

Agenda

Community Wellbeing Board: Supplemental Agenda

Thursday 15 July 2021

11.00 am

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| 2. Decisions and actions from the previous meeting | 1 - 8 |
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Note of last Community Wellbeing Board meeting

Title: Community Wellbeing Board
Date: Thursday 27 May 2021
Venue: Virtual meeting

Attendance

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

Item Decisions and actions

1 Welcome, declarations of interest and apologies for absence

No apologies for absence were received and there were no declarations of interest. Cllr Wayne Fitzgerald attended the meeting as a substitute for the vacant position held by the Conservative Group.

2 Note of the previous meeting

Decision

The minutes of the previous meeting held on 4 February 2021 were agreed.

3 Integration and Innovation White Paper

The Chairman invited Alyson Morley, Senior Advisor, to give a verbal update on the Integration and Innovation White Paper. Alyson introduced the accompanying report which set out LGA activity in this policy area since the previous meeting. This included a briefing summarising LGA policy lines, followed by an LGA position paper which had been sent to the Community Wellbeing Board and the Political Groups at the LGA. This paper would form the basis of the LGA's lobbying position when the Health and Care Bill comes to Parliament which was expected in June 2021 if Government remained committed to implementing the proposals in April 2022.

Alyson outlined the main development which was that the LGA and DHSC has set up a joint Local Government Sounding Board which met monthly and was co-chaired by Sarah Pickup, Deputy Chief Executive of the LGA. The Sounding Board was informal and not part of any governance structure, its purpose was to ensure that Government received the local government perspective on proposed legislation. Meets monthly.

Alyson explained that the legislation would be accompanied by lots of guidance and that the DHSC and NHS England were committed to co-production of that guidance with the LGA.

Alyson asked for members views on the evolving policy position from the LGA outline paragraphs 9 – 18 of the accompanying report.

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

- Comments were made about the practicalities of the Bill and that work would have to be fast and furious due to parliamentary timetable. This would have implications for members and officers who must work at speed to ensure governance is ready to change when ICSs are implemented.
- There was concern around scrutiny arrangements for ICS Boards, transparency and how opposition councillors would be involved as well as concern around the increased powers of SoS and how this may undermine local scrutiny panels.
- Bespoke improvement support was available from the LGA to Health and Wellbeing Boards.
- Health inequalities should be emphasised in the position paper.
- Integration and Innovation must be about changes in outcomes for residents not changes to structures and governance.
- The prevention agenda must not be lost during this process.
- Existing partnerships should be built on rather than creating new structures.

Decision

Members of the Community Wellbeing Board agreed to note the action taken on its behalf so far and direct officers on further action required in promoting the LGA response on the forthcoming Health and Care Bill.

Action

Officers to adjust the position paper to emphasis the importance of addressing health inequalities and update the Community Wellbeing Board at the July meeting on the Health and Care Bill, inviting Sarah Pickup, co-chair of the Local Government Sounding Board to attend.

4 Public Health reforms and update on Covid-19 work

The Chairman welcomed Paul Ogden, Senior Adviser, to give a verbal update on Public Health reforms and Covid-19 work.

Paul recapped on Public Health reforms following the announcement in 2020 that Public Health England (PHE) would be disbanded, Government issued a consultation in Summer 2020 and early 2021 announced its intention to consult on what should replace PHE. The UK Health Security Agency (UKHSA) had been formally established and the new Office for Health Promotion was being designed. Discussions were ongoing with NHS England around some responsibilities e.g. vaccinations.

PHE would continue to operate until the Autumn 2021, the UKHSA would be fully operational by October 2021 with the Office for Health Promotion established at the same time.

Paul outlined the LGA's key messages and asks in consultation response;

- better coordination between local, regional and national,
- incorporation of lessons learned from pandemic on working with local authorities in a more sophisticated way,
- call on the new agencies to build on what existed already rather than creating new structures,
- greater subsidiarity and sustainable investment in early intervention work,
- new agencies should not exacerbate fragmentation,
- further clarity was needed around data, intelligence and workforce,
- greater connectivity across the whole system.

The LGA Chief Executive and Chairman met the chief executives of the UKHSA and Office for Health Promotion in May 2021 and enjoyed good relationships with both. This was seen as an opportunity to reset the relationship between national and local with DHSC and the Secretary of State.

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

- Good that both chief executives were 'friends' of local government.
- Health protection incidents begin and end in the local system, local government must have seat at the table.
- The need for LGA/local government representation on both bodies and how this would be achieved.
- Concerns over how much influence regional directors of public health would have, need clarity on roles and responsibility – would this be statutory?
- Showcase good practise on resolving health inequalities.

Paul then gave an update on covid-19 work:

- Low transmission of virus
- Fewer hospitalisations/deaths reported
- Businesses/schools are ready so we can avoid super spreader events
- Variant clusters are being managed
- Vaccine uptake in most communities high and in those with gaps is narrowing
- R Number <1 and seems to be staying there
- By the autumn 60-70% of population immune

- Virus has plateaued at low level, resurgence can happen. Plan for major Covid surge in Autumn/Winter 2021-22
- New Variants. Doubling rate in new variant clusters is <7 days
- Enduring transmission
- Vaccination coverage in some populations still too low
- Media messaging that everything can go back to normal. Complacency? Fatigue?
- Populations who cannot afford to self-isolate

- We are on the exit path from the Pandemic Phase, but it won't be plain sailing. The virus is still circulating and we will enter an Endemic phase.
- The key priority is to suppress the virus as much as possible for the

foreseeable future

- We will be living and working in a Covid-endemic environment, and we need multiple strategies to manage during this time (booster jabs)
- Variants of COVID19 will continue to cause outbreaks and will require vaccine renewal on at least an annual basis
- Ongoing hardship as part of economic recovery with most vulnerable squeezed
- Significant levels of physical and psychological harm, including morbidity from delay in service response due to Covid disruption
- Significant syndemic (obesity, diabetes and heart disease) impact of Covid-19 especially on most vulnerable
- Maximum uptake of vaccine especially in communities with greatest burden of disease
- Inequalities – need to mitigate against development of ongoing enduring endemics
- Ensure test and trace and self-isolate works as a system
- Help people self-isolate
- Ensure every individual and sector has the skills and knowledge to be Covid safe
- Iterate and be agile during a period of volatile transmission events and expect more outbreaks
- Enforcement plans ready when needed

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

- Successful trials on large scale mass pilot events had been held.
- Concerns about the effect of the Delta variant, which is doubling every seven days on the R rate.
- The need for local authorities to develop comms plans to enhance vaccine confidence.

5 Sleep-ins Judgement

The Chairman introduced Laura Caton, Senior Adviser to introduce the report. Laura explained that on Friday 17 March, the Supreme Court confirmed that the National Minimum Wage would not apply to hours when social care workers are expected to sleep, including time when care workers would be paid to sleep overnight in someone's home on a precautionary basis.

Decision

Members of the Community Wellbeing Board noted the updates contained in the report.

6 Other Board Business

Mark Norris, Principal Policy Adviser, introduced the report which provided other updates relevant to the Community Wellbeing Board, and not included elsewhere on the agenda.

It was noted that national suicide rates had reduced which was unexpected, but this may change when the furlough scheme ends.

Decision

Members of the Community Wellbeing Board noted the updates contained in the report

7 **Queen's Speech**

The Chairman introduced Mark Norris, Principal Policy Advisor, who introduced the accompanying report which provided a summary of the announcements of relevance to the Community Wellbeing Board in the Queen's Speech on Tuesday 11 May 2021. Mark explained that the Queen's Speech set out many announcements pertaining to the work of the Community Wellbeing Board, but social care funding was notably missing.

The Chairman then invited Stephen Chandler, President of ADASS, to address the Community Wellbeing Board. He raised the following points:

- That the nine words on Adult Social Care reform in the Queens Speech were both positive and concerning.
- Government published in its manifesto its intention to reform funding for social care so that older people would not have to sell their homes to pay for their own care, however it was crucial to understand that fixing this element would not fix social care. He emphasised that reform needed to go much further than funding.
- The window for reform was closing as the Parliamentary session drew on. Stephen emphasised reform must be cross party, that time was running out and that an appetite for radical reform was needed.
- Government should engage with people with lived experience. This is the best way to broaden the understanding that it is not just older people who use social care. Stephen emphasised the pandemic had brought this to the fore.
- Social care was a positive force in communities and individuals and can play a role in levelling up local areas.
- That the cost of social care was increasing for working age adults.
- Life changing events in early adulthood and people with disabilities leaving children's services also have a long financial on the social care bill.
- Stephen explained that the Health and Social Care Bill refers to assurance and that this was a positive step forward. He emphasised the importance of getting views of people receiving support and also to look beyond the adult social care service as it does not operate in isolation.
- There was a lack of recent reform and direction and that it was crucial the call for reform is heard very loudly.
- It would be crucial to ensure that within assurance risk is seen in a positive way, to encourage innovation and safe risk taking as well as maximising independence.
- Stephen explained nine statements had been published that set out the case for reform which align with LGA messaging. This includes building local support around the individual and moving away from commissioning at maximum scale.
- COVID-19 has hurt the care market which remains very fragile.
- Stephen emphasised the historical inequalities that existed. Across the country there were severe challenges, population demands and limits to the available funding.

- He expressed a view too many people were ending up in residential care.
- He also expressed a view that social care workers are a fantastic asset to communities and need to be rewarded financially and professionally. This would need a clear workforce strategy.
- Important to ensure that investment brings transformation.
- That social care reforms must come alongside NHS reforms.
- That ADASS would like Government to set a clear picture, such as in a ten year plan.
- Stephen emphasised a national problem needs a national solution.

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

- The need to create a choice of accommodation at an aspirational level for older people.
- Members emphasised that care home residents' rights and the rights of the families must be championed.
- That the workforce needs equal consideration to level of care. Members explained that social care workers need to earn enough to build a life, otherwise the type of care than can be provided will be limited.
- Social care work needs to be professionalised, with career progression opportunities to keep workers in the sector in order to maintain a consistent level of service.
- Well paid social workers reduce turnover in the system and workers spend money locally.
- Local government needs to perform well as a sector on social care.
- A concern was raised that Government had yet not produced a white paper on social care.
- The importance that there was an awareness that it would take ten years to fix social care was highlighted.
- Neighbouring local authorities compete for the same staff.

Decision

The Community Wellbeing Board agreed to note the report and the impact of the Queen's Speech on the future work programme.

Appendix A -Attendance

| Position/Role | Councillor | Authority |
|-------------------|--|-----------------------------------|
| Chairman | Cllr David Fothergill | Somerset County Council |
| Vice-Chair | Cllr Paulette Hamilton | Birmingham City Council |
| Deputy-chair | Cllr Richard Kemp CBE | Liverpool City Council |
| Deputy-chair | Cllr Rosemary Sexton | Solihull Council |
| Committee Member | Vacant | Vacant |
| Committee Member | Cllr Colin Noble | Suffolk County Council |
| Committee Member | Cllr Jonathan Owen | East Riding of Yorkshire Council |
| Committee Member | Cllr Judith Wallace | North Tyneside Council |
| Committee Member | Cllr Sue Woolley | Lincolnshire County Council |
| Substitute Member | Cllr Wayne Fitzgerald | Peterborough City Council |
| Substitute Member | Cllr Arnold Saunders | Salford City Council |
| Committee Member | Cllr Louise Gittins | Cheshire West and Chester Council |
| Committee Member | Cllr Arooj Shah | Oldham MBC |
| Committee Member | Cllr Shabir Pandor | Kirklees Metropolitan Council |
| Committee Member | Cllr Natasha Pantelic | Slough Borough Council |
| Committee Member | Cllr Amy Cross | Blackpool Council |
| Committee Member | Cllr Denise Scott-MacDonald | Royal Borough of Greenwich |
| Substitute Member | Cllr Joanne Harding | Trafford Council |
| Substitute Member | Cllr Bob Cook | Stockton-on-Tees Borough Council |
| Committee Member | Cllr Doreen Huddart | Newcastle upon Tyne City Council |
| Committee Member | Cllr Neil Burden | Cornwall Council |
| LGA Officers | Mark Norris Alyson Morley Paul Ogden Kevin Halden Matthew Hibberd Amy Haldane | |



End of Year Report and Priorities 2021/22

Purpose of report

For direction.

Summary

This paper sets out the Community Wellbeing Board's end of year report, and also sets out draft proposals for the 2021/22 work plan.

Recommendations

That Members of the Community Wellbeing Board:

- (a) Note the end of year report; and
- (b) Consider the Board's work priorities for 2021/22.

Actions

Officers to prepare a paper for the first meeting of the Community Wellbeing Board in 2021/22 on the work plan for that year, in line with Members' discussions.

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End of Year Report and Priorities 2021/22

Background

1. At its meeting in September 2020 the Board considered its priorities for 2020/21 and agreed a substantive programme covering the following areas of work:
 - 1.1. Adult social care – funding and reform;
 - 1.2. Integration – the NHS Long Term Plan, the future of integration, the BCF and models of integrated planning and delivery;
 - 1.3. Public Health – funding, the role of councils as public health leaders, reducing health inequalities, evaluating the health impact of Covid-19, responding to Covid-19;
 - 1.4. Child Health Priorities – developing a child health policy position, support councils with the Healthy Child programme, reduce childhood obesity;
 - 1.5. People in vulnerable circumstances – mental health and suicide prevention, dementia, carers, learning disability and autism; loneliness and social isolation, end of life care, personalisation, housing and social care, the armed forces, and sleep-ins.
2. This paper provides an overview of the achievements delivered against these themes, as well as the work the LGA has been doing around asylum, refugees and migration (which falls within the Board's areas of responsibility). It also seeks an initial steer from the Board on its priorities for 2021/22. Members' comments will be used to inform the development of a full paper for consideration at the first meeting of the 2021/22 Board cycle.

Achievements and activity during 2020/21

Adult social care

3. The following are some of the key highlights of our lobbying and influencing work over the last year:
 - 3.1. In July 2020 we held a successful and very well attended one day virtual event on the future of adult social care. Speakers included the Minister of State for Care, Helen Whately MP, (then) ADASS President, James Bullion, and Deputy Chief Inspector of Adult Social Care at CQC, Debbie Ivanova.
 - 3.2. At this conference, we published a set of 'seven principles for social care reform' covering people who draw on care and support, the importance of social care's local dimension, funding, workforce, providers and commissioning, health and integration, and the scope of reform. More than thirty prominent national organisations acted as signatories to these principles.
 - 3.3. In August 2020 we held five roundtables on the future of social care involving five key constituents of the social care sector: councils, health, the voluntary and charity sector, care providers, and people who draw on social care.

- 3.4. In September 2020, LGA deputy chief executive, Sarah Pickup, gave oral evidence to the Health and Social Care Select Committee as part of their inquiry on social care funding and workforce.
- 3.5. In November 2020 we worked with a number of national partners to set out shared priorities ahead of the Spending Review. These included: Government investment and reform proposals to ensure a long-term, sustainable future for social care; funding for short-term stabilisation; and investment to bolster preventative activity, secure a new deal for the care workforce, tackle inequalities, and fund innovation, particularly the use of technology.
- 3.6. In March 2021 we published a short pamphlet on the future of social care, which restated our seven principles for reform and called for a '1948 moment' for social care equivalent to that for the NHS. We also supported calls from elsewhere in the sector for a long-term plan for social care and set out our views on the immediate priorities for care and support as well as the kind of system we want to work towards for the future. Alongside this pamphlet, we published a report writing up, and reflecting on, the aforementioned 'future of social care' roundtables.
- 3.7. Ahead of this year's Queen's Speech, the LGA Chairman and Group Leaders wrote publicly to the Chancellor urging Government to put social care funding and reform at the centre of thinking on how best to emerge from the shadow of the pandemic.
- 3.8. In addition to the LGA's own 'on the day briefing' on the Queen's Speech, we also coordinated a sector response among a number of national partners, calling on the Government to bring forward its reform proposals and a clear timeline for action as a matter of urgency.
- 3.9. LGA officers remain involved in ongoing discussions with the Department of Health and Social Care, the Care Quality Commission, ADASS and others on the Government's plans to introduce a system of adult social care assurance. Government proposals on this featured in the Health and Social Care White Paper and there are provisions in the subsequent Health and Social Care Bill.
- 3.10. In addition to the above work, we have been extremely busy with proactive and reactive media work, social media content, and briefings on numerous parliamentary debates on adult social care funding and reform. The Community Wellbeing policy team has also inputted into a range of work relating to adult social care and the Covid-19 pandemic.
- 3.11. As part of our ongoing development offer for local leaders of care and health, over 30 councillors attended an induction event for members in June 2021 with over 20 attending a two day leadership essentials event in the Autumn. This year's virtual National Children and Adult's Services conference was well attended, with Board members led or contributed to sessions, including a closed meeting with the Minister for Care.

Integration

4. A wide range of work has been undertaken over the last year in relation to the NHS Long Term Plan, the development of integrated care systems and the development of the Health and Care Bill. Much of this was initially focused on shaping proposals for

transforming Sustainability and Transformation Partnerships into Integrated Care Systems. This work then transitioned into influencing the content of the Health and Care Bill proposals including the White Paper and its associated consultation. Particular highlights include:

- 4.1. The response the LGA submitted to the NHS England consultation document on the future of integrated care systems on 22 December ahead of the consultation deadline on 8 January so that councils could consider the LGA key messages in developing their own response.
- 4.2. The two consultative meetings the LGA helped NHS England organise with senior LGA members on 6 January 2021: the first with all members of the Community Wellbeing Board; and the second with the LGA Leadership Group.
- 4.3. The initial response and briefing the LGA published on 16 February to the Health and Care Bill White Paper, which summarised the proposals of most significance to local government.
- 4.4. Our engagement during March 2021 with Ministers and Parliament, which included Sarah Pickup, LGA Deputy Chief Executive, giving evidence to the House of Commons Health and Social Care Committee inquiry on the White Paper.
- 4.5. Working with the Department of Health and Social Care (DHSC) to establish two new forums to ensure that local government has a voice and influence in the development of health and care policy. The Ministerial Group sees the four CWB Lead Members and selected local authority chief executives meeting regularly with the Care Minister, Helen Whately, to discuss health and care reform.
- 4.6. Alongside that we have set up the Local Government Health and Care Sounding Board, which brings together senior officer representatives of local government with the senior officers in DHSC, NHSE and the Ministry of Housing, Communities and Local Government (MHCLG) to ensure that local government is engaged in the development of policy on the health and care reform agenda. It is co-chaired by the LGA.
- 4.7. The publication in May of the LGA's position paper on the white paper, summarising our positions, priorities and concerns on the wide-ranging proposals.
- 4.8. Our work with other LGA Boards around health devolution and our sponsoring of the Devo Connect Health Devolution Commission's inquiry into the role and function of integrated care systems. Cllr Paulette Hamilton is an 'advisory commissioner' and CWB Chairman, Cllr David Fothergill, gave evidence to the inquiry in May.

Public Health

5. The Board's work over the last year has of course been dominated by the pandemic and the LGA's support to councils in their response to Covid-19. Alongside of this work we have also sought to shape the reforms of national public health structures following the government's decision to replace Public Health England with the National Institute of Health Protection and the UK Health Security Agency (UKHSA). The Board' public health work has not been entirely focused on the pandemic and we have looked to influence

government policy across a range of other public health issues. Key areas of activity included:

- 5.1. Regular engagement with DHSC ministers and officials around the pandemic response including through the Local Outbreak Plan Advisory Board, chaired by the LGA.
- 5.2. Shaping the development of the Contain Framework, which sets out the division of responsibilities between national and local government in preventing, containing and managing outbreaks.
- 5.3. Securing the greater localisation of test and trace arrangements through the creation of local contact tracing partnerships, along with greater local testing capacity.
- 5.4. Ensuring the support to clinically extremely vulnerable people to shield was delivered locally rather than through a national programme as occurred after the first lockdown starting in March 2020, with councils receiving the necessary resources to be able to deliver this support.
- 5.5. Securing additional compliance and enforcement powers for councils so they could quickly but proportionately address social distancing breaches, and better support businesses and premises to operate in a Covid secure way, and ensuring councils were able to use funding made available for this work, such as with the marshals scheme, in a flexible way.
- 5.6. Successfully making the case for financial support to be made available to those who have to self-isolate, and for councils to receive the funding they need to be able to deliver the scheme.
- 5.7. Working to protect those most vulnerable by strengthening infection prevention in particular settings such as care homes, through working with government on the designated premises, highlighting the funding pressures on the provider sector created by measures such as additional testing and encouraging providers to take up the support available from the Infection Control Fund,
- 5.8. Setting out the role that local authorities could play in supporting the NHS with the delivery of the national vaccination programme, and ensuring that Directors of Public Health have been provided with data on vaccinations by local authority area.
- 5.9. Pushing for additional funding for public health services, and pressing DHSC and MHCLG to provide details on the public health grant when the announcement was delayed.
- 5.10. Hosting the LGA's annual Public Health Conference 2021: Rising to the challenge. This saw over 1,000 delegates attended over the two days to hear from Prof Chris Whitty, Prof Devi Shridhar and Rt Hon Matt Hancock MP.
- 5.11. Running a range of webinars including on Covid related issues with attendance at many running into the hundreds.
- 5.12. Publishing the ninth LGA Annual Public Health Report. This year's annual report looks back at what public health has helped to achieve during the pandemic as well as looking to the future and the new public health structures being introduced by government.

- 5.13. Publishing a range of other case studies, many to assist councils with their response to Covid, including a series of interviews with Directors of Public Health charting their experiences of working through the pandemic.
- 5.14. Working with Public Health England and the Joint Biosecurity Centre to establish regional support structures for councils to identifying support needs, and the common and collective issues that is appropriate to escalate to help inform future policy and operational developments relating to local outbreak management and, importantly, identifying and sharing best practice.
- 5.15. Creating an on-line Knowledge Hub to share good practice among councils arising from local authorities' response to the pandemic, and securing funding from DHSC to develop this into a web resource that makes it easier for council staff using to find the information they need.
- 5.16. Supporting councils directly through action learning sets and top tips documents for chief executives and media training workshops for Directors of Public Health.
- 5.17. Responding to the government's review of the public health system and the creation of the UKHSA and the Office of Health Promotion.

Child Health

6. The Board's child health related work has also continued to be impacted by the pandemic and alongside the Children and Young People's Board we have continued to call for a Child Centred Recovery which recognised the physical and emotional impact of the pandemic on children and young people and ensures they are prioritised in the new public health system and Integrated Care Systems. Key activities and achievements include:
 - 6.1. Securing a joint letter the Community Wellbeing Board, the Chief Nursing Officer and Public Health England directing NHS Trusts to halt the redeployment health visitors and school nurses wherever possible and prioritise their substantive posts supporting vulnerable infants, new parents and school aged children.
 - 6.2. Creating a resource of case study videos showcasing how councils had adapted the Healthy Child Programme (0-19) to support parents and children during the pandemic.
 - 6.3. Influencing the first stage of Dame Andrea Leadsom's Review into improving outcomes in the First 1000 Days and ensuring councils were recognised as the key delivery partners for this programme of work and the good work already underway to give children the best start in life. We continue to push for flexibility for councils and additional funding to be secured in the next stage of the Review and are working closely with the team on a Spending Review Submission.
 - 6.4. Continued work to ensure Integrated Care System plans detail how they will relate to children's care and health structures, such as Children's Safeguarding Boards, and how the reforms will ensure partners are brought together to prioritise early intervention and child health.
 - 6.5. Making the case for additional investment in local authority child and family weight management services and facilitating the allocation of £4.2m into local authority

services through the new DHSC 2021/22 grant programme for children's weight management services.

- 6.6. Working alongside the Children and Young People's Board to encourage government to take a holistic approach to 'catch up' which responds to the emotional and physical impact of the pandemic on children, for example creating additional time for play and creativity. We have lobbied consistently for the Holiday Activity Fund to be rolled out nationally and for the Healthy Start Voucher value to be increased, which are now both government policy. We continue to support councils to deliver these schemes effectively.

People in vulnerable circumstances

7. The range of work undertaken by the Board in relation to people in vulnerable circumstances continued to be varied and wide ranging. Important issues considered by the Board included:

- 7.1. The outcome of the Supreme Court's ruling in the sleep-ins case which confirmed that care workers who have to sleep at their workplace are not entitled to the minimum wage for periods when they sleep. This ruling was in line with councils' and social care providers' understanding of the law. Had the Supreme Court upheld the appeal that resulted in the case coming to them, care providers and councils providing social care would have faced paying a significant backpay liability and higher ongoing costs, which would have increased the huge financial pressures they were already facing. As we said in our submission to the Court, the LGA strongly supports care workers being paid a fair wage for their valued work, and the decision does not remove the need for a sustainable funding settlement for adult and children's social care, which includes important decisions on the workforce such as pay, recruitment and career development.
- 7.2. The Government's Reforming the Mental Health Act White Paper. The Board responded with a submission in which we stated the LGA's support for reform of the Mental Health Act, and welcomed the ambition to achieve meaningful change for people living with severe mental illness, and the role of local government in supporting this. We also highlighted that the new Act will have significant resource implications for councils and set out the case for councils' statutory children's and adults' mental health services and wider public health responsibilities to be given parity of funding with NHS mental health services.
- 7.3. The development of the government's all ages Autism Strategy through our membership of the Autism national Executive Group. In our feedback on the draft strategy we highlighted the need for further information on: the Implementation Plan, clarification around any supporting funding/resources for councils and partners to build community support and how the Government proposes to monitor or measure the progress of the strategy.
- 7.4. The development of DHSC's dementia strategy, which is being overseen by the national Dementia Programme Board of which the LGA are members. Again we have been able to provide feedback on the draft strategy in which we emphasised

the central role of councils in delivering/commissioning services for people with dementia in the community, as well as the importance of social care reform and long term funding to support councils to deliver the best outcomes for people with dementia and their carers.

- 7.5. This work was complimented by the evidence given by Sarah Pickup, LGA Deputy Chief Executive gave to the Health and Social Care committee on Adult Social Care and Dementia.
- 7.6. Mental health and wellbeing. With the Children and Young People's Board, we made the case for a locally led mental health and wellbeing recovery to ensure people can access timely and quality support when they need it, prevent the escalation of need, rebuild community resilience, get the economic going again, and respond to future waves of the virus. This helped to secure resources for councils in the Government's Mental Health Recovery Action Plan, including £15million to support the mental health and wellbeing recovery in deprived communities. We continued to support councils to respond to the mental health impacts of the pandemic, including updated practical advice for public health teams and supporting a knowledge hub to share good practice. We commissioned the Centre for Mental Health in collaboration with the Children and Young Peoples Board, to produce case studies on a whole household/family approach to children and young people's mental health. These were published in July 2021 to coincide with the Mental Health session at Annual Conference.
- 7.7. Tackling loneliness. We have influenced the Government's plans to deliver its National Loneliness Strategy through our membership of the Local Place Task and Finish Group, which is part of DCMS's Tackling Loneliness Network. With the Association of Public Health Directors (ADPH), we have updated our practical advice note about Covid-19, loneliness and social isolation.
- 7.8. Unpaid carers. We have continued to embed the vital contribution of unpaid carers in our wider adult social care reform work, including the disproportionate impact of the pandemic on people with caring responsibilities. We supported Carers Week through a pledge about councils' commitment to support unpaid carers.
- 7.9. Suicide Prevention. Continued to influence national suicide prevention planning through our membership of the National Suicide Prevention Strategy Advisory Group, including leading a piece of work on improving access to local bereavement support. Secured Ministerial commitment to fund another year of the LGA/ADPH suicide prevention sector led improvement programme.
- 7.10. Housing and Care. With the Association of Directors of Adult Social Services (ADASS) and NHSE, we have published guidance for local government and NHS commissioners about a category of supported housing referred to as 'specialised supported housing', particularly lease-based models. We have also updated and re-published our guide to meeting the home adaption needs of older people in light of Covid with Care and Repair England and Age UK. We have provided direct support to councils that are facing challenges arising from supported exempt accommodation and started to develop practical policy proposals that we can discuss with Ministers.



7.11. The Armed Forces Covenant, where we have continued to shape the new statutory duty for all UK public authorities to have due regard to the principles of the Covenant, which is being introduced via the Armed Forces Bill. We have highlighted our concerns about the lack of detail in the relevant clause in the Bill which means that it is difficult to fully understand the implications for councils across housing, education and healthcare services. We secured a commitment from the Ministry of Defence to review the implementation costs of the new duty one year after it comes into effect.

2021/22 Priorities.

8. It is expected that the themes for the 2021/22 work priorities will remain broadly consistent with 2020/21, with a number of workstreams continuing into the new Board cycle.
9. The table below sets out some initial thinking on workstreams that will continue into the new Board cycle, subject to the Board’s views:

| Priority Area | Proposed activity |
|--|--|
| <ul style="list-style-type: none"> • Adult social care funding and reform | <ul style="list-style-type: none"> • Continue to push for adequate and sustainable funding for adult social care, particularly through the Spending Review and including the need to secure a funding model based on universal risk pooling, and which also addresses the continuing costs of Covid-19 and tackling the social care funding gap. • Making the case for wider reforms to adult social care that address unmet and under-met need, the need for a new deal for the workforce, improves choice and control and improves quality of outcome. This will include responding to the Government’s long-awaited proposals on social care reform that are expected by the end of the year. |
| <ul style="list-style-type: none"> • Integration | <ul style="list-style-type: none"> • Continue our work to shape the Health and Care Bill and the statutory and other guidance that will be needed to implement it. • Supporting councils implement ICSs. • Continue to support the Local Government Health and Care Sounding Board. |
| <ul style="list-style-type: none"> • Public Health | <ul style="list-style-type: none"> • Support the reform of the public health system following the creation of the UK Health Security Agency (UKHSA) and Office Health Promotion (OHP). • Making the case for long term sustainable investment on prevention and public health. • Support the health protection system as we come to live with Covid. |



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| <ul style="list-style-type: none"> • Child Health | <ul style="list-style-type: none"> • Influence the implementation phase of the Dame Leadsom Review to councils are supported to deliver better outcomes. • Make the case for Integrated Care Systems to take account of and prioritise child health and early intervention. • Use evidence from the child weight management grant programme to make the case for long-term sustainable investment in child weight management services. |
| <ul style="list-style-type: none"> • People in vulnerable circumstances | <ul style="list-style-type: none"> • Continue to influence Mental Health Act reform, support councils to get ready and secure new burdens funding where appropriate. • Continue to support councils' response to the mental health and wellbeing and loneliness impacts of the pandemic, which will be experienced differently by different communities and over a considerable length of time. • With the Environment, Economy, Housing and Transport Board 1) secure Government support for practical proposals that will give councils greater control and oversight of supported exempt accommodation costs and quality 2) ensure that councils have the right levers and funding to improve availability and choice of affordable and suitably designed older people's housing, reflecting local need. • Deliver year 2 of the LGA/ADPH suicide prevention sector led improvement programme. • Continue to embed the aspirations and needs of unpaid carers in our adult social care reform work. • With ADASS, ADCS and CHIP support councils to implement the new all ages Autism Strategy. • Ensure the new Armed Forces Covenant statutory duty is workable and will achieve its aim of further reducing disadvantage without placing unfunded new burdens on councils, building on good practice to date. |

Implications for Wales

10. Health and adult social care are devolved matters.

Financial Implications

11. This programme of work will be delivered with existing resources.



Next steps

12. Members' comments will be used to inform the draft priorities paper brought to the first meeting of the Board in the 2021/22 cycle.

