can be redesigned to provide greater integration, better services and better outcomes for people in a challenging financial climate.
- 11.6 In December, NHSE, Monitor, Trust Development Authority, PHE, Health Education England (HEE) and the Care Quality Commission (CQC) published [The forward view into action: Planning for 2015/16](#) which outlines the action needed to transform the NHS to ensure it is sustainable and effective. The LGA is represented at senior officer level on the Forward View Extended Oversight Group and the work streams leading each aspect of the Forward View. The LGA continues to highlight the interdependencies across health and social care, and the importance of strong system leadership through HWBs to drive transformation locally.

12. Child and Adolescent Mental Health (CAMHS)

- 12.1 The Children and Young People's Mental Health and Wellbeing Taskforce was established in September 2014 to propose ways to make it easier for children, young people, parents and carers to access help and support and to improve how children and young people's mental health services are organised, commissioned and provided. In March, the DH and NHS England published the report of the Taskforce, which sets out the changes needed at both local and national levels to improve the system. CWB lead members made an important contribution to this work. The report highlights some key priorities:
- 12.1.1 Improving awareness and capacity to support early intervention in non-specialist settings, including in maternal and early years health services and professionals working with vulnerable groups;
 - 12.1.2 Improving communication and referrals, including having named points of contact in schools, GP services and specialist mental health services;
 - 12.1.3 Local transformation plans covering the range of children's mental health needs from prevention to crisis care;
 - 12.1.4 Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible;
- 12.2 The LGA is keen to work with DH and NHS England to take forward work on CAMHS and are having early discussions to establish next steps.
- 12.3 The Government announced in the budget over £1 billion to improve child and adolescent mental health services over the next five years. This includes: £118 million by 2018- 19 to complete the roll-out of the Children and Young People's Increasing Access to Psychological Therapies; investing £75 million over the next 5 years in maternal mental health services; £1.5 million from DfE towards piloting joint training for designated leads in CAMHS and schools to improve access to mental health services.
- 12.4 The LGA has welcomed the plans to invest additional funding to improve access. However, we will continue to lobby for proper funding for the whole system and a more integrated approach. We will work with partners at national and local level to implement the recommendations from the Taskforce.

13. Influencing Government on support for citizens who need health and care services

- 13.1 **Alzheimer's and Dementia** The LGA have supported councillors to promote dementia friendly communities. Revised guidance on Dementia Friendly Communities is being launched on 13 July 2015.
- 13.2 The LGA has been involved in various forums to improve services and support for people with Dementia. This has included the Prime Minister's Champions on Dementia, the Dementia Action Alliance, involvement with the Alzheimer's Society's and British Standards Institution (BSI) code of practice for communities working towards becoming dementia-friendly and working with PHE to develop a Promoting Dementia Equality tool kit for commissioners. In October, the LGA hosted the Dementia Action Alliances Carers Call to Action Conference.
- 13.3 **Mental Health** In March, the LGA and ADASS published research on how local authorities and their partners are implementing the mental health crisis concordat. The [Mental Health Crisis Concordat: Local authority provision and practice](#) gives examples of good practice on the commissioning and delivery of support for people experiencing a mental health crisis. The research demonstrates a high level of commitment amongst local authorities and their partners to develop high quality and innovative solutions to meeting the needs of people at risk of developing mental health crisis.
- 13.4 A self-assessment framework on mental health for health and wellbeing boards and safe-guarding boards has been developed and is due to be further tested and launched later in 2015.
- 13.5 **Older people** A Task and Finish Group on Ageing was set up in 2014, chaired by Cllr Izzi Seccombe, with representatives from across LGA Boards and key organisations. Their purpose was to explore the challenges and opportunities for councils of an ageing population, now and over the next 20-30 years. The Group has published [Need to Know: Local Government and the Demography of Ageing](#), a literature review of the evidence looking at the implications from a local government perspective. The Group will also be publishing a report, *ageing: a strategic opportunity for local government*, which highlights the positive work by councils on 24 June 2015.
- 13.6 **Autism and learning difficulties** Cllr Fay Howard attends the Ministerial Group on learning difficulties. The purpose of the group is to coproduce policy with key delivery agents and those with learning difficulties. The CWB contributed to the [revised statutory guidance on the Autism Strategy](#). As part of this, councils are currently undertaking a self-assessment on progress in implementing the Autism Strategy. As a result of LGA lobbying, the self-assessment will also be used to identify good practice case studies. The good practice case studies will be launched in June 2015.
- 13.7 **Housing and vulnerable people** Cllr Linda Thomas chaired a Task and Finish Group on Housing and Vulnerable People to explore the role of housing in enabling positive health and wellbeing outcomes for people with care and support needs and show how housing can support an integrated approach. The key objectives were to: identify and explore the issues for councils; show case examples of best practice; and identify a potential future work programme for the LGA. The report will be published in the summer 2015.

- 13.8 **Armed Services** Cllr Andrew Gravells represents the CWB on the Armed Forces Community Covenant Reference Group, which monitors progress on existing commitments and considers where other commitments need to be established, independent of government. As a result of the Board's involvement, more information is now available to councils about the number of veterans in their local area, enabling them to respond proportionately. In November 2014 the LGA launched ["Lest We Forget": councils supporting the armed forces community](#) to share good practice on the Community Covenant. The Board has also supported three regional and a national London events on the Covenant, as well as supporting the promotion of National Armed Services Day.

14. Sector-led improvement on health and care for health and care

- 14.1 In 2014/15 the LGA secured almost £7m from the DH for a range of sector-led improvement programmes. Information on Integration and the Better Care Fund and Implementation of the Care Act is given above. More information on Towards Excellence in Adult Social Care and Transforming Care (formerly Winterbourne Joint Improved Programme) and the Health and Wellbeing System Improvement is below. All local authorities engaged with one or more of the programmes during the course of the year.

Towards Excellence in Adult Social Care (TEASC)

- 14.2 [Towards excellence in adult social care: progress with adult social care priorities England 2013-14](#), is the LGA's third annual assessment on the provision of care and support. It shows how councils have continued to improve and deliver services in the context of 26 per cent savings requirement over the last four years, in part as a result of the transformation of adult social care through increased personalisation of services.
- 14.3 Together with Think Local Act Personal (TLAP), the LGA published a revised [Use of resources](#) self-assessment toolkit designed to support councils make the best use of their resources and promote personalisation.
- 14.4 [Making Safeguarding Personal](#) was a sector led initiative to develop an outcomes focus to safeguarding. It concluded with all local authorities engaging to fully mainstream working with people to identify their individual needs and then assessing the extent to which they were achieved.
- 14.5 [Commissioning for Better Outcomes](#), published in October 2014, aims to meet people's desired care requirements by working with providers to meet statutory obligations and reflect good practice, including payment of the national minimum wage. The LGA piloted three peer challenges in Nottingham, Solihull and Haringey. Learning from the pilots will be used to refine the commissioning standards developed by Birmingham University in collaboration with ADASS, DH, TLAP, providers and service users.

Winterbourne View Joint Improvement Team

- 14.6 The work of the Winterbourne View JIP is now complete. The LGA, ADASS, CQC, DH, HEE, LGA and NHSE have committed to a single new *Transforming Care Programme* with new governance arrangements. This will be delivered through five joint work streams - Getting the Right Care in the Right Place (new models of care), Data and Information, Workforce, Regulation and Inspection, and Empowering People and Families. The LGA's contribution focuses on the models of care and empowerment.

14.7 Improvement work across 34 areas is now complete, with most now having strong implementation plans in place. In January the LGA published the [Mental Capacity Act 2005 guides](#) in partnership with the Care Provider Alliance. It also contributed to three other key documents:

14.7.1 [Winterbourne View: transforming care two years on](#) report published by DH;

14.7.2 Response to the Sir Stephen Bubb report, [Transforming Care for People with disabilities – next steps](#) published by NHSE; and

14.7.3 [Health and wellbeing boards: leading local response to Winterbourne View](#) report published by NHS Confederation.

Health and Wellbeing Systems Improvement

14.8 Achievements for the grant funded programme this year include:

14.8.1 Highly successful HWB Chairs and Vice Chairs Leadership Essentials programme;

14.8.2 18 peer challenges delivered involving around 90 peers, including an increased number of NHS peers;

14.8.3 Launch of support tools such as the [interactive map of HWB priorities](#) and [Making an impact through good governance: a practical guide for health and wellbeing boards](#);

14.8.4 A monthly Health and Wellbeing System Bulletin with 853 subscribers; and

14.8.5 Improving engagement with the regions, including enhancing the voice of HWB Chairs through national networking and the introduction of the Ambassadors who are CWB Board members who are themselves Chairs of HWB.

14.9 The Shared Intelligence report, [Stick with it: A review of the second year of the health and wellbeing improvement programme](#) evaluated the effectiveness of HWBs and provides a firm foundation for developing the programme in 2015/16. The LGA is working with NHS CC and NHS Confederation to focus on strategic leadership, with particular emphasis on developing the skills of Chairs and Vice Chairs. The LGA will build in flexibility to be able to respond to additional leadership support needs created by new Government policy priorities. The 2015/16 programme will also focus on supporting HWBs to navigate the complexity and challenges in two-tier areas and will identify good practice in this part of the sector.

14.10 In March, the second Health and Wellbeing Board (HWB) Chairs and Vice Chairs Summit considered HWBs' readiness to act as the single point of commissioning. The evaluation report highlighted the future focus on developing the strategic leadership of HWBs. The national event was chaired by Cllr Linda Thomas.

14.11 ["On the Board" support programme](#) for Local Healthwatch representatives was well-received and over-subscribed. The LGA also conducted 13 Healthwatch mentoring sessions with health and wellbeing representatives to complete the activities under this programme of work.

15. Additional initiatives

- 15.1 The LGA also commenced a new informatics initiative with ADASS and others to promote the enhanced use of information and technology to support the delivery of adult social services and its wider integration with health.
- 15.2 From October, the LGA provided senior management resource to DH to scope and inform Ministerial and partner resolution of the hospital winter pressures crisis. This ensured the local authority perspective was represented at the weekly Cabinet Office meetings that considered the response to the delayed transfers of care. The approach included providing support to many of the 65 councils identified by NHSE as having the highest number (not necessarily highest percentage rates) of cases.
- 15.3 The LGA worked with the Centre for Public Scrutiny (CfPS) and the Local Government Ombudsman (LGO) to provide support to elected Members on their role in health and social care complaints. In June 2014, it jointly published with CfPS a guide for councillors on [Advising residents about health and social care complaints](#) to support them in their work with the public and to promote the use of complaints data to drive service improvements. It is currently working with the LGO to produce a work book for councillors to develop their skills and knowledge of the health and social care complaints process. It will be published in June 2015.

16. Proposed Priorities for 2015/16

- The Community Wellbeing Board will agree its agenda for 2015-16 at its autumn away day. The LGA Executive may also wish to set priorities across the LGA. Priority areas for consideration include:

16.1 Future role of Local Authorities in health and social care

- 16.1.1 Develop a clear vision for the local authority role in health and social care, including a vision for devolved arrangements for a place-based approach to health and social care commissioning;
- 16.1.2 Promote and develop Health and Wellbeing Boards as the leaders of a place-based approach to health and wellbeing;
- 16.1.3 Demonstrate added value of investing in public health, embed public health and health improvement by developing a 'health in every policy' approach, including the contribution of district councils in two-tier areas;
- 16.1.4 Work with CYP Board and other relevant boards on supporting councils to take a place-based approach to addressing childhood obesity; and
- 16.1.5 Promote a joined up approach to child and adolescent mental health services, in particular preventative universal and early intervention

16.2 Funding of health and social care

- 16.2.1 Continue to press for adequate funding for adult social care, including implementation of Phase Two of the Care Act 2014, winter pressures and DoLS and work with councils to identify and mitigate risks to effective implementation; and

- 16.2.2 Address the cost pressures facing councils in delivering high quality services for people with learning disabilities(cross-Board task and finish group)

16.3 Transforming care and integration

- 16.3.1 Develop clear proposals for integration, supported by a more ambitious and bigger Better Care Fund;
- 16.3.2 Develop a clear vision and concrete proposals on integration of children and young people's services (joint with CYP Board);
- 16.3.3 Develop proposals to support integrated workforce (cross-board project with Resources);
- 16.3.4 Promote the council role to proactively plan for challenges and opportunities of an ageing population (possibly jointly with other LGA Boards); and
- 16.3.5 Support councils to help people live in their own homes and promote the contribution of housing to the integration agenda (possibly cross-Board project)

16.4 Improvement and support to councils

- 16.4.1 Achieve the successful transfer of the 0-5 public health services to local authorities with adequate funding;
- 16.4.2 Support councils to take a proactive approach to specific conditions – autism, mental health, dementia; and
- 16.4.3 Deliver effective programmes of support to local health and care systems (grant funded) which meet councils' needs to cover HWB leadership, Care Act Implementation, adult social care improvement, the Better Care Fund and the Transforming Care Programme;

16.5 Members are invited to comment to inform further consideration by the four Lead Members over the summer. These will then form the basis of discussion at the away day as the new Board agrees its priorities, objectives and plan of work. There may be wider issues on which we need to undertake further work, driven by reactive or new issues. In addition, the Board will consider work on the Armed Forces at its October meeting.

16.6 A draft agenda for the away day is set out in **Appendix A**. Members' views are sought on the session topics, timings and those being invited to join the Board in its deliberations.

