Local Government Association

Community Wellbeing Board

Agenda

Thursday, 26 March 2020
11.00 am

Meeting to be held remotely.

To: Members of the Community Wellbeing Board
cc: Named officers for briefing purposes

www.local.gov.uk

LGA Community Wellbeing Board
26 March 2020

There will be a meeting of the Community Wellbeing Board held remotely at **11.00 am on Thursday, 26 March 2020**.

Political Group meetings:
The group meetings will take place in advance of the meeting. Please contact your political group as outlined below for further details.

Apologies:
Please notify your political group office (see contact telephone numbers below) if you are unable to attend this meeting.

Conservative:	Group Office:	020 7664 3223	email:	lgaconservatives@local.gov.uk
Labour:	Group Office:	020 7664 3263	email:	Martha.Lauchlan@local.gov.uk
Independent:	Group Office:	020 7664 3224	email:	independent.grouplga@local.gov.uk
Liberal Democrat:	Group Office:	020 7664 3235	email:	libdem@local.gov.uk

LGA Contact:
Alexander Saul
0207 664 3232 / alexander.saul@local.gov.uk

Carers' Allowance
As part of the LGA Members' Allowances Scheme a Carer's Allowance of £9.00 per hour or £10.55 if receiving London living wage is available to cover the cost of dependants (i.e. children, elderly people or people with disabilities) incurred as a result of attending this meeting.

Social Media
The LGA is committed to using social media in a co-ordinated and sensible way, as part of a strategic approach to communications, to help enhance the reputation of local government, improvement engagement with different elements of the community and drive efficiency. Please feel free to use social media during this meeting. **However, you are requested not to use social media during any confidential items.**

The twitter hashtag for this meeting is #lgacwb

Local Government Association

Community Wellbeing Board – Membership 2019/2020

Councillor	Authority
Conservative (7)	
Cllr Ian Hudspeth (Chairman)	Oxfordshire County Council
Cllr David Fothergill	Somerset County Council
Cllr Adrian Hardman	Worcestershire County Council
Cllr Colin Noble	Suffolk County Council
Cllr Jonathan Owen	East Riding of Yorkshire Council
Cllr Judith Wallace	North Tyneside Council
Cllr Sue Woolley	Lincolnshire County Council
Substitutes	
Cllr David Coppinger	Windsor & Maidenhead Royal Borough
Cllr Wayne Fitzgerald	Peterborough City Council
Cllr Arnold Saunders	Salford City Council
Labour (7)	
Cllr Paulette Hamilton (Vice-Chair)	Birmingham City Council
Cllr Helen Holland	Bristol City Council
Cllr Arooj Shah	Oldham MBC
Cllr Shabir Pandor	Kirklees Metropolitan Council
Cllr Natasa Pantelic	Slough Borough Council
Cllr Amy Cross	Blackpool Council
Cllr Denise Scott-McDonald	Royal Borough of Greenwich
Substitutes	
Cllr Mohammed Iqbal	Pendle Borough Council
Cllr Bob Cook	Stockton-on-Tees Borough Council
Cllr Edward Davie	Lambeth London Borough Council
Liberal Democrat (2)	
Cllr Richard Kemp CBE (Deputy Chair)	Liverpool City Council
Cllr Doreen Huddart	Newcastle upon Tyne City Council
Substitutes	
Cllr Carl Quilliam	London Borough of Merton
Independent (2)	
Cllr Claire Wright (Deputy Chair)	Devon County Council
Cllr Neil Burden	Cornwall Council
Substitutes	
Cllr David Beaman	Waverley Borough Council
Cllr Tim Hodgson	Solihull Metropolitan Borough Council

Local Government Association

LGA Community Wellbeing Board Attendance 2019-2020

Councillors	27/9/19	29/01/20
Conservative		
Ian Hudspeth	Yes	Yes
David Fothergill	Yes	Yes
Adrian Hardman	Yes	Yes
Colin Noble	No	Yes
Jonathan Owen	No	Yes
Judith Wallace	Yes	Yes
Sue Woolley	Yes	Yes
Labour		
Paulette Hamilton	Yes	Yes
Helen Holland	No	Yes
Arooj Shah	No	Yes
Shabir Pandor	Yes	No
Natasa Pantelic	No	Yes
Amy Cross	Yes	Yes
Denise Scott-McDonald	Yes	Yes
Lib Dem		
Richard Kemp CBE	Yes	Yes
Doreen Huddart	Yes	Yes
Independent		
Claire Wright	Yes	Yes
Neil Burden	Yes	Yes
Substitutes/Observer		
David Coppinger	Yes	
Arnold Saunders	Yes	
Wayne Fitzgerald	Yes	Yes
Bob Cook		Yes
David Beaman		Yes

Local Government Association

Agenda

Community Wellbeing Board

Thursday 26 March 2020

11.00 am

Teleconference to be circulated to Members ahead of the meeting

Date of Next Meeting: Tuesday, 9 June 2020, 11.00 am

Community Wellbeing Board

26 March 2020

Update from the Office for Veteran's Affairs on the Armed Forces Covenant

Purpose of report

For information.

Summary

The Office for Veteran's Affairs (OVA) is a new unit in the Cabinet Office set up to improve the coordination of veteran services and advice. Damian Paterson, Deputy Director of the OVA, will be in attendance to update on the progress of the Strategy for our Veterans and to discuss how the OVA can work with local government to build upon and further strengthen the coordination of support for veterans. A paper from the OVA can be found as **Appendix A** to this item.

Recommendation

Members of the Community Wellbeing Board are asked to note the update from the Office for Veteran's Affairs.

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Office for Veterans' Affairs

Appendix A

OFFICE FOR VETERANS' AFFAIRS: A PAPER FOR LOCAL GOVERNMENT ASSOCIATION COMMUNITY WELLBEING BOARD

26 March 2020

INTRODUCTION

1. The Office for Veterans' Affairs (OVA) is a non-statutory unit in the Cabinet Office responsible for championing veterans' interests at the heart of Government. Launched formally in 2019 it is a visible manifestation of the Government's commitment to veterans and their families. The OVA will act as a fulcrum at the centre of UK Government to help realise the ambition set out in the 2018 Strategy for our Veterans of making the UK the best place to be a veteran anywhere in the world. The OVA reports to the Minister for the Cabinet Office (Chancellor of the Duchy of Lancaster Rt Hon Michael Gove MP), who is the representative for Veterans in Cabinet and the Minister for Defence People and Veterans (Johnny Mercer MP), who is a joint MOD and Cabinet Office Minister, reflecting the OVA's position as a Cabinet Office Unit.

2. The creation of the OVA has seen the traditional convening role for veterans and the veterans sector in central Government move from the MOD to the Cabinet Office where the OVA is better able to provide dedicated oversight to the support veterans and their families need, drawing on all parts of Government to assure improved delivery and support on behalf of veterans. As such the OVA has taken responsibility for the UK Government's delivery and measurement of the Strategy for our Veterans and its associated Action Plan, published in January 2020. Individual departments remain responsible for delivering their services and support to veterans, working with their stakeholder communities, but the overarching policy leadership for veterans within Government is now being discharged from the OVA and Cabinet Office. In addition to ensuring the delivery of the Strategy for our Veterans by the UK Government the OVA will ensure that the Government tackles two challenges set by the Prime Minister at its inception:

A. changing perceptions about veterans in society and tackling negative stereotypes; and,

B. ensuring that veterans and their families know where to find information to support them; should they need help. There is already a lot of public-funded support available for veterans, from Government and local Government levels. The public consultation in 2019 on the Strategy for our Veterans revealed many individuals are not aware of this provision or find it complicated to navigate through.

3. The MOD remains responsible for the Armed Forces Covenant, supporting as it does both serving personnel, their families and veterans and their families. We recognise it is around the Covenant, as well as the delivery of statutory local services, that much support and delivery for veterans and the wider Armed Forces community pivots. The Covenant seeks to ensure no disadvantage as a result of military service and the MOD is leading legislation to further strengthen this is law. The OVA is distinguished from this in that whilst the Covenant commitment of no disadvantage remains the baseline for support and opportunity, part of what it has been asked to do consciously advantages veterans as a result of their service; this reflects a step change in the Government's approach to some policies and services. Examples include both a railcard for veterans and guaranteed Civil Service interviews.

OVA PROGRAMME

4. The OVA is building its full capacity and capability but is already delivering an extensive programme of work. This includes:

- Leading the delivery of the Veterans' Strategy Action Plan which was published in January. This sets out the initial steps to realise the ambition of making the UK the best place to be a Veteran. Major commitments included £5m for Armed Forces Champions in JobCentre Plus, new mental health services for the NHS, a campaign to change perceptions of veterans and plans to deliver new digital services for veterans, making it easier for them to access information and services from GOV.UK. These latter two are designed to tackle the Prime Minister's core purpose in creating the OVA.

- Supporting the Delivery of Manifesto & New Decade, New Approach Commitments. These include leading a programme aimed at making the Civil Service (and wider public sector) a great place to work for veterans, including the introduction of guaranteed interviews for veterans. It also includes supporting the delivery of a veterans' railcard and supporting the creation of a Veterans' Commissioner in Northern Ireland.

5. The OVA is exploring other facets of veterans support which may need improvement and opportunities to promote the Government's support for veterans, for example through the National Disability Strategy, Loneliness and Rough Sleeping strategies. It is also developing a research strategy for veterans, this will include funding a long running study by the King's Centre for Military Health Research which is the richest source of veteran data in the UK, capturing life outcomes (including health) for veterans. We are also setting up a new Veterans Advisory Board to provide an advisory and challenge role for the Government. The OVA is also developing a new strategic partnership with the charity sector to ensure this is a sustainable and resilient part of the veterans support system, able to complement the delivery of Government and statutory services.

WORKING WITH LOCAL GOVERNMENT & THE LGA: KEY QUESTIONS

- We recognise that many of the services veterans depend on are delivered through local Government - thank you for all you and your colleagues already do. Are there systematic issues (beyond financial) at a local level that the OVA could possibly assist whether directly or in concert with MHCLG?
- Are there existing local networks that should be the OVA's engagement point routinely with local Government? How can we work together to ensure all veterans know where to access services irrespective of who is leading their delivery? What are the examples of good practice?
- Some Local Authorities have a very proactive approach to veterans employment. Is there good practice you can share to help the Civil Service introduce its own employment schemes for veterans and how would we encourage all public sector employers to adopt such an approach?
- You are transforming the delivery of local services through technology and digital platforms. What opportunities are there to collaborate on this and can you share experience of good practice we can learn from at central government level?
- How can we fuse local health and wellbeing community services more effectively with NHS and third sector provision, creating a single, easily accessible pathway for veterans to use?

Damian Paterson,
Deputy Director, Office for Veterans' Affairs

Document is Restricted

Document is Restricted

Community Wellbeing Board

26 March 2020

Update on Housing and Social Care

Purpose of report

For information.

Summary

This report summarises current policy and improvement work to address the housing and social care priorities in the Community Wellbeing Board's 2019/20 work programme. Much of this work is steered jointly with the Environment, Economy, Housing and Transport (EEHT) Board and in close collaboration with the Association of Directors of Adult Social Services (ADASS) Housing Policy Network. As we look ahead to the 2020 Comprehensive Spending Review, this discussion is also an opportunity for Members to identify potential issues to reflect in our submission.

Recommendations

Members are invited to note the update offer any further steer on the Board's current work programme, particularly the actions outlined in paragraphs 9 and 16.

Actions

Officers to continue to progress the work outlined in the report and to take forward any further Member steer.

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Community Wellbeing Board

26 March 2020

Update on Housing and Social Care

Background

1. Following the housing and social care sessions at the 2019 National Adult and Children's Services Conference, Members requested an update on the Community Wellbeing Board's housing and social care work. As such, this report does not cover the role of housing in improving public health outcomes or tackling inequalities.

2. Housing is a key component of health and care and the foundation upon which people can achieve a positive quality of life. Affordable, suitably designed and accessible homes in the right places, with supporting infrastructure, can extend independent and safe living for older people, people with a disability and/or other long-term health needs. It can also help to reduce demand on social care and health services by supporting greater levels of independence in the community, preventing admissions to residential care and hospital and aiding discharges. For people in vulnerable circumstances, a safe home with personalised support to address practical and care needs, can help people to regain their independence.

3. Nationally, there is greater recognition about the role of housing in health and care as part of a wider focus on prevention. Health and wellbeing boards are increasingly integrating housing into their work. How this is achieved varies between places, not least to reflect district councils' responsibility for housing in two-tier areas, and the extent to which health partners are fully engaged.

4. In September 2019, Members agreed to work with the EEHT Board to:

    4.1. Support councils to provide high quality supported or adapted housing for vulnerable adults, people with a disability and older people.

    4.2. Make the case for a sustainably funded local oversight regime for supported housing.

    4.3. Support housing and social care directors to respond to Social Housing Regulator concerns about specialised supported housing.

5. The following government priorities will also shape the Board's work in 2020:

    5.1. The December 2019 Queen's Speech committed the government to publish a National Disability Strategy in 2020 that will set out plans to transform the lives of disabled people, covering housing, transport and education.

5.2. The Conservative Party's 2019 General Election Manifesto pledged to encourage innovative design and technology to make housing more affordable, accessible, and suitable for disabled people and an ageing population.

5.3. The 2020 Budget included funding to increase the number of affordable homes, funding for homelessness services and proposals to simplify the planning system.

6. This report updates on specific housing and care work streams, but it is integrated throughout the Board's policy and improvement work. For example, our work on the future funding of adult social care makes the case for the importance of housing in supporting people to live the lives they want to lead. The role of health and wellbeing boards in relation to housing features in our political leadership offer. Housing and care is also reflected in our work on loneliness, mental health and the Armed Forces.

Supported Housing

7. Supported housing brings together good quality build in the right locations with support for the needs of the individual, alongside help and care so they can live a fulfilling life with positive outcomes. There are different types of supported housing offering different levels of assistance across all tenures. This includes sheltered housing and extra care mainly for older people, specialised supported housing mainly for working age adults with learning disabilities, long-term mental health and/or other complex needs, hostels supporting homeless people and refuges for people who have experienced domestic abuse.

8. The supported housing sector has a mix of registered and unregistered providers and multiple finance arrangements and governance models. This can present challenges around quality and value for money. Difficulties defining housing and support costs have prompted numerous government supported housing reviews. In August 2018 the government announced that Housing Benefit would be kept in place for all types of supported housing. The government also pledged to develop a more robust oversight regime to improve quality and achieve better value for money.

9. **Community Wellbeing Board work focusses on the following areas and Members are invited to give any further steer:**

9.1. **Making the case for a sustainable supported housing funding model to ensure that councils can reduce homelessness and help older and other vulnerable people to live well.** Housing costs and care costs must both be adequately funded. This links to wider concerns about the sufficiency of Housing Benefit, welfare reform (led by the Resources Board) and social care funding.

9.2. Positioning councils to have the lead role in overseeing and ensuring supported housing is good quality, value for money and fits in with the wider

local services offered in places. This should be appropriately resourced and not overly prescriptive for councils or providers. We are also influencing the development of the government's national statement of expectation which well set out voluntary minimum standards for providers.

9.3. Supporting councils to respond to the Social Housing Regulator's concerns about the long-term financial viability of specialised supported housing funded through the lease-based model. With ADASS and NHSE/I, we have commissioned Housing LIN to produce an advice note for commissioners that aims to support decision-making, share good practice and inform our advocacy work going forward. The note will be published next month.

10. There is close alignment to the EEHT Board's work supporting councils to develop new approaches to working with developers and securing investment in housing supply. Demand for the different types of supported housing will vary between local areas and reflect local need. In particular, there is unmet demand in the extra care market from the growing older population and a need to encourage housing associations and other established providers back into the specialised supported housing market.

Accessible Housing

11. Timely home adaptations help to support older people and disabled people, their families and carers to manage wellbeing in the home, extending safe and independent living. Improving the accessibility of existing housing is a priority because over 80 per cent of the homes we will be living in by 2050 are already built[1]. 72 per cent of existing homes could be adapted to meet the four features of 'visitable' accessibility for people with a disability or accessibility needs.[2] Public Health England estimate a social return on investment in adaptations of £7.23 for every £1 spent[3].

12. Growth in the Private Rental Sector (PRS) means that more people are living in homes with less secure tenure and it can be difficult to secure the landlord's agreement to adaptations. One-third of disabled people in rented accommodation are living in unsuitable properties.[4] It is estimated that the number of households in the private rental sector (PRS) headed by someone aged over 64 will more than treble over next 25 – 30

[1] Boardman, B et al (2005) '40% House', Environmental Change Institute, University of Oxford, UK
[2] https://www.gov.uk/government/statistics/english-housing-survey-2014-to-2015-adaptations-and-accessibility-of-homes-report
[3] Public Health England (2018) Falls prevention: cost effective commissioning https://gov.uk/government/publications/falls-prevention-cost-effective-commissioning
[4] https://www.equalityhumanrights.com/en/publication-download/housing-and-disabled-people-britains-hidden-crisis

years (from around 450,000 now to over 1.5 million in 2046.[5]) The EEHT Board has commissioned research into activity being undertaken to improve the quality of the private rented sector and to understand the key challenges, including changing demographics. The final report and a practical toolkit for councils will be published this month.

13. The Disabled Facilities Grant (DFG) funds adapting existing stock in the private and rental sectors. It is allocated via the BCF Policy Framework and requires close working between housing authorities and social care authorities in two-tier areas. Government funding for the DFG has more than doubled, from £220 million in 2013/14 to over £500 million in 2020/21. In December 2018, a government commissioned independent review recommended simplifying the DFG process.[6] We expect the government to publish its response to the review in due course.

14. Adapting existing housing stock sits alongside a council's wider housing and planning role. New homes should be accessible or easily adaptable for people of all ages and needs. It is vital that national rules incentivise the building of accessible homes. The EEHT Board leads on work to support the increase in supply of new build accessible homes.

15. **Community Wellbeing Board work focusses on the following areas and Members are invited to give any further steer:**

    15.1. **Making the case for a significant scaling-up of funding for home adaptions** so that councils can upgrade existing housing and give people timely advice and access to funding where needed to adapt and repair their homes.

    15.2. **With Age UK and Care and Repair England, we will shortly launch a new publication on accessible housing** which shares steps councils can take to improve local approaches to home adaptations and support a more strategic use of DFG aligned to local integration outcomes.

    15.3. **Influencing the future of the DFG so that it meets increased demand and is easier to access for people in the PRS.** We continue to press government to adopt the DFG review's recommendations about simplifying the DFG process.

    15.4. Sharing examples about how councils are putting in place personalised interventions that enable older and disabled people to live in their homes for

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5 https://www.housinglin.org.uk/_assets/Resources/Housing/Support_materials/Other_reports_and_guidance/HAPPI-5-Rental-Housing.pdf

6 https://www.foundations.uk.com/dfg-adaptations/dfg-review/

longer, often in partnership with the voluntary and community sector. We will continue to do this working closely with Care and Repair England and Age UK.

15.5. **Supporting the Housing Made for Everyone coalition.** Organisations including Age UK, Centre for Ageing Better, Disability Rights UK and RIBA are calling for action to build homes fit for an ageing population and people with disabilities.

Safeguarding and Homelessness

16. Drawing upon feedback from four workshops, the LGA and ADASS are developing a briefing for councils about supporting people who experience multiple exclusion homelessness. For many of those who are street sleeping, homelessness is a long-term experience and associated with tri-morbidity (challenges arising from a combination of mental ill-health, physical ill-health and drug and/or alcohol misuse) and premature mortality.

17. A key message from the briefing is that multiple exclusion homelessness refers quite probably to people with care and support needs, who may well also be experiencing abuse and neglect (including self-neglect). Adult safeguarding responsibilities are therefore also engaged. The briefing will assist senior leaders, such as members of Adult Safeguarding Boards, as well as commissioners, practitioners and operational managers to support people who are at risk of experiencing abuse and neglect. This is a complex area of safeguarding adults' practice which requires an integrated whole system response around the person. The briefing will be published in March.

Economy, Environment, Housing and Transport (EEHT) Board

18. In addition to references already made to EEHT work, the Board is refreshing the 2016 Housing Commission report. This includes a chapter on 'putting housing at the heart of integrating health and care', which currently focusses on older people and reflects many of the issues covered in this report. The outcome of Members' discussion will inform updating the Housing Commission report, including to better reflect the housing needs of working age adults in vulnerable circumstances and/or with complex needs.

19. The EEHT Board also leads the Housing Adviser Programme. The 2019/20 programme is funding 19 projects, supporting more than 80 councils to meet their local housing need via direct grant funding through which councils can secure specialist expertise. A series of case studies from the 2018/19 projects are available on the LGA website and some of these explore the links between housing, care and health.

LGA / ADASS Care and Health Improvement Programme (CHIP)

20. In addition to providing direct advice and insight to councils on housing and social care, which in turn helps to shape the Board's policy work, housing is embedding across CHIP programmes, including:

20.1. Developing a supported housing self-assessment framework that will help councils to better understand local needs and market in order to strengthen commissioning.

20.2. Updating the High Impact Change Model so that it now includes a new change on the role of housing and related services in supporting timely hospital discharge and quality outcomes for people. This addition was promoted at four regional events alongside research on homelessness and discharge by the Institute for Health Research at King's College London.

20.3. Enabling councils to access additional expertise to develop and share innovative approaches to supported housing.

20.4. Developing 'top tips' for Directors of Social Services and Heads of Planning in relation to mutually beneficial ways of working to see sufficient appropriate housing development.

20.5. The support provided to councils and NHS partners around implementing the Better Care Fund includes discharge of the Disabled Facilities Grant.

20.6. In preparing to support local health and care systems to respond to Covid-19, the BCF support programme, delivered by CHIP, is mobilising expert peers to advise on the best use of housing and related services, as well as social care and community services, to support more people to be discharged from hospital safely and quickly and so free capacity in the acute sector to respond to the virus.

20.7. This includes new case studies on aspects of suicide prevention that councils identified as areas for further support which will shortly be available on the LGA's website.

Implications for Wales

21. Housing and social care are devolved policy matters.

Financial Implications

22. The LGA activities highlighted in this report can be delivered within existing resources.

Next steps

23. Members' steer will inform the continued work of the Community Wellbeing and EEHT Boards on shared policy priorities.

Community Wellbeing Board

26 March 2020

Workforce Team activity around the social care workforce

Purpose of report

For information.

Summary

This report summarises the work undertaken on the social care workforce over the last year by the Workforce Team under the oversight of the Resources Board. The work focuses largely on influencing other organisations because the main remit of the Workforce Team is around the directly employed workforce. Issues covered include the NHS People Plan, parity of esteem for the social care workforce, Brexit and apprenticeships.

Recommendations

Members of the Community Wellbeing Board to comment and note the update in the report.

Actions

Officers to action as directed by Members.

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Workforce Team activity around the social care workforce

Background

1. Officers supporting this board (CWB) and the Resources Board (RB) have been discussing the Boards' shared interest in the LGA's work relating to the social care workforce. This report provides a summary of activity undertaken by the Workforce Team this year and provides an opportunity for members to offer observations.

Overall LGA workforce programme

2. The main subject of the workforce team programme is the directly employed local government workforce, with a set of priorities set out in our recently published Workforce Focus document. While some of our targeted work relates to Social Workers, as most of the social care workforce is not directly employed, our efforts are mainly around working with partners to influence improvements in recruitment, training, rewards and standards. The team works closely with colleagues in the Care and Health Improvement Programme (CHIP) and the Association of Directors of Adult Social Services (ADASS) to take ideas forward.

3. The main areas of activity this year include:

    3.1. Health and care integration, including the development of the NHS People Plan

    3.2. Parity of esteem for the social care workforce with NHS

    3.3. Brexit and the social care workforce

    3.4. Collaboration with Skills for Care on various projects

    3.5. Apprenticeships

    3.6. Social Workers' recruitment and retention campaigns

The NHS People Plan

4. The NHS Long Term Plan (LTP) incorporated a workstream to develop a People Plan for the NHS. In June 2019 an Interim Plan was published and work continued to develop a full programme. The brief for the NHS People Plan has clearly been designed to focus on the NHS directly employed workforce rather than looking to all those who provide healthcare. While the NHS have been working to this agenda, DHSC has been reiterating its commitment to looking at the social care workforce while continually delaying any detailed discussion or publication of the repeatedly referenced Social Care green paper. Confusion between health and care are evident in the People Plan discussions, although the terms health and care are used almost interchangeably in documents, almost every initiative discussed is clearly focused on health employees alone.

5. One tangible illustration of the problem came in the pre-election Spending Review announcements where a £1,000 per head personal development fund for nurses did not include nurses employed outside the NHS in social care. The LGA made clear that this is inappropriate in an integrated system. After the election it became clear that although the plan will have several phases, the first published version will concentrate on NHS issues; for example, fulfilling the manifesto commitment to employ 50,000 more nurses.

6. The problem is clearly recognised by officials and there is no lack of goodwill to deal with it, but it will only be in the later phases of the NHS People Plan roll-out that we might get a clearer idea of any plans for social care. For the moment, there is a welcome willingness to involve the LGA (and other colleagues from the care sector, primarily Skills for Care) in the various working groups involved in developing the plan.

7. Officers will report back on developments in due course but in the meantime, a brief summary of the development of the plan is provided below.

8. The framework for delivery of the LTP set out the following priorities in relation to the NHS workforce:

    8.1. The interim NHS People Plan prioritised more staff working in the NHS and NHS-commissioned services over the next five years, both to address existing shortages and to deliver the improvements set out in the LTP.

    8.2. The NHS needs a broader range of people in different professions, working in different ways.

    8.3. It also needs a widescale set of cultural changes to build the diverse workforce that is required for a world-class 21st century healthcare system.

    8.4. The role of the NHS as a ‘system anchor’ includes improving access for marginalised groups to jobs offered by the NHS, promoting positive cultures, building a pipeline of compassionate and engaging leaders, and making the NHS an agile, inclusive and modern employer.

9. Workforce planning is central to overall NHS planning processes and should cover workforce growth and workforce transformation for all areas of NHS-funded care including primary care, community, mental health and acute services.

10. In line with the themes of the interim NHS People Plan, system plans set out specific actions to:

    10.1. Make the NHS the best place to work, including setting targets for BME representation across its leadership team and broader workforce by 2021/22, improving mental and physical health and wellbeing and enabling flexible working.

    10.2. Improve leadership culture, implementing system-wide processes for managing and supporting talent, and developing strategies to support all staff to work in compassionate and inclusive leadership cultures.

10.3. Change the workforce operating model by developing the capacity, capability, governance and ways of working.

11. Ensure 'more people, working differently', including:

10.4. the workforce growth planned for different groups;

10.5. actions to improve retention, international recruitment and maximise use of the Apprenticeship Levy;

10.6. system-wide action to improve workforce efficiency and release greater time for care, including changes in skill mix, new ways of working, better use of technology, and reductions in sickness absence.

12. The People Plan derived from these priorities is part of the overall implementation programme for the NHS Long Term Plan. The first phase of the work has been completed with the publication of the interim People Plan on 3 June 2019. Originally the NHS was tasked with publishing its full People Plan within two months of the end of the 2019/20 Spending Review. It is now proposed to be published concurrently with the Budget on 11 March 2020.

13. <u>People Plan Workstreams</u>
Feeding into the People Plan is an advisory group in which the LGA participates and several workstreams which we expect will form chapters or sections in the full People Plan.

14. <u>Professional workstreams</u>
Covering medical, nursing, AHPs, psychological professions, healthcare science, pharmacy and dental.

15. <u>LTP national service programmes</u>
Covering maternity, mental health, learning disability/autism, prevention, health inequalities and ageing well.

16. Beneath these are the eight workstreams which convene regular discussion meetings of a range of stakeholders. Most include some, albeit limited, social care participation.

16.1. Best place to work

16.2. Improving leadership

16.3. Urgent actions on nursing

16.4. Releasing time for care

16.5. Workforce redesign

16.6. Securing current & future supply

16.7. Analysis insight & affordability

16.8. New operating model

17. There are regular meetings of the various groups, many of which are attended by the LGA Workforce Team.

Parity of esteem of the social care workforce with the NHS

18. The core issue in discussions with Government and the NHS is the disadvantage of the social care workforce compared with the NHS in terms of basic conditions of employment and opportunities for workforce development. Inequality of esteem is also evident in public perceptions of the workforce and contributes to recruitment and retention difficulties.

19. As well as being potentially costly, it is challenging to address these issues because of the fragmented nature of the social care workforce with around 20,000 separate and independent employers. The social care market brings the advantages of competition, but some type of collective reform would need to be considered to produce widescale changes in pay levels for example.

20. Various fora coordinated by the DHSC and attended by LGA have discussed the issue of pay parity. It has been noted that in principle there is no difference in size and complexity between basic care worker jobs and NHS jobs at Agenda for Change (AfC) band 2 level. Leaving aside the point that pay levels above the statutory minimum are a matter for individual employers, there is a strong argument in an integrated health and care system that pay for similar jobs should be comparable to avoid a flow of workers from the care sector to the NHS exacerbating recruitment and retention issues in the social care sector that already exceed those in the NHS.

21. As at April 2019, the average pay rate for care workers was £8.10 per hour although this masks some regional variation with a rate of £8.50 in London and £7.93 in the North West. The starting rate for AfC band 2 is £9.03 with no regional variation. For council employed staff, the base of the NJC pay spine is £9.00 per hour; for outer London the rate is £10.71 and for inner London, £11.31.

22. Precise costings for adjusting social care rates to AfC rates (and adjusting higher up scales to preserve differentials) are difficult to work out but seem to run close to £1bn per year. As well as cost considerations, there would be many issues to consider about the mechanisms for making such an uplift.

23. As well as the competitiveness of pay with the NHS, there is an urgent need to consider how to pay for and manage the Government's policy for the National Living Wage. The latest rate is £8.72 per hour and the policy is to reach £10.50 by 2024, the policy is expressed as 66 per cent of median average earnings, which may well be more than £10.50 and is caveated by an 'economic performance' qualification. Although this has no immediate effect for direct local government employees, there is a cost impact in commissioned social care services both for this year and each subsequent year leading up to 2024.

24. Around 50 per cent of social care staff are paid at or near the NLW so an immediate increase in hourly rates is required. Costs are estimated as being around £200 million greater than if the normal (roughly inflation-based) formula for NLW increases had been used. The LGA Workforce Team is working with Skills for Care and others to understand the potential costs and of course this pressure is factored-in to discussions about the funding gap.

25. Pay in isolation does not capture the full breadth of reward discrepancy between social care and NHS workforces. While those directly employed by local authorities will have access to a high-quality pension scheme this is very rarely the case in the independent sector with the minimum provision being the best most workers in the sector can expect. Less quantifiably but a clear indicator of the lack of esteem parity between the two workforces is the provision of retail and other discounts that are provided to NHS workers (and sometimes Blue Light workforces) but rarely if ever to social care staff.

26. Beyond pay and benefits, investment in workforce development is at a far higher level in the NHS than in the social care provider community. The LGA has a longstanding view that Health Education England should take more responsibility for shared development programmes, and that Government should devolve more responsibility for funding to local levels as part of the general skills agenda.

Apprenticeships in Social Care and Social Work

27. Progress on using apprenticeships to tackle skills gaps in the social care workforce has been mixed in the two years since the Apprenticeship Levy was introduced. Local authorities have tended to be enthusiastic about the possibilities offered by apprenticeships in social care, with 72 per cent of respondents to the LGA's 2019 Apprenticeship Survey indicating they were actively using apprenticeships to tackle skills needs in social care and 98 per cent of respondents indicating their intention to use the Social Worker Degree Apprenticeship, finally approved by the Institute for Apprenticeships earlier this year. This latter qualification has not yet taken off, partially due to delays caused by a lack of clarity about the role of the 'Practice Educator' and whether local authorities intending to use their own staff to fulfil this role would have to register as an employer-provider on the government's Register of Apprenticeship Training Providers. After a significant delay, this issue has now been cleared up by the Employment and Skills Funding Agency, but this has led to delayed starts for some local authority programmes, particularly for councils in the South West and West Midlands.

28. There has been some evidence of collaboration, with 69 per cent of councils responding to our survey indicating they were working with other local authorities on social care apprenticeships (typically through developing joint cohorts of apprentices) and 28 per cent of councils indicating they were also collaborating with local NHS Trusts. Derbyshire County Council, for example, have developed a pilot programme for a Health and Social Care Talent Academy, which is a partnership across local authority, health and public, voluntary and independent (PVI) sectors.

29. Significant opportunities for more extensive use of social care apprenticeships are offered using the apprenticeship levy transfer, with employers permitted to transfer up to 25 per cent of their levy pots each year to other employers to pay for apprenticeship training. 56 per cent of local authorities are using or considering using their transfer

function, and 35 per cent indicated they would prioritise local social care providers as part of their programmes. The London Borough of Bexley, for example, completed their first transfers in Autumn 2018, and chose to prioritise transfers to local social care providers in their borough. Brighton and Hove, Cornwall, Kent and West Sussex have also included social care as one of their priority areas in their transfers policy.

30. A lack of standards is still a problem that is hampering further progress. While some key areas, such as Adult Care Worker and Lead Adult Care Worker were approved in summer 2016 and have been in use for some time, there were significant delays in getting the Social Worker Standard approved (eventually approved late 2018), while the Leader in Adult Care (Level 5) and Lead Practitioner in Adult Care (Level 4) standards remain in development with no indication of when they will finally be approved.

31. The LGA is working with local authorities to help them use apprenticeships more effectively in the development of their social care workforces. Our recent work has included:

    31.1. Developing the LGA Apprenticeships Mapping tool, which seeks to map appropriate apprenticeship standards to job roles within local authorities, including a section for social care teams;

    31.2. Developing career pathways for adults and children's services through our Apprenticeships Accelerator Programme (with Gloucestershire, Oxfordshire and the 12 local authorities in the North East);

    31.3. Carrying out a regional workforce analysis of adults and children's services across the 12 North East authorities via our Apprenticeships Accelerator Programme;

    31.4. Holding an Action Learning set for six local authorities that participated in the Apprenticeships Accelerator Programme (Birmingham, Dudley, Norfolk, Oxfordshire, Sunderland, Surrey) focused on social care, providing an opportunity to network, share best practice and work through problems and challenges in a group setting.

Collaboration with Skills for Care (SfC)

32. The LGA's Head of Workforce sits on SfC's advisory group and the two organisations seek to work together on projects. SfC's social care workforce data set is the main source of information on pay and other workforce issues and is quoted extensively in our material.

33. Over the last year, LGA and SfC collaborated on a major project to prepare analyses of the economic value added by social care services in each English region through contract spending, wages etc. This is important in providing a business case for investment in social care and arguing against the assumption that spending on social care is simply a net drain on public resources. A calculation tool was developed also to help compute the economic value added at individual local authority level. The reports can be found at: https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/Regional-reports/Regional-information.aspx

34. Currently the LGA is involved in the development of a SfC toolkit designed to develop approaches to improved productivity for social care employers.

35. For convenient reference, the key finding in the October 2019 SfC *State of the Adult Social Care Sector and Workforce* report are:

    35.1. The estimated turnover rate of directly employed staff working in the adult social care sector was 30.8 per cent, equivalent to approximately 440,000 leavers over the year.

    35.2. It is estimated that 7.8 per cent of the roles in adult social care are vacant, equal to approximately 122,000 vacancies at any time.

    35.3. Around a quarter of the workforce (24 per cent) were on a zero-hours contract (370,000 jobs). 43 per cent of the whole domiciliary care workforce (including registered nurses etc.) were on zero-hours contracts. This proportion was even higher for the lowest grade of care workers in domiciliary care services (58 per cent).

    35.4. The average number of sickness days was 4.8, this equates to approximately 6.94 million days lost to sickness in the past 12 months.

36. The majority (84 per cent) of the adult social care workforce were British, 8per cent (115,000 jobs) had an EU nationality and 9per cent (134,000 jobs) a non-EU nationality.

37. Care workers in the bottom 10per cent of the pay distribution benefitted the most from the introduction of the NLW (an increase of 9.4 per cent) whereas the pay for the top 40per cent of earners increased at a slower rate.

Brexit and the Social Care workforce

38. It is well documented that the social care workforce is vulnerable to the effects of both a reduction in the numbers of EU citizens moving to the UK and an increase in the numbers leaving. Figures based on the SfC national minimum dataset suggest that there are around 115,000 EU nationals, including Irish citizens, in the workforce (around 8 per cent). There are a similar number of vacancies in the workforce.

39. In the period following the referendum, the LGA, represented by the Workforce Team, has been an associate member of the Cavendish Coalition, an umbrella group of health and care employers researching and campaigning on the workforce effects of Brexit. Associate membership means that LGA does not take part in any campaigning; however there have been great advantages in informal involvement in research and policy discussions. Contacts arranged through the Coalition gave access to help and advice through webinars etc. for councils and other employers helping staff though the settled status scheme.

40. In the current phase of activity, the Coalition is liaising with the Migration Advisory Committee about post-Brexit migration policy. The Government has now announced its

intention to introduce an Australian-style points-based system and membership of the Coalition allows the LGA to contribute to policy development informally. Full information on the Government proposals can be found here.

41. The allocation of points is set out in the table below. 70 points will be required to gain entry.

Characteristics	Tradeable	Points
Offer of job by approved sponsor	No	20
Job at appropriate skill level	No	20
Speaks English at required level	No	10
Salary of £20,480 (minimum) – £23,039	Yes	0
Salary of £23,040 – £25,599	Yes	10
Salary of £25,600 or above	Yes	20
Job in a shortage occupation (as designated by the MAC)	Yes	20
Education qualification: PhD in subject relevant to the job	Yes	10
Education qualification: PhD in a STEM subject relevant to the job	Yes	20

45. The LGA had called for a system that provides more flexibility for different regions and sectors with domestic recruitment problems and reiterated this in a press release which stated:

"Reform of our immigration system provides an opportunity to try and tackle skills gaps and workforce challenges in specific sectors such as construction and social care.
Councils know their local communities and local economies best. Involving councils in the development of a new system would mean they can assess demand for skills locally, ensure it takes account of the varied needs of employers and help the Government achieve its ambition to level up all parts of the country.
Salary thresholds should be variable across sector and region, to reflect the needs of different employers, alongside a reformed and devolved skills and employment system to tackle the existing national skills shortages.
As a country we face significant skills challenges. The social care system faces one of the most serious challenges and any reforms need to ensure the social care workforce can be maintained."

46. It is worth noting that there are also 134,000 overseas nationals from a non-EU background in the workforce (some 9 per cent).

47. Medium-to-longer term adjustments for a focus on domestic labour supply will require considerable investment in training, recruitment and retention.

Social Work recruitment and retention

48. Following an earlier successful pilot, 2020 sees the launch of two programmes to support Social Workers to return to the sector. The LGA has been contracted by the Government Equalities Office (GEO) to run programmes to assist up to 200 individuals to return to social work. We will be running two return to social work programmes, one aimed at those who have been out of the profession for less than five years and one for those who have been out for 5-10 years. By February, the following progress had been made:

    48.1 Provider contract award made pending GEO approval

    48.2 Formal launch on 6 January 2020

    48.3 Paid for advertising and social media advertising commenced

    48.4 275+ actual applications

    48.5 890+ expressions of interest

    48.6 Just over half of candidates are aged 35-54

    48.7 84 per cent are female

49. In addition to the Return to Social Work programme, we are leading on the refresh of the Standards for employers of Social Workers which apply to local government, the NHS and the independent sectors. The work began in October to review the Standards and ensure that they are fit for purpose for 2020 and beyond. They are due to be launched on Social Work Day in March 2020.

50. The LGA Standards for employers of Social Workers apply to local government, the NHS as well as the PVI sector and guidance is being developed with DHSC, HEE and SfC for system leaders to support Social Workers in NHS Trusts and other agencies.

51. The NHS Long-Term Plan includes £4.5 billion new funding for expanded community multidisciplinary services, aligned with new primary care networks and working alongside social care, housing and the voluntary sector. It makes clear that no one sector, organisation or profession holds all the levers to facilitate change, or to produce a workforce sufficient to meet current need and future demand for mental health support.

52. Effective social work roles rely crucially on well organised partnerships with commitment to integrated care outcomes and this remains the cornerstone of national policy. In recent years integration has proved challenging to sustain within the pressures of delivering complex services, but lessons have been learned about build on about what works. Some of the realities highlighted are:

52.1 The significant pressure on the budgets of local authorities and clinical commissioning groups (CCGs) and the need to resource partnerships;

52.2 Legal changes such as the introduction of the Care Act and developments such as the Five-Year Forward View are increasing responsibilities for greater prevention and community wellbeing. In some cases, the old partnership arrangements are no longer fit for purpose;

52.3 Despite many positive experiences, partnership working is hampered by separate IT, assessment and performance systems. The experience of some professional groups has not always been positive;

52.4 Social Workers are highly valued in multidisciplinary teams, but often find barriers to the best use of their skills - especially those in the community, which is a key area for organisational development in the Long-Term Plan;

52.5 The presence of a diversity of approaches and ways of thinking in teams does not automatically lead to this richness being harnessed well in organisations. This is sometimes due to a dominant culture based on performance targets. There has been too little investment in the resources needed to establish the foundations for partnerships over the longer term, such as support for shared learning and teamwork;

52.6 Our models of multidisciplinary working need to evolve and highly-generic skill sets have proved a barrier to harnessing professional strengths and differences effectively within integrated systems Social Workers and Approved Mental Health Professionals employed in NHS services need effective support, supervision and progression as a regulated profession to achieve their full transformatory impact;

52.7 The NHS is increasingly directly employing Social Workers but it often does not have the structures consistently in place for these employees;

52.8 Integrated practice and leadership need stability but are often subject to considerable change based on different approaches of managers and the different pressures on organisations;

52.9 Any transformation involving partnerships needs to articulate what this means for roles, team working and the practical realities of care delivery in which support for the role of the middle manager is key.

Implications for Wales

52. As social care is largely a devolved matter, there are no direct implications for wales, although the Workforce Team as regular discussions with WLGA about coordinating views on matters of mutual interest.

Financial Implications

53. There are no quantifiable financial implications from this work at the present time. The Workforce Team will continue to monitor the potential developments over social care pay in relation to comparable jobs in the NHS which may have implications in the future.

Next steps

54. The Workforce Team will note any views and observations from this Board and discuss them with the Resources Board in due course as part of the development of the work programme. The team will continue to report periodically to this Board.

Community Wellbeing Board

26 March 2020

Leading Healthier Places 2020/21

Purpose of report

For information.

Summary

This paper outlines the current and proposed future activity of the Health and Wellbeing System Improvement offer. Community Wellbeing Board members are asked to consider if at this time there is any further support which would be welcome.

Recommendations

Community Wellbeing Board to note the updates contained in the report and provide any feedback

Actions

As directed by Members.

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Leading Healthier Places 2020/21

Background

1. Health and Wellbeing Boards (HWBs) are statutory forums where political, clinical, professional and community leaders from across the care and health system come together to improve the health and wellbeing of their local population and reduce health inequalities. They have been in place since 2013 and are a single point of continuity in a constantly shifting health and care landscape. Since their creation, the context in which HWBs operate has become more pressured and complex. They have had to deal with a rapidly changing health landscape, changing national priorities for health and wellbeing and an increase in the demand for health, social care and public health services due to demographic and financial pressures. This year, the LGA has produced 'what a difference a place makes', evidencing the positive impact HWBs are having.

Issues

2. Effective leadership of HWBs is crucial in ensuring that the political, clinical and community leadership of each place owns and supports the implementation of local plans for place-based and person-centred care and support to improve health and wellbeing outcomes and address health inequalities. The LGA, working with partners such as NHS Clinical Commissioners (NHSCC) and the Association of Directors of Public Health (ADPH) provides flexible Health and Wellbeing System Improvement support, which has continually adapted, and increased its impact over this time. This support is part of the wider Care and Health Improvement Programme run collaboratively with Association of Directors of Adult Social Services (ADASS).

3. Over the past five years we have supported HWBs in the following ways:

    3.1. 175 elected members and 50 GPs have participated in HWB residential Leadership Essentials programme, which also provides a gateway to access further support

    3.2. Annual summits for political and clinical leaders in care and health - in March 2019 we delivered our fifth, most positively evaluated and best attended summit

    3.3. Bespoke support to 25 HWBs or health and care systems in 2017/18, 26 in 2018/19, and 20 so far in 2019/20

    3.4. Over the past three years delivered 49 facilitated integration leadership workshops, which help health and local government leaders to identify the progress they have made and the challenges they face in moving to a person-centred and place-based system

    3.5. Delivered 18 new system-wide care and health peer challenges in the last three years

    3.6. Delivered over 55 prevention matters training days for elected members since autumn 2016

    3.7. Supported regional networks of political and clinical leaders e.g. Chairs Network in the West Midlands

3.8. Further improvement activity, including Health in All Policies peer support and When Worlds Collide workshops.

4. **Future activity: support offer 2020/21**

4.1. In December, Secretary of State for Health and Social Care Matt Hancock, referred to the "…need to make the 2020s a decade of prevention…" . HWBs are uniquely placed to set a long-term prevention vision for the place through their statutory basis, democratic accountability, roots into and knowledge of the local community and links to the wider determinants of health.

4.2. HWBs have a pivotal role in leading health improvement and prevention in the place and in tackling health inequalities and the population health agenda is an opportunity for HWB engagement with NHS Local Plans and Integrated Care Systems (ICSs).

4.3. The context for HWBs remains complex, challenging and changing. The greatest demand from HWBs for our bespoke support last year was re-assessing their role with a focus on the wider determinants of health and health inequalities.

4.4. This year we plan to focus our leadership support for HWBs, elected members and clinical leaders on prevention – "Leading Healthier Places"

4.5. We plan to continue to:

4.5.1. use our tried and tested methods and interventions

4.5.2. deliver most activity through tailored, flexible and responsive support to place

4.5.3. support ADPH regions.

4.6 We plan to develop an offer to address inclusive growth issues with a wider range of partners. This will draw on the explicit links between health and the local economy, their interdependence, and the actions that HWBs and partners can take to ensure that health and wellbeing are key considerations in local and regional economic development strategies, including the role of anchor institutions.

4.7 Outcomes: what we are trying to achieve:

4.7.1 HWBs engage effectively on population health with the ICS/STP at system level

4.7.2 HWBs lead on the wider determinants of health and create the opportunities to further health improvement and reduce health inequalities

4.7.3 HWBs work across boundaries with each other to improve their effectiveness/influence

4.7.4 The contribution of council's public health provision and influence on the wider system is recognised

Local Government Association

4.7.5. High performance in public health is supported.

4.8 Support for HWBs and place based political and clinical leaders - individual leadership:

4.8.1 Induction for new HWB Chairs, Vice Chairs and Lead members 16 June 2020

4.8.2 Leadership Essentials 2-day residential session in the Autumn

4.8.3 Prevention Matters – one day workshop for all council elected members on site (districts, group of councils)

4.8.4 Regional leadership networks – with NHS partners e.g. West Midlands.

4.9 Support for HWBs and other leadership partnerships:

4.9.1 Tailored support to HWBs to review their role in leading healthier places and engaging effectively with partners

4.9.2 "When Worlds Collide" workshops – facilitating greater mutual understanding between elected members and NHS colleagues

4.9.3 Prevention Matters/plus training sessions for elected members

4.9.4 Up to six system-wide care and health prevention peer challenges

4.9.5 Develop support around inclusive growth, wider determinants, health inequalities, community wealth and wellbeing linking with the devolution agenda and a wider range of partners

4.10 Support for prevention/public health building blocks:

4.10.1 Support the roll out of the public health self-assessment risk tool in ADPH regions

4.10.2 Peer training for Directors of Public Health through ADPH regional networks

4.10.3 Facilitated SLI workshops for ADPH regional networks

4.10.4 Support to 0-19 sub-regional commissioning networks

4.10.5 Mapping of tools to support implementation of 'Quality in Public Health – a shared responsibility' framework, and supporting roll out of the framework

4.10.6 Sharing learning on how to use the JSNA and innovative ways of developing it as the core document for managing population health.

5. **Considering Covid-19 developments, we will respond proactively and innovatively to the changing environment to ensure our support remains fit for purpose and accessible. This will consist of two key aspects:**

5.1. Innovatively providing support virtually e.g. webinars and sessions via Zoom, wherever possible

5.2. Developing support in 2020/21 responding to the emerging issues for HWBs in leading responses to Covid-19, for example sharing best practice

6. **Future Activity: how should the programme develop from 2020?**

6.1. This paper is seeking the views of Community Wellbeing Board members on how the support offer should develop from 2020 onwards:

6.1.1. How do you think the Leading Healthier Places support offer should develop over the coming years?

6.1.2. Do you have any personal experience and insights of the Leading Health Places support offer?

6.1.3. Is there anything missing from the programme?

Implications for Wales

7. Health and social care policy are devolved to the Welsh Assembly. Improvement work is provided directly by the WLGA.

Financial Implications

8. This work will be undertaken from within existing programme budgets, funded by the Department of Health and Social Care (DHSC).

Next steps

9. Community Wellbeing Board members are asked to note and provide any views to questions proposed in section 5.

Community Wellbeing Board

26 March 2020

Update on Other Board Business

Purpose of report

For information and comment.

Summary

Members to note the following updates:

Recommendations

Members of the Community Wellbeing Board are asked to:

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

2. **Note** the updates contained in the report.

Action

As directed by members.

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Local Government Association

Community Wellbeing Board

26 March 2020

Update on Other Board Business

Future of adult social care

1. On 6 March we launched a new publication, *Towards change, towards hope*, on the future of care and support as part of our wider green paper work, *The lives we want to lead*. The publication calls for a change in how we talk about social care, sets out revised figures on the short- and medium-term funding gap (£810 million in 2020/21 and £3.9 billion in 2024/25), calls for a much greater focus on prevention and wellbeing, proposes ways in which the NHS can support such a move, and sets out some principles that should underpin decision-making on reforms for how social care is paid for and funded. The publication has been very well received amongst partners and on social media – particularly by those organisations representing people who use care services and who are calling for a more positive vision for social care. They have praised the LGA's "leadership" of the debate and encouraged other organisations to follow our lead. Figures from 13 March show that the publication has been downloaded more than 450 times and has reached more than 14,500 people on Twitter alone. Given the enormous and understandable attention on Covid19, these are positive figures.

2. On the same day that our new publication launched, the Secretary of State for Health and Social Care posted a public letter on social media to all parliamentarians requesting views and opinions on reforming social care to commence a process of cross-party working. The letter state that 'structured talks' would then be held in May. In our response to the 2020 Budget we welcomed the Secretary of State's letter and set out our eagerness to be part of building cross-party consensus. The timescale for structured talks is now obviously subject to change given the priority of responding to Covid19.

Suicide Prevention

3. The Association of Directors of Public Health (ADPH), LGA, Public Health England (PHE) and the Department of Health and Social Care (DHSC) have worked together to develop a public mental health support offer, starting with suicide prevention from September 2019 to March 2020. The SLI programme is delivered in partnership by ADPH and LGA and is funded by £600,000 from DHSC.

4. Despite a delay with DHSC confirming funding, we are on course to achieve the year 1 deliverables, and have received positive feedback from councils on all elements of the programme:

    4.1. National: a series of tools, products and events to provide wider and easy access to the good practice and learning. This includes new case studies on aspects of suicide prevention that councils identified as areas for further support which will shortly be available on the LGA's website.

    4.2. Regional: a grant to support to build capacity for SLI activity that is targeting a larger number of local authorities who could further strengthen an already solid approach to suicide prevention with less intensive support

    4.3. Local: bespoke expert support that is helping a relatively small of number local authorities identifying as facing delivery challenges around suicide prevention.

5. Subject to DHSC confirmation, a similar amount of funding will be available in 2020/21. In line with Lead Members' steer, we are proposing year 2 further develops and allows more councils to benefit from the types of activity we delivered this year. In particular, further funding for the regions to build on and spread existing SLI activity and sustain improvement in the medium term, and extending the bespoke support offer in response to demand from councils and highly positive feedback in year 1.

6. There remains merit in moving upstream to public mental health SLI offer at the first given opportunity, and therefore it is proposed year 2 should include scoping a public mental health SLI offer in depth, with the timescales allowing ample opportunity to do so thoroughly. In year 3 and beyond, the SLI activity will broaden out to public mental health.

Overnight sleep-in shifts in social care

7. Members are aware that we intervened on behalf of councils in an ongoing case which centres on the issue of whether sleep-in workers are only entitled to the minimum wage when they are awake for the purposes of working. Last month, the Supreme Court heard a Unison-led appeal challenging the Court of Appeal ruling which found in favour of the charity Mencap. It could be some time before the final judgement is handed down. We will keep you updated with any developments.

Supported Housing

8. We are continuing to support councils who have raised concerns with us about the treatment of Specialist Supported Housing in the Housing Benefit Regulations. We are identifying the extent to which councils are affected and assisting their efforts to engage DWP and MHCLG.