Update on other Board Business

**Purpose of report**

For information and comment.

**Summary**

Members to note the following updates:

* + - * Comprehensive Spending Review
* Outside Bodies and external meetings
* Future of Health and Wellbeing Boards
* Piecing it together: Effective scrutiny of health and social care integration
* All Party Parliamentary Group on Patient and Public Engagement inquiry on Health and Social Care Complaints Handling
* Councillor development on complaints
* Independent report about the future of health and social care
* 2015 Care and Health Improvement Programme Update
* Care Act 2014 Implementation
* Transforming Care Programme Update
* Task and Finish Group on Ageing
* 0-5 Public Health Transfer update
* Child and Adolescent Mental Health update
* Making it work – taking a whole system commissioning approach to sexual health
* Devolution in public health
* Future of Tobacco Control
* The Fire Service and Public Health
* Public Health Budget

|  |
| --- |
| **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  |

Update on other Board Business

Comprehensive Spending Review

1. The LGA has been developing its corporate submission for the forthcoming Comprehensive Spending Review, which will be published at the LGA Annual Conference.
2. The submission includes a set of asks around adult social care and health that build on the Board's long-standing positions on a number of key areas including social care funding, carers, integration and public health. The submission also reflects CWB Member comments from the social care funding discussion at the March Board. A separate thematic submission, just on social care and health, is being developed jointly with ADASS. This will provide more evidence of the pressures facing the system and will explore the main submission's proposals in more detail.
3. The submission will be agreed by LGA Executive and CWB lead members have commented on the main asks for care and health.
4. Over the coming weeks senior LGA officers will continue discussions with the Department of Health, Treasury and the Department of Communities and Local Government to articulate the pressures facing the adult social care system and push for adequate funding and meaningful integration through a bigger and better BCF. These discussions are happening at pace and CWB lead members will be updated regularly for input and steers as the discussions continue.

**Outside Bodies and External meetings**

1. Dementia Friendly Workforce- launch of the Alzheimer’s Society resource- Cllr Gillian Ford- 21 April 2015.

 6. Smoking in Pregnancy Challenge Group- defining the challenge for the future-Cllr Jonathan McShane- 21 May 2015.

**Future of Health and Wellbeing Boards**

 7. The LGA and NHS Clinical Commissioners will be publishing a joint report on the future of Health and Wellbeing Boards on 30 June at the LGA Annual Conference. The report sets out an ambitious vision for health and wellbeing boards as the system leaders of a place-based approach to health and wellbeing and proposes action at local and national level to achieve it. The proposals are drawn from a series of consultative workshops with HWB chairs and vice-chairs, in which several of the Community Wellbeing Board members participated and took a leading role. All CWB members have had an opportunity to comment on the document and we are immensely grateful for the constructive suggestions for improving it.  We have worked hard to incorporate all the comments and the document is far stronger as a result.

**Piecing it together: Effective scrutiny of health and social care integration**

8. The LGA commissioned the Centre for Public Scrutiny to produce a report on the role of health overview and scrutiny in improving local integration plans. We worked with Devon County Council, South Tyneside and Wiltshire Councils to facilitate a series of in-depth inquiry days with local system leaders to discuss the role of scrutiny in integration plans, in particular in shaping the Better Care Fund locally. The findings of the national report are drawn from the discussion at the inquiry days. The report will be launched at the Centre for Public Scrutiny Annual Conference on 2 – 3 June.

**All Party Parliamentary Group on Patient and Public Engagement inquiry on Health and Social Care Complaints Handling**

9. The LGA, ADASS and the National Complaints Managers Group have submitted joint evidence to the APPG inquiry on complaints handling. We highlighted the important role of elected members in ensuring that local health and care complaints processes are accessible, timely and effective in resolving complaints locally to avoid unnecessary escalation. We also emphasised the importance of elected members using complaints trend data to pick up quality concerns and inform commissioning.

**Councillor development on complaints**

10. The CWB Team has worked with the LGA’s Leadership and Localism Team and the Local Government Ombudsman to produce a workbook for councillors on their role in supporting residents on health and social care complaints. The publication is available at: <http://www.local.gov.uk/web/guest/publications/-/journal_content/56/10180/7159167/PUBLICATION>. The workbook is also available as an e learning resource as the third module in the suite of e learning modules delivered in the 2014-15 financial year. To receive access to the site for the first time, please email elearning@local.gov.uk. You will then be sent a a user name and password. Once you have received them, you will be able to access the site by clicking the hyperlink below <http://lms.learningnexus.co.uk/LGA/>

**Independent report about the future of health and social care**

11. Towards the end of 2014 the LGA commissioned Ernst and Young to produce an independent report about the future of health and social care, to help inform the LGA's future position on issues relating to integration, health and social care. The report is now finalised and ready to be published, and the results will contribute to the LGA's submission on the spending review. The primary message within the report is about the need to shift focus from crisis management in the NHS to prevention and integration across health and social care with public health, and the system needs a range of freedoms to deliver this including a transformation fund, a bigger BCF and a radical transformation of the financial incentives within the system.

**Care and Health Improvement Programme – Update**

*The 2015/16 Programme*

12. The LGA has used its experience of successfully working with the Department of Health since 2012 on a range of social care improvement and health integration programmes*,* to inform the development of the *Care and Health Improvement Programmefor this year.*

13. In developing the Programme, the LGA listened very carefully to what local authorities, regional leaders and professional associations told us they want. These views were tested and ratified by Lead Members from this Board in February 2015. The consensus is a continuation of a sector-led improvement programme that recognises the significant change that is happening within the care and health sector, and provides the support and capacity to help local authorities improve services and manage change in a coherent and planned way.

14. The Programme therefore will seek to help ***improve outcomes for local people by helping local authorities and Health and Wellbeing Boards*** to:

| **Objective** | **Sub-objective** |
| --- | --- |
| ***Deliver better quality care and health*** | * To support a joined up and consistent approach to the delivery of sustainable social care and health services
* To support the effective implementation of the Care Act
* To facilitate joined-up working across partners and providers to support the effective presentation, delivery and sharing of data across the health and social care sectors
* To provide bespoke support to local authorities and Health and Wellbeing Boards as required to assist with service improvement and implementation
 |
| ***Embed Health and Wellbeing Boards as place-based health and care leaders*** | * To support Health and Wellbeing Boards to become system leaders and encourage the integration of health and social care services by councils
 |
| ***Make care and health sustainable locally*** | * To support the development of measures that increase the resilience of services
* To encourage the protection of services for the vulnerable and those at risk of harm
* To support councils overcome barriers in the care of people with learning disabilities or mental health conditions
 |
| ***Use sector-led improvement to enable local authorities to increase public, regulator and government confidence in local care and health services*** | * To identify and share good practice to support service improvement
 |

15. This broad and challenging programme responds to local and national needs. Its key areas include:

15.1 *Social Care Improvement:* addressing risk management, resilience, workforce, safeguarding, learning disabilities and mental health and improvement;

15.2 *Health and Wellbeing Boards*: supporting systems leaders to be effective in theirroles and to plan ahead;

15.3 *Care Act:* helping local authorities to embed the Act’s social care changes and plan for its funding;

15.4 *Integration:* supporting local authorities to deliver their approved better care fund plans and prepare for the second year of the fund; and

15.5 *Informatics:* helping authorities and clinical commissioning groups share data to improve the delivery of care services.

*Post-Election Review*

16. The Programme is governed through a Memorandum of Understanding with the Department of Health. The Conservative government’s new policy direction, principally set out in their manifesto, will have an impact on the Programme. In order to ensure that the Programme continues to support local authorities to respond to emerging priorities (Ministerial, policy and operational), a review of the Programme will begin in July 2015.

*Benefits to local authorities*

17. Local authorities, and their social care departments in particular, are facing unprecedented changes, increased demands and the growing impact of austerity. The range, scope and pace of change is significant and far reaching with implementation of the Care Act being part complete, the future nature of the Better Care Fund being uncertain, and Health and Wellbeing Boards taking an increasingly strategic role in the local health economy. At the same time an aging population is placing ever increasing demands on services and the Care Act brings a new client group (carers) within the scope of local authorities’ responsibilities. This coupled with on-going austerity is placing increasing pressures on local authorities.

18. The needs and requirements of the sector have been placed at the heart of the *Care and Health Improvement Programme* in 2015/16. The structuring of the Programme reflects the inter-relationships between legislation and policy initiatives at a local level. For example, the links between the Care Act implementation and adult safeguarding or the Better Care Fund and integration pioneers are recognised.

*Offer to the Sector*

19. The Programme provides for a broad range of support to local authorities and Health and Wellbeing Boards including:

 *Leadership support*

19.1.1 Leadership essentials for Health and Wellbeing Board Chairs and Vice Chairs;

19.1.2 Induction sessions for new Health and Wellbeing Board Chairs and Vice Chairs; and

19.1.3 Leadership training for Directors of Social Care

*Peer challenge, support and diagnosis*

19.2.1 Health and Wellbeing Peer Challenges and follow-up support;

19.2.2 Social Care Commissioning Peer Challenges and follow-up support;

19.2.3 Social care practice deep dives to support implementation and improvement;

19.2.4 Risk assessment identification and management;

*Integration, implementation and improvement support*

19.3.1 Products and tools to support implementation of the Care Act, Adult Safeguarding Boards, Safeguarding and Commissioning for Better Outcomes;

19.3.2 Supporting local authorities and their Clinical Commissioning Group partners to redefine the way people with mental health and challenging behaviour are cared for locally; and

19.3.3 Products and tools to support the Better Care Fund;

19.3.4 Bespoke support to those places and areas that require it

*Public reporting and analysis*

19.4.1 Social Care Annual Report

19.4.2 Use of Resources

19.4.3 Area profiles for adult social care, public health and Health & Wellbeing areas

*Regional Networks*

19.5.1 Supporting networks of regional Lead Members, Health & Wellbeing Chairs, Chief Executives, Directors of Social Care and operation managers to share information, best practice and experience; and

19.5.2 Providing expert senior Care and Health Improvement Advisers, working with LGA Principal Advisers, to support improvement and change locally;

**Care Act 2014 Implementation**

20. Part 1, the social care reforms, of the Care Act came into effect on 1 April 2015 as planned, with the exception of a clause requiring local authorities to procure care for self-funders if requested. Local authorities have successfully implemented this part of the Act and are now embedding the new requirements into their services. With ADASS we are monitoring take-up of the of assessments and carers assessments in order to assess demand and the impact on budgets.

21. We have worked with a range of stakeholders to develop a prioritised list of national support for the forthcoming year. Eight requirements have been identified and funding for them was agreed by the Care and Support Reform Programme Board in March. The support offer will build on existing resources and networks – and we will work with other national programmes, such as the Better Care Fund, and national partner organisations to make it as coherent as possible for local staff. As in 2014-15, regional Association of Directors of Adult Social Services (ADASS) structures will be key to administering and delivering much of the support.

22. Consultation on the funding reforms is now closed and we are working with the Department of Health and ADASS to jointly model the impact of the changes. The results of the modelling exercise are due in late June. The timetable for implementing the funding reform changes required from April 2016 are very tight and require a clear decisions to be made by the Department of Health by the end of June 2015. Delays or uncertainty beyond this date will make it significantly more difficult to implement the funding reforms.

23. The latest Care Act Stocktake (January 2015) looked at readiness to implement the changes required in April 2016. Despite the exact details of the changes not yet being finalised, 90 per cent of councils reported that they are very or fairly confident they will be able to deliver them. The next stocktake is currently underway and will report in early July. We plan to work with local councils over the summer to determine what nationally provided support will be most useful to help them implement the cap on care costs and associated reforms over the next year or so.

**Transforming Care (formerly Winterbourne View Joint Improvement Programme) Programme Update**

24. The Local Government Association is working with key national organisations to support the delivery of Transforming Care, aimed at improving care and support for people with learning disabilities and/or autism and mental health problems or behaviour that challenges.

25. The programme of work for Transforming Care was outlined in Transforming Care – the Next Steps and is being taken forward jointly by NHS England, the Association of Directors of Adult Social Services, Care Quality Commission, Local Government Association, Health Education England and the Department of Health.

26. It focuses on five key work strands of activity:

26.1 **Empowering individuals** – giving people with learning disabilities and/or autism, and their families, more choice and say in the care and support that they need;

26.2 **Getting the right care in the right place** – ensuring that people are receiving high quality care and support, with a focus on supporting people in their local communities;

26.3 **Regulation and inspection** – tightening the regulation and inspection of providers to drive up the quality of care;

26.4 **Workforce** – developing the skills and capacity of the workforce; and

26.5 **Data and information** – making sure the right information is available at the right time, and continuing to track and report progress.

27. The LGA is closely involved, in particular, in two of these workstrands: Empowering individuals and Getting the right care in the right place. We have set out below recent progress made in respect of these two workstreams.

28. **Empowering individuals.** The workstream includes work with partners in the development of three resources: i) a series of fact sheets for families (being produced by Mencap and the Challenging Behaviour Foundation) ii) a discharge pack for people in inpatient care, which has been produced by CHANGE and iii) a Hospitals are Not Homes booklet commissioned by the National Forum and National Valuing Families Forum to facilitate local accountability.

29. **Getting the Right Care in the Right Place.** Work on this workstream has been progressing well. For example a pilot to test a system for preventing unnecessary admissions has been completed and all Care and Treatment Reviews (CTRs) for patients in Assessment and Treatment Units have been completed. Protocols for CTRs for restricted patients and under 18s have been developed with MoJ and DfE. Work is also progressing well on the Future Service Model. The first meeting of the Expert Reference Group was held on the 29 May and core progress is being maintained with a view to formal consultation on the model over the Summer.

**Task and Finish Group on Ageing**

30. The purpose of the ageing task and finish group was to explore the challenges and opportunities that an ageing population presents for local government and communities, now and over the next 20-30 years. The group was made up of lead members, drawn from Boards across the LGA, and representatives from key organisations – whose role was to oversee the project as a whole and to review emerging themes, conclusions and recommendations:

30.1 A focused **literature review** of the evidence in this area, provided by the University of Southampton particularly looking at the implications from a local government perspective. This has been published as part of the ‘Need to Know’ series - [http://www.local.gov.uk/documents/10180/11551/Ageing+Population+digital.pdf/f5e2ee9b-254a-45fd-9b59-dfadf6d8f250](http://www.local.gov.uk/documents/10180/11551/Ageing%2BPopulation%2Bdigital.pdf/f5e2ee9b-254a-45fd-9b59-dfadf6d8f250)

30.2 **Evidence** of the positive work that local councils are currently engaged in in this area. A draft report - ***ageing: a strategic opportunity for local government***. This report will be launched on 24th June 2015.

* 1. **Public Health Transfer update**

31. In March we sent out a local authority self-assessment on the state of readiness for the transfer. We received a 100% response rate from local authorities, the results showed that 97% of councils are confident that commissioning arrangements will be fully operational in their council from 1st October 2015 and that there is good joint working with NHS England and providers to transfer these services.

32. It also showed 96**%** are very or fairly confident that their transitional arrangements are clear and achievable and 99% are confident about their governance arrangements.

33. Whilst it showed that there are high levels of confidence in many areas and few remaining issues, it identified the following outstanding issues;

33.1 Data collection, reporting arrangements and concerns about the quality of data;

33.2 Child Health Information Services (CHIS). Whilst the majority of councils are confident that CHIS is being improved (70%) and will achieve compliance (61%), regional feedback suggested that there is a perception locally that the system will not be improved by 2020 which is resulting in a lack of confidence; and

33.3 Concerns about the move from commissioning from a registered to a resident population and the implications this has on cross charging for resident populations that are registered out of area. This issue was consistently raised by the Regional Oversight Groups.

34. The LGA is following up with the few councils who expressed low confidence levels to offer support. We are also working with NHS England and Public Health England to address the above issues. PHE is developing proposals for an interim national reporting arrangement for data collection and will engage local authorities in June to seek their views on the proposals.

35. Local authorities also raised that they would like examples of good practice to be shared more widely to support them to transform and embed these services. The LGA is working with partners to share good practice with councils and develop support tools.

**Child and Adolescent Mental Health Update**

36. In March the Department of Health and NHS England published the Report of the Children and Young People’s Mental Health Taskforce, which sets out the changes which need to take place at both local and national levels to improve the system. CWB lead members played an active role in contributing to this work.

37. The Government announced in the budget a package of funding to improve child and adolescent mental health services. This included investing over £1 billion over the next 5 years to start new access standards, providing £118 million by 2018- 19 to complete the roll-out of the Children and Young People’s Increasing Access to Psychological Therapies, and investing £75 million over the next 5 years in maternal mental ill health services. The Department for Education will also provide an additional £1.5 million towards piloting joint training for designated leads in Child and Adolescent Mental Health Services (CAMHS) and schools to improve access to mental health services for children and young people, including the most vulnerable.

38. We have long called for more money to support children and young people’s mental health services and we are pleased to see that there are plans to invest additional funding into these services which could improve much needed access to these vital services for thousands more young people. However, we still need to see the whole system properly funded and partners at both national and local levels working together to implement the recommendations from the Taskforce.

39. We are very keen to work with the Department and NHS England to take forward work on children and young people's mental health as a joint endeavour and are having early discussions to establish next steps. We are clear that a joint approach that promotes strong and accountable local leadership is needed to ensure there are co-ordinated commissioning arrangements to genuinely improve outcomes in children and young people's mental health.

**Making it work- taking a whole system commissioning approach to sexual health**

40. Public Health England, the Local Government Association and NHS England are hosting two national events on 9 June (London) and 25 June (Leeds) following the publication of *Making It Work – taking a whole system commissioning approach to sexual health* last September. The events will be practical and forward looking, drawing on the experience of local areas in developing a whole system approach to commissioning and putting the patient at the centre. The LGA will also be publishing *Sexual health commissioning in local government: building strong relationships, meeting local need.*

**Devolution and Public Health**

41. Last month the LGA published *English Devolution: Local Solutions for a Healthy Nation* a collection of essays from key opinion formers on the implications of devolution on public health, and the opportunities that will bring in terms of how resources are effectively deployed to improve health and reduce long-standing health inequalities.

**Future of Tobacco Control**

42. Substantial progress has been made over recent years in tackling the harm caused by smoking, but our work is far from over. Despite great strides forward, smoking rates remain far too high, particularly among our most disadvantaged communities, and around 80,000 people a year in England are still dying prematurely from a smoking-related disease. This is more than the next six causes of premature death put together. Smoking is also a major cause of health inequalities in the UK, accounting for half the difference in life expectancy between the richest and poorest.

43. It is therefore vital that we maintain progress and ensure that local government is well equipped to deal with the challenges ahead.

44. The Future of Tobacco Control, a conference for local government leaders and professionals, which will be hosted jointly by the Association of Directors of Public Health (ADPH), Action on Smoking and Health (ASH), the Local Government Association (LGA) and Public Health England (PHE). The event is taking place on Tuesday 7 July 2015 at Local Government House, and will provide an opportunity for elected members and senior officials from local government to hear from national and local experts on key topics and to explore the next steps in local tobacco control.

**The Fire Service and Public Health**

45. This month we launched *Beyond fighting fires: The role of the fire and rescue service in improving the public’s health.* This resource commissioned by the Local Government Association describes how the fire and rescue service is working to improve health and wellbeing. The case studies were chosen because they show a range of ways in which the fire and rescue service puts prevention and tackling health inequalities at its heart.

**Public Health Budget**

46. The LGA held a meeting with Department of Health and Public Health England officials and Public Health Finance Officers on Monday 2 June to discuss the forthcoming Spending Review and the implications for the Public Health Budget in 2016/17 and beyond.