

Agenda

Executive Advisory Board: Supplemental Agenda

Thursday 11 March 2021

2.15 pm

Via Zoom

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LGA's 'Hot Topics'

The following priority issues reflect the short-term needs for councils in order to deal with the COVID crisis as well as topical policy issues.

National lockdown – Current priorities are responding to the Government roadmap for easing of lockdown restrictions, as well as the continuing rollout of vaccines, reviewing local outbreak management plans including plans for surge testing and councils' role in planning for post-lockdown period and recovery.

Finances – The 2020 Spending Review (SR) went some way towards meeting core spending pressures and estimated COVID-19 costs in 2021/22, but only if councils make full use of council-tax raising powers. The SR did not address the underlying pressures and urgent need for investment in early intervention, adult social care or public health. The COVID-19 funding package for 2020/21 and 2021/22 must be revisited to cover councils for all cost pressures and income losses, and the Government should announce a multi-year funding settlement for local government as soon as possible.

Immediate Covid Issues:

Schools – All children returned to school on 8 March, with three tests in school in the first two weeks before moving to home testing and wider family testing. We continue to raise the impact on educational attainment and mental wellbeing, particularly for lower income and vulnerable children.

Refresh of the National Contain Framework – with the expected focus on local outbreak management to support unlocking and manage future outbreaks, the refresh of the National Contain Framework needs to enable councils to undertake this role. Councils are being asked to refresh their Local Outbreak Management Plans by the end of March (with an interim deadline of 12 March) to further demonstrate the role of local government in enabling a local first approach to outbreak management. The Contain Outbreak Management Fund (COMF) only provides funding until June 2021.

Compliance and enforcement – The COVID compliance fund has been rolled into overall Contain funding; we are awaiting clarity on government's expectations on how this will be used to support enforcement activity but highlighting that councils will be unable to sustain previous levels of activity without dedicated funding. Councils also want to help shape the reopening regulations before they are published. We are calling for longer lead in times for organisations wishing to arrange events, to ensure councils have time to scrutinise plans to ensure they are Covid secure.

Vaccination roll out – The increased pace of roll out, with all adults being offered their first vaccine by 31 July, is likely to increase the calls on councils to address unequal take-up and vaccine hesitancy, and local funding requirements need to be met to achieve this. Councils have been asked to work with community groups to encourage unpaid carers in booking their vaccines, with data collection requirements. Government needs to work with the sector on any framework for local prioritisation.

Vaccination data – The granularity of the data available to Directors of Public Health needs to improve so that councils can tackle vaccine hesitancy, vaccine refusal and 'no shows' as well as emerging inequalities. Publicly available vaccine data by local authority area is now available alongside STP, ICS and Regional level data.

Clinically Extremely Vulnerable - The list of people defined CEV has been expanded from 2.2 million by approx. 1.7m based on the interplay of wider risk factors. This also expands the priority group for vaccinations and those accessing employment support schemes. The Government has confirmed existing funding to councils will be extended for this group. The CEV group officially ends on 29 March and the impact of this requires consideration.

New variant surge testing – Government needs to set out as a matter of urgency how it will provide the additional resources required to meet the significant increased demands in those areas implementing surge testing for the South African and Brazilians Covid variants, and how surge testing will be funded in the future. The LGA is calling for data on the success of surge testing so far to be shared with councils and residents, so lessons can be learnt, and residents kept engaged. Not sharing the results undermines public trust.

Test and trace systems – There was no testing strategy in the Roadmap announcements, and no further details have yet emerged. There are growing demands on council testing systems from different employment sectors and councils need to be appropriately resourced to support this effectively, alongside building their teams, integrating the local and national approach, and embedding testing and tracing for future need.

Test and Trace support payments and practical support – The Government has confirmed that it will be providing £12.9 million funding per month to help councils meet the costs involved in assessing people's practical support needs and helping them access support. Government needs to ensure clear communication on the aims and purpose, recognise administrative costs and pressures on councils and improve integration with non-financial support. The Government is also planning to test a draft framework for non-financial practical support for people who are self-isolating this week to be followed by a readiness survey. We continue to push for this to be joined up with financial support, but have welcomed the funding the Government will provide to councils to support this work.

Care homes – Care providers still have significant financial and staffing pressures with testing, vaccinations, enabling 'named' visiting from 8 March, infection control measures and the discharge of Covid-positive patients to 'designated' settings from hospital, with no confirmation of any continuation funding beyond March 2021. Concerns remain about care home staff who've not yet been vaccinated. Government proposals for an indemnity scheme doesn't meet sector needs and is only on offer until March 31st.

Quarantine hotels – Councils have been raising concerns about the management of quarantine hotels, and the risk and appropriateness for more vulnerable groups, particularly unaccompanied children. We are seeking a discussion between affected councils and DHSC/DfE as a matter of urgency.

Longer term Covid planning:

Exiting the pandemic and long-term recovery – To live with Covid, we must embed Test, Trace and Isolate services and we still need the infrastructure in place to deal with outbreaks effectively. The LGA is stressing the need for urgent national-local collaboration on long-term recovery, especially to shape the future UKSPF and to prepare a local approach to future skills and employment where councils can make a significant contribution.

Remote meetings - The continuation of remote meetings continues to be a key issue and we are in discussion with MHCLG about the options for extending and making permanent the power to hold remote and hybrid meetings in primary or secondary legislation. Lawyers in Local Government and the Association of Democratic Services Officers have made a legal application to test whether councils already hold powers to hold online meetings.

Elections & Democracy – Local elections will go ahead in May. The Cabinet Office has now published [guidance on campaigning](#) from the 8 and 29 March and the Electoral Commission has published [guidance to support candidates and agents](#) through the electoral process, excluding campaigning. We continue to lobby on the costs associated with these elections and for clear public health guidance around key election activities.

Economic vulnerability – A sustainable, preventative approach to supporting low-income households requires effective integration between the national system and locally-tailored support. We are calling for the restoration of local welfare funding and a stronger emphasis on financial inclusion. We are asking Government to retain the £20pw uplift in Universal Credit for as long as it is needed.

Culture, leisure & sport – The LGA has been making the case for supportive investment to

tide these services over until footfall returns to sustainable numbers: the cultural recovery fund is welcome but it is not enough to sustain public leisure long-term and there is a real risk of closure of many facilities in 2021.

Children's services – Current DfE funded arrangements to support children and families below social care thresholds end on 31 March. This adds to concern around likely increasing demand for child, youth and family support as schools fully re-open and limited capacity in early help services. Councils must be supported to provide families with support when they need it, before problems escalate.

PPE supply – The current arrangement for free supply of PPE extended to end of June 2021 and a review will commence in April looking to the longer term.

Other issues of immediate importance for the sector:

Equalities – According to the Equalities and Human Rights Commission the impact of the pandemic has been unequal, entrenching existing inequalities and widened others.

The LGA is committed to addressing inequalities and is currently working to review and strengthen work around equalities, including promoting equality through our policy work, our improvement work and our leadership support to councils. This includes specific work around tackling health inequalities and inequalities highlighted by the pandemic.

Health and Social Care Bill/ White Paper – The Government's white paper on the future of health and social care has been published. The LGA has published a [briefing](#) which outlines the proposals, policy messages and initial reaction.

National Institute Health Protection (NIHP) and wider public health reforms – The Government will shortly publish its plans for the successor organisation to PHE. We are in discussions to ensure the establishment of NIHP provides an opportunity for local learning during the pandemic to inform future planning and delivery of health protection and resilience functions at a national, regional, system and local level.

Climate Change – Our [response](#) to the ten-point-plan reiterates that councils share the ambition for a green revolution and want to work with government and businesses to establish a national framework for addressing the climate emergency, supported with long term funding. We also continue to make the case that devolving powers to local areas will be critical to a green recovery, highlighting the LGA's [Local green jobs report](#). In advance of COP26, we are engaging with our national and international counterparts in Scotland, Wales, Northern Ireland and Brussels to identify shared outcomes for local government.

Digital – Covid-19 has brought digital inequity into stark focus with schools and home working. It is also an opportunity to maximize on the opportunities presented. We are supporting councils to close the digital divide through digital inclusion, connectivity and transformation.

UK/EU trade – We are aware of business concerns about new paperwork needed for trade and we are monitoring developing issues, including any new calls on port towns and regulatory services. We have called for reforms of repatriated procurement and state-aid laws to allow local flex to help local economies.

Planning Reform – Government's response to the White Paper consultation is expected in Spring, with new legislation in Autumn.

Capacity - The [January LGA workforce survey](#) found that:

- 89% of councils reported they had about the right amount of PPE. 83% said all the staff who need testing can access it.
- 45% of councils are likely to be recruiting additional staff primarily for the COVID response.
- 38% of councils are considering hiring more apprentices in the next financial year.



COVID-19 Update

Purpose of report

For direction.

Summary

This paper updates the Board on the LGA's policy and improvement work since December 2020 around the public health and enforcement related activity of councils to manage local outbreaks of COVID-19. It sets out some of the changes to national policy the LGA has been able to secure on behalf of the sector, as well as the immediate challenges local authorities face as we implement the national roadmap for exiting the third national lockdown.

Recommendations

Members of the Executive Advisory Board are asked to:

- (a) Note the update on the LGA's COVID-19 related since the last report to the Board in December, and what the LGA has been able to secure for the sector.
- (b) Comment on the LGA's work programme going forward and whether these are the right priorities.

Action

Officers to incorporate members' views into the LGA's work in this area.

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COVID-19 Update

Background

1. This paper outlines for the Board the LGA's public health, adult social care and enforcement work around management of local outbreaks of COVID-19 since the last report members received in December.
2. As managing local outbreaks requires a range of measures to reduce the rate of transmission in the local community, this work falls not only under the remit of the Community Wellbeing Board, but also those of the Resources and the Safer and Stronger Communities Board.

Managing local outbreaks – the Contain Framework

3. While there was a return to the local tiers following the end of the second national lockdown, these were superseded by the implementation of the third national lockdown on 4 January 2021. The government's roadmap out of the latest national lockdown was published on 22 February, and it set out the four stages which will be implemented nationally between now and 21 June to ease restrictions. The move from stage to stage in the roadmap will be subject to the four tests set out by the government around the trajectory of the pandemic and the country's response to it.
4. In order to assist councils plan for the next stages in the roadmap and the gradual lifting of restrictions, the Department of Health and Social Care (DHSC) is in the process of refreshing the Contain Framework, which we understand will be published on 15 March. As with the original version we expect the Framework to set out how national and local government will work together to prevent and manage COVID-19 outbreaks. It will also reflect the learning from the past few months, as well as how to respond to Variants of Concern (VOCs).
5. With the removal of tiered restrictions there will need to be a focus on local outbreak management we have been making the case that the revised Framework has to put councils in a position where they can successfully undertake the vital role they have to play. As part of that process we are pressing the Department to share a draft of the Framework with the Chairman and Group Leaders to enable them to comment on it before publication.
6. Alongside the revisions to the Contain Framework councils have been asked to refresh their Local Outbreak Management Plans by Friday 12 March to ensure they are fit for purpose. We anticipate that in refreshing their plans councils will be reviewing the lessons learned from their local responses since they originally drew up their plans in June 2020, planning for the next stages in the roadmap, and setting out how they will respond to on-going transmission in communities and new VOCs. The funding for this work will come through the Contain Outbreak Management Fund (COMF) which will

provide £400 million in the next financial year until June 2021, when funding will be reviewed.

7. In order to better support local responses a key element of the Contain Framework will be assurance and escalation processes. The LGA has been involved in discussions with the Department of Health and Social Care (DHSC) and the Joint Biosecurity Centre (JBC) to ensure there is a joined-up approach across government departments, that the processes ensure local support needs are identified in a timely way, and common issues can be escalated to help inform future policy and operational development.
8. Following on from these discussions a regional architecture has been put in place to bring together regional departmental teams working to support local outbreak management with the LGA's Principal Advisers, the Association of Directors of Adult Social Services and the Association of Directors of Public Health (ADPH). These new regional meetings include Public Health England's (PHE) regional teams, members of the NHS's Test and Trace Contain Division, as well as staff from JBC, and participants from a number of teams from the Ministry of Housing, Communities and Local Government (MHCLG).
9. These regional meetings are already taking place or are in the process of being established and it is intended they will take place regularly (at least fortnightly initially), but also with communication between meetings, to pool insights and intelligence on local area COVID outbreak management; as such these meetings should build on what there already is in place rather than creating a new group. Secretariat support will be provided by the JBC. In addition, there is a national level working group (of which the LGA is part) meeting regularly to consider feedback on how the process is developing, and review it as needed.

Test and Trace

10. Contact tracing remains a key pillar in the government's response to the pandemic, and arguably will be even more important with the move away from local restrictions through the tiers. Although there was no specific testing strategy in the roadmap announcements, we know that community testing, alongside contact tracing, will be an important foundation for confidence in the opening up of the economy, and there will be growing demands on council community testing systems. This will have implications for councils in terms of providing community testing, subsequent contact tracing and self-isolation support, both financial and non-financial.
11. Councils have had considerable success at local contact tracing. Over 312 Local Tracing Partnerships have now been created across the country. Local Tracing Partnerships (LTPs) are an adaptation of the national programme, bringing invaluable local knowledge and effort. LTPs involve Local Authorities utilising local expertise to follow up cases which nationally NHS Test and Trace has been unable to contact within 24 hours.

12. The relationship with NHS Test and Trace has improved over the last few months. The government recently announced the roll out of a £100m programme to enable the piloting of work to enhance the trace to help build and execute trials related to further localisation of trace and isolation support services. NHS Test and Trace are currently working with a number of local areas piloting new capabilities building on the core Local Trace Partnership.
13. This includes working in partnership with the North East Covid Hub to create a regional model for all 12 of its local authorities and working with Yorkshire and Humber on locally enhancing communications to drive engagement. The new Integrated Trace System (ITS) is also due to come online, which will enhance the Trace journey. This will enable Local Trace Partnerships to access cases and contacts in a timely manner based on local criteria. It has not yet been announced when the national contact tracing system will be disbanded.
14. Community testing has already been enhanced, with all employers irrespective of size now able to apply for a free supply of Lateral Flow Device (LFD) tests for their employees to use. This follows the initial roll out of the scheme to larger employers alongside locally-led community testing for self-employed people, small businesses and other at risk groups. LFD tests are also currently being used to enable the reopening of schools, with this shifting to a home-testing model after the initial tests being conducted this week as children return to school.
15. Although government published evidence in December about the use of LFD testing, concerns have been expressed over the accuracy of the LFD tests compared with PCR tests, and the possibility of false-negative results, which may lead to complacency and the spread of the virus. This raises issues for councils around the use of the tests in some settings and also in managing local communications. The LGA continues to push for the application of testing mechanisms appropriate to the setting, which could include the LAMP (spit-test) for some settings, particularly of vulnerable people and young children. These tests still require laboratory processing.
16. The identification of new strains of COVID-19 in the UK has led to the adoption of surge testing techniques. This involves intensive, door-to-door testing, in a specific geographical area. Councils in affected areas have also established local communications to strongly encourage every person over 16 living in these locations to take a COVID test.
17. The LGA is lobbying to ensure councils are adequately resourced when they undertake surge testing, and it is likely this model of rapid intense testing will be needed to tackle current and future mutations of the virus. The LGA is calling for data on the success of surge testing so far to be shared with councils and residents, so lessons can be learnt, and residents kept engaged and willing to participate.

Self-isolation

18. Councils' test and trace work will only be successful if those who test positive self-isolate for the required period of time. Councils and the LGA raised considerable concerns about the sufficiency of the funding for self-isolation payments, in particular the discretionary element of the scheme. This was accompanied by considerable media coverage and evidence during November and December of people who could not access the payment failing to self-isolate because of financial worries.
19. In January government confirmed to councils and the LGA that it would be making additional funding available for the discretionary payment, and that they planned to extend the scheme to cover parents and guardians of children who had been asked to self-isolate. DHSC consulted with councils and the LGA on the practical implications and financial requirements, and combined this with management information on the existing scheme to put their proposals to Treasury and the Test & Trace Programme.
20. In the week commencing 22 February DHSC confirmed that they would:
 - 20.1. Extend Test and Trace Support Payments (TTSP) to 30 June 2021.
 - 20.2. Expand eligibility criteria for the scheme to allow one parent or guardian to be paid if they have to take time off work to care for a child who is self-isolating (where the parent or guardian is not required to self-isolate by NHS Test and Trace but meets all the other eligibility criteria for a main TTSP or discretionary payment). To be in place when children return to school on 8 March.
 - 20.3. Increase funding available to English local authorities for discretionary payments to £20 million per month through to the new end date of 30 June.
21. They reconvened their working group with the LGA, London Councils and a representative group of revenues and benefits managers to work through the detail on Wednesday 24 February, and hosted an all councils webinar on Friday 26 February. These meetings focused primarily on the extension of the scheme to parents and guardians, which has a number of practical and administrative implications for councils.
22. DHSC have said that they will produce revised guidance on the main scheme and the discretionary scheme. They have asked the LGA to work with them on developing local approaches to the use of the discretionary funding, as well as the potential to explore how the scheme integrates with other forms of support to address issues in particular demographic areas. We have sought to align these discussions with those on non-financial support.
23. A number of councils continue to raise considerable concerns about the role of employers, and evidence that suggests that people are choosing not to engage with the test and trace system because they are worried about their employment status and

protections, as well as loss of income – particularly if they are on a zero hours contract or employed in the gig economy. DHSC have said that they are considering doing more to engage with employers, and have asked councils to share ideas on approaches they would like to see applied in their local area.

24. MHCLG have this week issued a 'Practical Support for Self-Isolation' framework covering non-financial support for self-isolation, with full roll out planned for by the end of March. Developed with councils and building on existing work, the framework aims sets out the types of practical, social and emotional support that people may need if they or a close contact have tested positive for COVID-19. Councils will also be asked to complete a brief self-assessment survey to understand councils' capacity and readiness to implement the framework. The framework is designed to be a live document which will form part of the wider Contain Framework and government is keen to share the learning from councils to inform this.
25. The government is providing £12.9 million funding per month from March until June with a review point in May, with allocations to follow. This funding aims to help meet the overhead costs involved in setting up and running local systems for contacting those identified as having potential support needs, assessing those needs, helping people access local support and reporting on key outcome measures. Where councils decide on an exceptional basis to provide direct support, they will as now need to meet the costs involved from the Contain Outbreak Management Fund or from other sources.
26. We continue to push for guidance and frameworks on financial and non-financial support to be joined up, with the funding allocations for both to be confirmed as soon as possible. We also continue to push for this local support to be underpinned by clear national communications and for continued engagement with councils on plans for the medium to long term, alongside integration of all the ongoing asks of councils.

Enforcement

27. We have continued our regular engagement with MHCLG and DHSC on compliance and enforcement issues, which has remained a key area of focus for the government. Following the challenging and rapid moves through the tier system in December, the subsequent lockdown has presented a more limited but nevertheless consistent set of challenges linked to persistent non-compliance by some businesses; councils have used the Anti-Social Behaviour, Crime and Disorder Act 2014 and Local Government Act 1972 to compel non-compliant businesses to close. Additionally, there has been ongoing frustration around mixed use premises and the lack of powers to compel businesses to close parts of stores selling non-essential items. Following concerns raised about the risk of infection in supermarkets, councils responded to the Government's request to undertake targeted compliance activity in these premises.
28. With council officers, we highlighted to Government the compliance and enforcement challenges councils experienced under the previous regulations, and how the framework

could be strengthened in the roadmap for reopening. Many of the more difficult issues have been addressed through the removal of the substantial meal requirement, curfew for hospitality businesses and the opportunity for tier tourism. We have continued to emphasise to Government the need for consistency between the legal framework and accompanying guidance, with as much information as possible included within the regulations to ensure that it is enforceable, and are hopeful that this will have been taken on board in the next iteration of the regulations.

29. Looking ahead, the process of reopening will undoubtedly increase the demands on councils. Of particular concern are the apparent withdrawal of the dedicated compliance fund, which we understand has been rolled into wider Contain funding, as councils have been clear that without maintenance of this funding they will be unable to maintain levels of resourcing that have been in place throughout the winter. There is also a concern at the likely demands placed on councils by multiple businesses wishing to stage local events as we move through reopening, and ensuring that councils have sufficient time to review plans and support businesses to ensure COVID secure events. We are engaging with the government on both these issues.

Infection prevention in care homes

30. In September the government announced it would be supporting councils and care providers to maintain staffing levels over the winter period. On 16 January the government announced a further £120 million was being made available to support the care system to manage workforce pressures through the Workforce Capacity Fund. The Fund is a ringfenced adult social care grant for measures that provide additional staffing for adult social care providers, including those with whom the local authority does not have a contract, and maintain continuity of care. The letter asked councils to use this funding to target providers with the most urgent staffing shortages. The LGA worked with DHSC to provide guidance to sit alongside the fund, which includes examples of strategies used by some local authorities and providers to supplement and strengthen adult social care workforce capacity.
31. Along with the move to extend the provision of free personal protective equipment (PPE) to the adult social care sector, councils and Local Resilience Forums (LRFs) are now able to access free PPE for unpaid carers who support people they do not live with.

Shielding

32. Following the announcement of the third national lockdown, the Government confirmed that it would reintroduce the shielding guidance that was in place during the November lockdown, with people who are clinically extremely vulnerable (CEV) advised to work from home or not attend work if that is not possible and stay at home as much as possible. Funding equal to £14.60 per CEV person was provided to councils to continue the provision of support to the shielded population. Again repeating the pattern of activity in November, there were comparatively few requests for councils to provide direct food

support to CEV people, reflecting the efforts made by councils over summer and autumn to assist people to find sustainable ways to access food during the pandemic. However, there were a significant number of requests for councils to support people who were shielding with basic care and support needs as well as general advice.

33. In February, the Government announced a significant expansion of the shielded population following an extensive piece of risk stratification work to identify factors that make people more vulnerable to COVID-19. The previous shielded list comprised 2.2m people and was based solely on the clinical conditions that individuals have. The updated list includes an additional 1.6m people identified on the basis of a combination of age, sex, ethnicity, body mass index and a range of clinical conditions which data suggests means they are at high risk from COVID-19. This cohort has also been advised to shield and added to the priority list for vaccinations, with members of the CEV group currently being invited for vaccines. To date, the increase has not prompted a significant increase in the numbers of the newly expanded cohort seeking support, although it has led to a number of queries and calls to council hubs and helplines.
34. The Government has also announced that it expects shielding to end by the end of March, by when it is expected that the CEV population will have been vaccinated. Councils have highlighted that they anticipate an ongoing role in supporting those who have been shielding to effectively re-engage with society following the requirement to shield for a substantial part of the past year.

Vaccinations

35. On 11 January the government published the UK COVID-19 Vaccines Delivery Plan. The plan set out how the government aimed to reach its target of vaccinating the priority cohorts in the Joint Committee on Vaccinations and Immunisation's (JCVI) list.
36. As members will be aware significant progress has been made in vaccinating those in the JCVI 's priority cohorts. At the time of writing over 22 million people have received their first dose of a vaccine, and it is the government's aim for all adults to have received their first dose by the end of July.
37. The role of councils in supporting the NHS has been acknowledged by government, and in February the Secretaries of State for Health and Social Care and Housing, Communities and Local Government jointly wrote to councils setting out how they can support the national vaccination programme in the immediate future and over the longer term.
38. A list of possible roles for councils to play (though the government are keen to stress this should not constrain the contributions of councils) include assisting the NHS in removing barriers to vaccination through lack of easy access to a vaccination centre, developing local communications plans to foster take up of the vaccine, assisting in the running of vaccination centres, and ensuring eligible health and social care workers are vaccinated.

The letter also acknowledged the additional costs for councils in supporting this work and indicated councils should be seeking to recover those costs through their relevant clinical commissioning groups.

39. During the roll out of the vaccination programme the LGA has been in discussion with DHSC on a number of issues. We were pleased that carers who are in receipt of Carer's Allowance or are the main carer of an elderly or disabled person whose welfare may be at risk if the carer contracted COVID were included in priority group 6 alongside people with underlying conditions.
40. Following on from this we were involved in the co-production of the government's standard operating procedure (SOP) for the vaccination of unpaid carers, alongside the Association of Directors of Adult Social Services and Carers UK. As part of this process we made it clear that councils did not have the resources to be able to identify all unpaid carers. The SOP therefore makes it clear that councils will help in identifying eligible unpaid carers who are known to them and local carers organisations and enabling them to take-up the national vaccination offer through the NHS. Many councils are well underway with this process, with many unpaid carers already vaccinated. The next step is to reach unpaid carers who are not known to their local health and care system so they can self-refer through the National Booking System. Here councils will be able to assist by raising awareness of this important opportunity throughout their local area.

Challenges related to the vaccination programme

41. Ensuring the uptake of the COVID-19 vaccine is high enough to achieve herd immunity, will be of the utmost importance. Herd immunity refers to the concept that 'a population can be protected from a certain virus if a threshold of vaccination is reached'. That will require addressing vaccine hesitancy as well as unequal take-up.
42. Councils have an important role alongside national government in addressing vaccine hesitancy. The Office of National Statistics has found that younger adults, black or black British adults, renters, lower earners and those living in the most deprived areas are more likely to be hesitant about COVID-19 vaccinations.
43. COVID-19 has exposed long-standing health inequalities in different parts of the country, and also different take-up rates of the vaccine. Although the national picture is changing all the time publicly available data showed that in the period between 8 December and 24 January at least 10 per cent of the white British population of England were likely to have received their first dose of a COVID-19 vaccine, compared with around 6 per cent of the Asian population and 4 per cent of the black population.
44. Provision of suitable granular vaccination data to local authorities is key to addressing vaccine hesitancy, vaccine refusals, 'no-shows' and unequal take-up. The LGA has been continuously lobbying for better data related to the vaccination programme to be made available to councils. It has been a significant challenge making progress in this area,

with local vaccination data initially not being shared with Directors of Public Health for “commercially sensitive” reasons.

45. However our involvement in the DHSC working group looking at data issues improved the amount of data made available to Directors of Public Health including information from mid-January on all vaccinations by local authority area, and as such we have launched our [LG Inform report on vaccination data](#), which allows councils to view the count and rate of vaccinations in their area, both overall and by age-bands.
46. We continue to work closely with the vaccination programme in ensuring Directors of Public Health have access to the data they require and we will push for greater transparency of this data as it is developed.

Sector-led Improvement

47. The LGA has continued to deliver a range of support to councils in relation to managing outbreaks. We have:
- 47.1. Delivered a range of webinars and workshops to provide opportunities for councils to hear national policy updates, raise challenges, and discuss issues. Topical events include the vaccination (including addressing vaccine hesitancy) webinar series, workshop on testing, the update of the unpaid carers’ standard operating procedure and the refresh of local outbreak management plans. Overall we have held sixty-seven COVID-19 related webinars, with 19 of them taking place in the last three months.
 - 47.2. Collaborated with regional networks and local authorities to bring together shared learning, best practice, and toolkits around topics including vaccinations, behavioural insights, surge community testing, targeted testing, self-isolation, and contact tracing.
 - 47.3. Provided resources and facilitated networks for specific audiences such as ‘top tips for leaders’ and action learning sets for Chief Executives.
 - 47.4. Published a range of briefings, guidance and good practice case studies.
 - 47.5. Continued to manage the Testing, Tracing, and Outbreak Management Khub which has 600 members and over 100 good practice examples made up of toolkits, case studies, research projects and more.

Implications for Wales

48. Health is a devolved responsibility to the Welsh government, so the work outlined in this report is only relevant to English councils.

Financial Implications

49. In order to support the LGA’s work around testing, tracing and outbreak management a new cross organisational team has been established, which has been funded to date from existing LGA resources, although we have also sought to secure funding from DHSC in addition for non-staffing related costs. As the areas of work outlined in this report are likely to continue into the 2021/22 financial year, consideration will have to be



given to the future funding of the team, in particular in light of the outcome of negotiations with DHSC for the Care and Health Improvement Programme grant.

Next steps

50. Members of the Executive Advisory Board are asked to:

- 50.1. Note the update on the LGA's COVID-19 related since the last report to the Board in December, and what the LGA has been able to secure for the sector.
- 50.2. Comment on the LGA's work programme going forward and whether these are the right priorities.

Document is Restricted

Minutes of the previous Executive Advisory Board meeting

Title: Executive Advisory Board
Date: Thursday 21 January 2021
Venue: Zoom

Attendance

An attendance list is attached as **Appendix A** to this note

Item Decisions and actions

1 Declarations of Interest

There were no declarations of interest.

2. The LGA's current "hot topics"

Mark Lloyd, Chief Executive, introduced the high-level summary of current and anticipated headline issues most concerning to member councils and sought confirmation that focus was being given to the right issues. There were five main issues;

- (1) **Vaccine roll out** – The LGA had enjoyed good conversations with central government officials about the role local government in the vaccine roll out. Government had expressed an intention to work with local government in four main areas – sites (at local area level, community and mass), making sure that the social care workforce and unpaid carers were vaccinated as a priority group, communication and engagement with communities (working with groups reluctant to take up the vaccine) and equality of rollout (reaching all communities and all places fairly). Data flow was starting and whilst imperfect, there was a joint commitment to make it better. Southwark's Chief Executive Eleanor Kelly had joined the national team and had already made a great impact in the first four days. This appointment would give a solid foundation for the way local government would work with central government and the NHS going forward.
- (2) **Schools, early years and testing in schools** - Making sure schools were open for key workers, vulnerable children and ensuring a remote learning offer for all children was a top priority. The Secretary of State had promised two weeks' notice before reopening schools to help with planning and testing.
- (3) **Lockdown compliance** – Assisting councils in their role to ensure communities and individuals were complying with lockdown regulations and with councils' enforcement responsibilities.
- (4) **Testing and Test and Trace** – ensuring we emerge from lockdown with a good community test and trace system in place.
- (5) **Self-isolation and payments** – ensuring that residents were isolating when they needed to, that support payment mechanisms were adequate

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and had the ability to be flexible with the payments.

Mark said the LGA would also continue to work on longer term COVID-19 related matters including a plan for an exit out of the pandemic and dealing with the deficits that would be faced. He said that plans to address the education, health and economic deficits must involve councils.

Mark gave assurances that the LGA would continue its work on Democracy and Elections ahead of the scheduled Local Authority elections in May 2021 and that an item on Climate Change would be taken at a future meeting.

Mark invited comments from members of the board. In the discussion that followed, the following points were raised;

- The need to defend local government's role in public health - COVID-19 was affecting those in the community with underlying conditions most of which were within councils' power to deal with, but more public health funding would be needed to address these health issues.
- Clarity was sought over the issue of virtual and hybrid meetings beyond the 7 May 2021 cut-off date and whether secondary rather than primary legislation would be needed, as this could smooth the way forward.
- The LGA's climate change motion in 2019 gave confidence to councils to follow its example and a huge amount of work was achieved as a result. The LGA should lead on climate change again. Mark confirmed a paper would be brought to the board as soon as possible.
- Concern about take up of the vaccine. The SSC board had a session on anti-vax activity, LGA would be assisting councils to deal with these messages.
- Recovery from the pandemic must be 'green'.
- Concern about local elections, reputational risk and legal risks taken by returning officers. Mark confirmed that LGA officers would continue their work on this issue.

Decision

Members of the Executive Advisory Board noted the update.

3. The LGA's Work on Equalities

The Chairman introduced Jess Norman, Policy Adviser, to introduce the item and report. Jess gave an update on the progress made since the meeting of the Executive Advisory Board in July 2020, when the board gave its initial steer that the LGA should strengthen its work on equalities. In particular, this included the introduction of a new priority in the LGA business plan to specifically address inequalities and the appointment of equalities advocates on all LGA policy boards and the Improvement and Innovation board, as well as internal policy work to map out work on EDI and where there were gaps.

Jess also outlined the improvement activity that had taken place to increase the diversity of candidates, councillors and senior officers across local government and that a greater focus had been given to equalities throughout the LGA's

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sector led improvement offer and the local government equalities framework. The report and improvements made were both welcomed, and it was suggested that the Executive Advisory Board appoint a member who would come back to future meetings of the board with suggestions as to what areas the role should cover. The Executive Advisory Board agreed with this proposal and delegated the decision to group leaders to be agreed by the Executive Advisory Board at a future meeting.

Decision

The Executive Advisory Board agreed to appoint a Lead Equalities Advocate. The Lead Equalities Advocate would be nominated by Group Leaders and appointed at a future meeting.

4. UK's Exit from the EU

Cllr Kevin Bentley, Chairman of the EU Exit Taskforce, gave a verbal update on the work that the LGA had undertaken to support councils following the UK/EU Trade and Cooperation Agreement.

Cllr Kevin Bentley outlined the headline issues;

- There would be no tariffs or quotas on UK/EU trade, but new paperwork and checks at ports had been causing issues that needed to be resolved.
- State aid and procurement policies had become UK domestic policies, further clarity over procurement was needed so as not to fall foul of laws councils were not aware of.
- How the UK Shared Prosperity Fund would be delivered to local communities – a task and finish group had been set up involving local government.

Cllr Bentley invited Cllr Rob Stewart, (WLGA representative) to give a Welsh perspective – The Welsh Government set out a statement regarding its view on the deal, raised its concerns and signalled its intention to sue the UK Government over the internal market bill on the basis that it would remove a certain amount of devolved powers from the Senedd. Welsh officials were still awaiting details regarding the Shared Prosperity Fund and did not expect confirmation on arrangements before the summer of 2021. Wales would be ready to receive funds when they were made available and anticipated a revenue figure of £220 million.

Cllr Bentley welcomed comments and questions from the Executive Advisory Board and the following points were raised;

- Clarification was needed on whether local authorities would be able to procure smaller contracts from local suppliers to support local businesses and economies – it would be helpful to agree a threshold.
- Concern that additional paperwork would increase the cost of British exports.

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- The Port Infrastructure Fund was oversubscribed resulting in a shortfall for border crossing points which may not get built.
- Concern that the live animal exports trade (for breeding programmes) between the EU and UK would cease due to the lack of central government funding for Ports.
- Fishing regulations and industries – risks of food shortages and large job losses.

Decision

Members of the Executive Advisory Board noted the update.

5. Local Government Finance update

Cllr Richard Watts, Chair of the Resources Board, introduced the report which covered the LGAs response to the Local Government Finance settlement and what this would mean for council budgets during the following year. This included a potential £2.2 billion increase in funding – 85 per cent of which would be raised through council tax increases.

Richard explained that council tax was not a good way to fund the country’s social care provision - *where* council tax could be raised is not necessarily where the social care was needed - and stressed the need to move back to longer term financial settlements as soon as possible. Residents’ expectations surrounding council tax and services were not compatible with this funding arrangement and it was increasingly difficult to justify tax increases to the public whilst the provision of other services continued to be outsourced and reduced.

In the discussion that followed, the following points were raised;

- Concerns were raised about risk adverse auditors and the irregularity of budgets in year due to covid pressures
- There was an expectation that an increase in public health funding (that was line with the significant extra public health duties that covid produced and the underlying health issues that covid exposed) would be achieved in light of how important preventative work in public health had proven to be.
- The delayed Fair Funding Review was expected in 2023.

Decision

Members of the Executive Advisory Board noted the update.

6. NHS England integrated care consultation

The Chairman welcomed Cllr Ian Hudspeth, Chairman of the Community Wellbeing Board, to introduce the item and report. Cllr Hudspeth explained that

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the Integrated Care Systems (ICS) consultation that had ended on 8th January proposed putting ICSs on a statutory footing and sought views on the preferred options. NHSEI would be putting proposals to DHSC for inclusion in the forthcoming NHS Bill. He explained that a consultation paper, rather than a green or white paper, was due in the spring. The Government had a commitment to bring forward an NHS Bill in 2021, for implementation in 2022. The previous NHS Bill fell without completing its parliamentary passage before the general election was called in 2019.

Cllr Hudspeth also made the following points:

- He commented on the Public Health grant and stressed that CWB had pressed Government for more funding for public health in line with NHS funding increases.
- The LGA has encouraged councils to engage with this consultation and share their views.
- He also mentioned the linkages between the ICS agenda, health devolution and the role of wider devolution bids in addressing the wider determinants of health.
- NHSE had sought LGA views and views of Cllrs on this consultation - CWB had met with the NHS which was positive.
- Cllr Hudspeth summarised the LGA's views on ICSs and wider partnerships.
- He then summed up by saying that local solutions were needed and not a one-size-fits all approach. Key points to come out were the need for local solutions, to build on HWBs, co-terminosity and a focus on Local Authority place.
- The need to focus on what's best for the person, not what's best for the organisations.
- The need to ensure that more money was directed towards health improvement and prevention.
- Cllr Hudspeth said the Community Wellbeing Board would continue to put pressure on the NHS to focus on prevention and to use HWBs to improve outcomes.

In the discussion that followed, the following points were raised:

- Councils and HWBs had worked together across the STP/ICS footprint – this showed maturity and flexibility from councils. The proposals in the consultation – both NHS statutory options – were a step back from what already existed. It was suggested that both options would have a detrimental impact on the equal partnership that had been built with the NHS.
- Concerns were raised over the timing of the consultation and why the NHS was putting forward structural change in the middle of local elections and the pandemic.
- Co-terminosity was an issue but could be addressed by ICS's taking a place-based approach. Concern was raised that different footprints for LAs and the NHS would be a barrier to partnership working and joining

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up services.

- It was acknowledged that in some areas, rationalising CCGs was the right thing to do but a stronger emphasis on place needed to be made.
- Concern that very little was mentioned in the consultation about public health, community health, early intervention and prevention or mental health and questions about how the money would flow and if all commissioning resource would go upwards to ICS, how local government would have leverage over this.
- It was suggested that the consultation represented an opportunity to break down NHS domination, but it was recognised that there were risks also.
- Any reorganisation should be driven by objectives and outcomes, not structures. Statutory body status would enable other partners to have a role in decision-making.

Decision

The Executive Advisory Board noted the verbal update and report.

7. Note of last Executive Advisory Board meeting

Decision

The minutes of the previous Executive Advisory Board meeting were agreed.

Appendix A -Attendance

Position/Role	Councillor	Authority
Cllr James Jamieson (Chairman)		Central Bedfordshire Council
Cllr Nick Forbes CBE (Senior Vice Chair)		Newcastle City Council
Cllr Howard Sykes MBE (Vice-Chair)		Oldham Metropolitan Borough Council
Cllr Marianne Overton MBE (Vice-Chair)		Lincolnshire County Council
Cllr John Fuller OBE		South Norfolk District Council
Cllr Robert Alden		Birmingham City Council
Cllr Peter Fleming OBE		Sevenoaks District Council
Cllr Ian Hudspeth		Oxfordshire County Council
Cllr David Renard		Swindon Borough Council
Cllr Kevin Bentley		Essex County Council
Cllr Michael Payne		Gedling Borough Council
Cllr Anntoinette Bramble		Hackney London Borough Council
Cllr Tudor Evans OBE		Plymouth City Council
Sir Richard Leese CBE		Manchester City Council

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	Cllr Richard Watts	Islington Council
	Cllr Judith Blake CBE	Leeds City Council
	Cllr Nesil Caliskan	Enfield Council
	Cllr Ruth Dombey OBE	Sutton London Borough Council
	Cllr Gerald Vernon-Jackson CBE	Portsmouth City Council
	Cllr Anita Lower	Newcastle upon Tyne City Council
	Cllr Bridget Smith	South Cambridgeshire District Council
	Cllr Clive Woodbridge	Epsom and Ewell Borough Council
	Cllr Rosemarie Harris	Powys County Council
	Cllr Robert Stewart	Swansea City and County Council
	Cllr Marc Bayliss	Worcester City Council
	Cllr Simon Henig CBE	Association of North East Councils
	Cllr Peter John OBE	Southwark Council
	Cllr Shabir Pandor	Kirklees Metropolitan Council
	Cllr Nicholas Rushton	East Midlands Councils
	Cllr Linda Haysey	East Herts Council
	Sir Stephen Houghton CBE	SIGOMA
	Cllr David Williams	County Councils Network (CCN)
	Cllr Teresa O'Neill OBE	Bexley Council
	Cllr Izzi Seccombe OBE	Warwickshire County Council
	Cllr Georgia Gould	Camden Council
	Cllr Paul Woodhead	Cannock Chase District Council
	Cllr John Hart	South West Councils
	Cllr Roy Perry	South East England Councils (SEEC)
	Alderman Sir David Wootton	Local Partnerships

