

# Community Wellbeing Board

Agenda

Wednesday, 2 December 2020  
11.00 am

Virtual meeting

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

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## LGA Community Wellbeing Board

2 December 2020

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There will be a meeting of the Community Wellbeing Board at **11.00 am on Wednesday, 2 December 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.

<b>Conservative:</b>	Group Office: 020 7664 3223	email: <a href="mailto:lgaconservatives@local.gov.uk">lgaconservatives@local.gov.uk</a>
<b>Labour:</b>	Group Office: 020 7664 3263	email: <a href="mailto:Martha.Lauchlan@local.gov.uk">Martha.Lauchlan@local.gov.uk</a>
<b>Independent:</b>	Group Office: 020 7664 3224	email: <a href="mailto:independent.grouplga@local.gov.uk">independent.grouplga@local.gov.uk</a>
<b>Liberal Democrat:</b>	Group Office: 020 7664 3235	email: <a href="mailto:libdem@local.gov.uk">libdem@local.gov.uk</a>

### **LGA Contact:**

Amy Haldane  
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### **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

## Community Wellbeing Board – Membership 2020/2021

Councillor	Authority
<b>Conservative ( 7 )</b>	
Ian Hudspeth (Chairman)	Oxfordshire County Council
David Fothergill	Somerset County Council
Adrian Hardman	Worcestershire County Council
Colin Noble	Suffolk County Council
Jonathan Owen	East Riding of Yorkshire Council
Judith Wallace	North Tyneside Council
Sue Woolley	Lincolnshire County Council
<b>Substitutes</b>	
David Coppinger	Windsor & Maidenhead Royal Borough
Wayne Fitzgerald	Peterborough City Council
Arnold Saunders	Salford City Council
<b>Labour ( 7 )</b>	
Paulette Hamilton (Vice-Chair)	Birmingham City Council
Louise Gittins	Cheshire West and Chester Council
Shabir Pandor	Kirklees Metropolitan Council
Natasa Pantelic	Slough Borough Council
Arooj Shah	Oldham Metropolitan Borough Council
Amy Cross	Blackpool Council
Denise Scott-McDonald	Royal Borough of Greenwich
<b>Substitutes</b>	
Mohammed Iqbal	Pendle Borough Council
Joanne Harding	Trafford Metropolitan Borough Council
Bob Cook	Stockton-on-Tees Borough Council
<b>Liberal Democrat ( 2 )</b>	
Richard Kemp CBE (Deputy Chair)	Liverpool City Council
Doreen Huddart	Newcastle upon Tyne City Council
<b>Substitutes</b>	
Rob Rotchell	Cornwall Council
<b>Independent ( 2 )</b>	
Claire Wright (Deputy Chair)	Devon County Council
Neil Burden	Cornwall Council
<b>Substitutes</b>	
David Beaman	Waverley Borough Council
Tim Hodgson	Solihull Metropolitan Borough Council
Rosemary Sexton	Solihull Metropolitan Borough Council

## Agenda

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### Community Wellbeing Board

Wednesday 2 December 2020

11.00 am

Virtual meeting

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Item	Page
<b>1. Welcome, declarations of interest and terms of reference</b>	
<b>2. Covid-19 Update</b>	
Guest speaker: Susan Hopkins (Interim Interim Chief Medical Advisor)	
Report to follow in a supplemental agenda	
<b>3. Update from the Chairman</b>	
Verbal update from Cllr James Jamieson, Chairman of the LGA.	
<b>4. Health Devolution</b>	1 - 8
Verbal update from Alyson Morley, Senior Adviser, following the Joint Health Devolution meeting held for lead members of the Community Wellbeing Board, City Regions Board and People and Places Board on Thursday 26 November 2020.	
<b>5. Joining up Care - our work with the NHSX</b>	9 - 22
<b>6. Outside Bodies, Equalities and Diversity champion appointment</b>	
To follow in the supplemental agenda.	
<b>7. Other Board Update Paper</b>	23 - 30

8. **LGA Business plan**

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9. **Decisions and actions from the previous meeting**

To follow in a supplemental agenda.

10. **Any other business**

**Date of Next Meeting:** Thursday, 4 February 2021, 11.00 am



## Health Devolution

### Purpose of report

For information.

### Summary

This report sets out other updates relevant to the Board, and not included elsewhere.

### Recommendations

Members of the Community Wellbeing Board are asked to:

1. **Note** officers verbal update on the Joint Board Health Devolution meeting held on Thursday 26 November 2020
2. **Note** the updates contained in the report.

### Action

As directed by members.

**Contact officer:** Alyson Morley  
**Position:** Senior Adviser  
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### **Purpose of paper**

This paper:

1. provides the context for the LGA's current policy position on devolution
2. identifies what's changed in the wider policy landscape in relation to the specific area of health devolution since 2016
3. summarises the current agreed policy messages on health devolution
4. provides a basis for the Lead Members of the City Regions, Community Wellbeing and People and Places Boards to ensure that our policy messages on health devolution and the wider devolution
5. recommends that Lead Members of the three Boards identify and agree any further action on this issue.

### **Background and introduction**

6. The LGA Community Wellbeing Board has taken the policy lead on health devolution since 2015, when the then Government gave strong support to devolution, including health devolution, but it did not try to precisely define health devolution. The reality of the much heralded devolution of health did not match the expectations of local government in either coverage or extent of transfer of power and resources from national to local leaders.
7. The LGA is clear that health devolution is not an end in itself. It is a means of securing local freedom, responsibility and accountability to achieve improved health and wellbeing outcomes, better health and care services and better use of resources. It has also been seen as a key driver for the integration of health, social care and wellbeing care and support. The LGA has a long-standing commitment to moving the integration of health and social care from marginal activity to the main way of planning and providing services.
8. The principles that inform the LGA's approach to integration are consistent with our views on health devolution. It requires leaders to rise above organisational interests and boundaries in order to identify what will have the most beneficial impact on the health and wellbeing of individuals and populations. It also means giving people more control over health and social care resources - maintaining people's abilities, capacities and independence and working with them as equal partners to achieve the outcomes that are important to them.
9. In order to achieve this, we will ensure that integration leads to resources being shared to prevent ill health and promote physical, mental, emotional and economic wellbeing, in order to improve lives, close health inequalities and reduce the financial and social costs of illness, isolation, dependence and premature death.
10. We believe that there is no one model of health devolution and all areas should develop their own solutions. In practice though, this has led to different understandings of what health devolution is being adopted by different organisations. Some of the following arrangements have been described as devolution:



<b>Model</b>	<b>Definition</b>
Seat at the table	<p>No legal change, or organisational restructuring.</p> <p>Decisions about a function are taken by the function holder but with input from another body.</p> <p>Accountability and responsibility for function remains with original function holder (including budgetary responsibility and funding for overspends).</p>
Co-commissioning or joint decision making	<p>Two or more bodies with separate functions come together to make decisions together on each other's functions.</p> <p>Accountability and responsibility for function remains with original function holder (including budgetary responsibility and funding for overspends).</p>
Delegated commissioning arrangements	<p>Function is delegated to another body.</p> <p>Decision-making and budget rest with the delegate.</p> <p>Accountability and responsibility for function remains with original function holder (including budgetary responsibility and funding for overspends).</p>
Fully devolved commissioning	<p>Function is taken away and given to another legal body on a permanent basis (meaning responsibility, liability, decision-making, budgets and everything else to do with that function) e.g. under a s.105A order.</p> <p>Accountability and responsibility for those functions transfers to the new 'owner' (including budgetary responsibility and funding for overspends) who will be accountable to the relevant national body for the function in question.</p>

11. Around half of the 38 devolution bids proposed to the HMT in 2015 included an element of health and social care devolution. The successful health devolution bids are listed below:

Greater Manchester	February 2015 MoU with NHSE and July 2015 MoU with PHE	Devolved budget for health and social care of £6 billion with the support of 10 councils, 12 CCGs, 15 NHS and foundation trusts, NHSE and PHE
Cornwall	July 2015	Produce a business plan for the full integration of health and care services
North East Combined Authority	October 2015	Commitment to report the recommendations of a commission for health and social care integration for the North of England by summer 2016
West Midlands	November 2015	Focus on integrating mental health services

Liverpool City Region	November 2015	Commitment to further discussions on health and care devolution
London	December 2015	Five health pilots announced focusing on prevention, integration and estates
Surrey Heartlands ICS	November 2017	Surrey CC and Surrey Heartlands CCG deal with NHSEI to improve health and wellbeing

12. The health devolution bids are a mixture of local integration, regional integration and true devolution. The experience so far suggests that bids start with enormous ambition but this is scaled back once deals are implemented. In February 2016 the LGA published a report which drew early lessons from Greater Manchester on the opportunities and challenges of health devolution:

<https://www.local.gov.uk/sites/default/files/documents/charting-progress-health--d30.pdf>

13. Since 2017, apart from GM, there has been little movement on the existing health devolution deals or any new proposals coming forward. We have learned from the experience of the 'health devo' areas and a number of reports on health devolution by IPPR and DevoConnect is that the what is called health devolution, in most areas, has simply been delegation to a more local level of some NHSE functions. Furthermore, the experience of the existing health devolution areas suggests that there has been little transfer of decision-making or resources, with NHSE ultimately retaining responsibility for key decisions.
14. There still exist substantially differing views between local government and the NHS and at national and local level on what constitutes health devolution – usually with local government wanting more power and freedom over resources and decision-making transferred to local or regional bodies than the NHS is willing to agree to. The creation of 44 STPs and the subsequent ambition of the NHS Long Term Plan that by 2021 all STPs will have developed into integrated care systems, responsible for transformation and performance, is seen by NHSEI as the main vehicle for health devolution. But it remains to be seen whether this actually constitutes devolution as local government understands it, or whether it is simply the localisation of some of the functions of NHSE, with NHSE still firmly in control.

### **What's changed in the wider policy landscape?**

15. Since the government announced the first devolution deal with Greater Manchester in 2014, 11 areas have had devolution deals confirmed, nine of which are now Mayoral Combined Authorities (MCAs). The LGA has consistently advocated for greater powers, funding and responsibilities to be transferred from central to local government, and since the announcement of a devolution white paper in 2019, work has gone into refreshing and strengthening the LGA's position and lines on devolution. The LGA's position on devolution is built around four elements: establishing an English devolution baseline; expanding the focus of devolution beyond economic growth to encompass wider priorities for public service reform; making the case for greater fiscal devolution; and, asserting the constitutional position of English councils within the context of a strengthened United Kingdom. Alongside these elements are a series of agreed principles, which will be used to shape the LGA's response to the white paper. These

are: that devolution deals should be locally led, with no one-size-fits-all approach; that devolution deals should leave nothing off the table; that devolution must be backed by adequate resources; that individual devolution deals must form part of a new push towards localisation, and that English councils must have a stronger voice on the national stage.

16. This much-anticipated white paper on devolution, has now been further delayed. Having first been expected in June 2020, it now seems unlikely that the white paper will be published until spring 2021. Early indications suggest it will continue to focus on the devolution of powers aligned to promotion of growth, within the context of local economic recovery. While this delay has resulted in less clarity around the government's current agenda for devolution, it has not entirely halted the process with plans for an East Yorkshire devolution deal worth £1.6bn proceeding.
17. This delay also gives a further opportunity for the LGA and other interested stakeholders to revisit current positions on devolution, and shape new lines on areas such as health devolution, which have thus far been less of a focus of the broader national discussions around devolution. It is also an opportunity to look at those areas that have had some responsibility for health devolved to them as part of their devolution deal, how this has worked for these areas, and to look ahead to areas that might be interested in having aspects of health devolved to them in future devolution deals.
18. The starting point for this work will be to consider how devolution can be turned 'right side up' to better focus on locally determined outcomes rather than deals driven by the priorities of Whitehall departments with councils given the powers to convene public agencies and defragment national funding streams to deliver these.
19. Some areas had expressed an interest in health devolution when agreeing their devolution deal: most notably, from Tees Valley Combined Authority to run health services for in Teesside, Darlington and Hartlepool and from the Liverpool City Region who expressed interest in developing proposals for health devolution. It is not clear if or how these ambitions will be taken forward in the absence of the devolution white paper.
20. In parallel, the NHS making swift progress on implementing its own version of devolution within the NHS and potentially extending to adult social care and public health functions. In implementing the NHS Long Term Plan, the 44 STPs and ICSs will assume responsibility for performance and transformation of the NHS organisations within their system. NHSEI and the other national NHS arms-length bodies will increasingly look to system leaders to take a practical leadership role in how the system operates, and only go directly to individual NHS organisations where necessary. As to whether this will lead to formal devolution of authority and resources akin to the Greater Manchester health devolution, there is no evidence to suggest that NHSEI supports this approach for other ICSs. However, this 'system by default' approach is also being interpreted as the NHS's main driver of health devolution (in their terms).
21. The LGA has welcomed the shift to integrated care systems as a vehicle to drive to improvements in health and care services and health and wellbeing outcomes. However, not all of the 44 ICS footprints are not co-terminus with combined authorities, which raises the question of whether health devolution can be aligned with the combined authority strategies for improving health and wellbeing and reducing health inequalities. There is a danger that approaches to health devolution and more general devolution may diverge because of the continuing delay in the devolution white paper will lead to a twin

track approach in which the NHS leads health devolution under ICS leadership and the local government leads all other devolution.

### **Community Wellbeing Board policy position on health devolution**

22. There is no one model or governance that is right for every area, and where health and local government leaders agree that greater local freedom and flexibility is needed, it is for the area to develop its own proposals. However, there are common principles and values which need to underpin all health devolution agreements. First and foremost, decisions should be taken as close as possible to the communities they affect. Our support for subsidiarity in health and wellbeing is consistent with the LGA's wider policy on English devolution: that is, that decisions should be taken as close as possible to the communities affected by them.
23. Local government and the NHS do not always share a common understanding and narrative on health devolution. The LGA continue to work with national partners to build a common understanding of the importance of devolving real power and resources as close as is appropriate to local communities. We will also work with partners to ensure that notions of devolution within the NHS and local government are consistent with each other and have subsidiarity as a founding principle.
24. We will continue to work with NHSEI, DHSC and MHCLG to ensure ICSs fully understand the importance of local government involvement in devolved decision-making structures for health and care. Furthermore, ICSs and STPs must be accountable to local places through council overview and scrutiny and HWBs.
25. The decision to propose health devolution is one for councils to make in partnership with their health partners and in consultation with their communities. There is no one model of governance for health devolution that is right for all areas, and where greater accountability is needed, it is for council and NHS leaders to determine their own arrangements for governance.
26. There is potential for ICS's to be genuine strategic partnerships between councils, the NHS and other sectors to address common health and wellbeing challenges and a key vehicle for devolution of health. We will work with national partners and local councils to identify the vital components that all ICSs need to have in order to achieve genuine health devolution.
27. The CWB also has agreed specific policy lines on various aspects of NHS Reform that are relevant to our policy position on health devolution. They are summarised below.
28. **On ICSs** - We support a joined-up approach to improving population health, health and care services and use of resources. Many ICS leaders strongly underline our message that local government leaders need to be at the heart of ICS leadership, in order to achieve their objectives of improving health, improving health and care support, and addressing inequalities.
29. Some also fully support our message that most action and planning needs to be taken by place and led by health and wellbeing boards (HWBs) as the place-based forum where political, clinical and community leaders come together to drive local priorities for health improvement and addressing health inequalities.
30. But there is a risk that national priorities of NHSE (eg getting on track with elective care, bringing health institutions to financial balance etc) will dominate the resources and focus of ICSs. Also, some ICSs are still strongly focused on the NHS, rather than the wider

health and wellbeing of their populations. They will struggle to make an impact on population health improvement and addressing health inequalities unless they have a wider and more inclusive approach.

31. **On merger of CCGs** - Phase 3 of the NHS LTP restates the expectation that CCGs will merge onto the ICS footprint. This one-size-fits all approach is not appropriate for all areas. Some ICS and local government leaders support this as providing a more strategic and coherent approach to commissioning. However, many are concerned that commissioning health on this level cannot reflect the needs of specific places within a system, and will create a barrier to joining up adult social care, public health and health commissioning within place.
32. All decisions about the merger of CCGs should be taken in partnership with councils and in particular HWBs. CCGs that do merge onto a larger footprint need to ensure that they are able to maintain the good relationships and partnership working they have developed with councils in place. CCGs that merge onto a larger footprint will need to ensure that they are able to contribute to the HWB, as the only place-based partnership for political, clinical and community leadership.
33. **On NHS Reform** - We support the broad objectives of the NHS Reform Bill to remove barriers to collaborative working between NHS institutions and across the NHS and the wider system, including adult social care, public health and the voluntary and community sector. However, the reforms need to strengthen and build on the components of the NHS Act that have been successful. They need to strengthen and embed a place-based approach, led by HWBs. There is a danger that putting ICSs on a statutory footing will bypass and undermine place-based integration, led by HWBs.
34. ICSs need to be accountable and inclusive of local place-based leaders, whether or not they are put on a statutory footing. Also, having a solitary local authority representative on an ICS board is not sufficient to ensure full local authority involvement, especially in areas where the ICS footprints spans several councils.
35. The approach of 'system by default' with ICSs being responsible for the performance and transformation of health and care systems, needs to be balanced by an equal focus on place. We propose a 'place by default approach' with systems only responsible for what cannot be planned or delivered at place level.
36. **Our proposals on legal reforms** - Build on and strengthen the role of HWBs by introducing a new reciprocal "duty of collaboration to improve population health and address health inequalities" on all NHS organisations and local authorities.
37. Require ICS to ensure meaningful involvement and an equal partnership with local government, with a 'place by default' approach.
38. ICSs required to involve local government and HWBs in the development of plans. This goes further than sign off of final plans and involves early and ongoing engagement in the development of plans. Furthermore, ICS plans to devolve the development of place or locality plans to HWBs, based on JSNAs and joint health and wellbeing strategies.
39. CCGs to continue to have a strong place-based focus. In larger CCGs, for the CCG to ensure that they play a strong and proactive role in HWBs.
40. ICSs need to be accountable to their local communities. This accountability should operate through existing democratic processes – the council, the HWB and health overview and scrutiny days.
41. Give HWBs a statutory duty of 'sign off' and veto on all ICS plans. The benefit of this would be a statutory duty on ICSs to involve HWBs in the sign off process. The risk

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would be that this would simply be HWBs rubber-stamping ICS plans that have been developed without their involvement. It may dominate HWB business to focus solely on ICS plans, which do not address wider health improvement and health inequalities strategies, or take a health in all policies approach. It may also mean that HWBs are subject to NHSE assurance and improvement processes. We will need to work closely with NHSE and DHSC to ensure that this statutory duty is meaningful and HWBs are properly supported to carry out this new duty.

### **Next steps on health devolution**

42. CR, CWB and P&P Lead Members are requested to:

- 42.1. discuss the current agreed policy lines (above) on health devolution and to agree whether they need to be amended or reframed to respond to the devolution white paper.
- 42.2. ensure that our developing lines on health devolution remain aligned to our more general policy position on English devolution, and as part of the current work on the 'devolution menu'.
- 42.3. work with NHSEI, DHSC and MHCLG to ensure that as far as possible, there is alignment at national level between devolution policy for local government and the NHS
- 42.4. support any areas that have ambitions for health devolution and to identify and promote good practice on health devolution.

## Joining Up Care Programme Update

### Purpose of report

For direction.

### Summary

This report follows on from the previous introduction to the new joint programme between NHSX, the LGA and ADASS called Joining Up Care and provides Member's with an update on progress in key areas.

### Recommendations

Members of the board are asked:

1. to consider the update above and provide any comments, feedback or steer;
2. to consider and endorse the narrative (**annex B**) and co-leadership principles (**annex C**), subject to any feedback and comments.

### Action

Officers will engage with the Board in line with their decisions and recommendations.

<b>Contact officer:</b>	Jamie Cross / Hannah Gill
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## Joining Up Care Programme Update

### Background

1. As Members will now be aware, NHSX are working in partnership with the LGA and ADASS on a new joint initiative called Joining Up Care.
2. Joining Up Care aims to break down the barriers between health and care through the improved use of technology and data. The initial focus is to support people to stay well, maintain their independence and wellbeing, and to access health and care services from home, including people who live in care homes.
3. It brings together new initiatives and existing programmes of work to ensure:
  - 3.1. All care providers have the basic technology infrastructure needed to deliver effective care;
  - 3.2. NHS and local authorities can deliver remote health and care services for people with long term conditions or people with social care needs and can support people make the best use of technology to manage their own health and care and support the role of informal carers where appropriate; and
  - 3.3. National and local organisations work together to create the environment for a fully integrated health and care system that enables information to flow between services.
4. There are three workstreams:
  - 4.1. **Connecting care providers:** Improve the health and well-being of people who use services and care home residents by providing better care and support through better connectivity and the delivery of remote health and care services where beneficial
  - 4.2. **Supporting people at home:** Supporting people to stay well and to help them access and receive health and care services from home and to manage their own health and care where they can alongside their informal support networks.
  - 4.3. **Sharing care records:** Supporting local plans for accelerating and creating shared records across care and health, to drive better and more linked up care of the person and to identify and address population health needs.
5. Members received an introduction to Joining Up Care at the October Board meeting and asked for regular engagement opportunities to provide political direction.

### Programme Update

6. Since the first update, many of the projects and programmes that make up Joining Up Care have progressed significantly.



#### 6.1. Connecting Care Providers

- 6.1.1. The roll out of iPads to Care Homes progresses with 10,706 iPads having been allocated to 9,333 care homes. This will allow care providers to access remote health assessments this winter and help to keep loved ones in touch.
- 6.1.2. The Data Security and Protection Toolkit has been simplified and is waiting for approval before being published, with a support offer for care providers available through the Better Security Better Care programme. This will help to ensure that care providers are keeping their residents' data safely and securely.
- 6.1.3. Guidance has been published for care homes to implement proxy access for reordering medication and further access to information in the GP record. This will allow registered care staff to more quickly reorder medications on behalf of residents.

#### 6.2. Supporting People at Home

- 6.2.1. The regional scale plans for remote monitoring tools for COVID are progressing and the Innovation Collaborative has been launched. This will lead to increased use of remote monitoring as a mechanism to monitor COVID symptoms at home.

#### 6.3. Sharing Care Records

- 6.3.1. The programme is now being set up to take the place of the previous Local Health and Care Records programme. This pulls together and builds on the work done previously.
- 6.3.2. The analysis of each Integrated Care System's plan for a shared care record is taking place with confirmation of the national delivery trajectory to follow. Both of which will allow for better shared care information to improve the care people receive.

- 6.4. Most of this work is understandably Covid-related and focussed on short-term initiatives over Winter, indeed some are part of the Adult Social Care Winter Plan. These are also very much aimed at ensuring that people receiving social care, particularly in care homes, can continue to get the health services they need. Alongside support for delivery of this critical short-term work, we are also working hard to establish a longer term partnership approach that recognises the fuller range of social care digital challenges and opportunities and recognises the need for support to people living independently as well as to informal carers.

A full update can be found in [Annex A](#).

7. There are also several initiatives taking place at the Joining Up Care partnership level to ensure our joint work is delivered with health and social care leading as equal partners in this complex environment.

#### **Narrative**

8. Members will recall that one of the initial challenges was developing a single unified narrative that brings together the strategic aims of this partnership. Plenty of work has

now taken place to create a cohesive one-page narrative which can be used by all partners to talk about what Joining Up Care is and why it matters.

9. This is a working document at present as other partners continue to contribute and refine. A copy of the most recent version is attached in **Annex B**.

### **Regional Health and Care Co-Leadership**

10. Another key challenge was how we ensure that these partnerships are successful at the local, regional and national levels of the large and complex health and care system. Colleagues have begun to build consensus towards the idea that we will all need to coordinate, engage, communicate and support each other within the large and complex system that is health and care.
11. In particular this will involve facilitating the involvement of senior leaders from across the health and care system. This has local (e.g. council/CCG), sub-regional (e.g. STP/ICS), regional (e.g. NHS and Local Government) and national dimensions in addition to leadership interests in NHSx, NHSEI, local government and social care provider bodies, and all are important to making this work.
12. A key element of this will be developing an approach to regional co-leadership across health and care. This is particularly important for local government and ADASS where the regions are strong, but rely on voluntary coalitions of councils and Directors of Adult Social Services working together to support mutual interests and programmes. There is already a lot of work going on at regional level across many projects and programmes which will need to be understood. LGA colleagues have begun to have conversations with regional leads to understand how partnerships between national, regional and local teams can best be facilitated.
13. Before that work begins the LGA and ADASS have been pushing for a set of co-developed principles by which all partners can use to underpin our partnership approach to regional co-leadership for the future.
14. There are plenty of other more practical considerations that we will all need to identify and understand as we move forwards including, but not limited to, the differences in regional geography, varying roles and structures across the country, and existing co-led initiatives and projects which have their own set-ups. However, the purpose of these principles is to be a starting block for building consensus towards the right principles which we can all get behind and to discuss some of the other activities and considerations which are relevant to the conversation.
15. The working principles are attached in **Annex C**.

### **Spending Review/ Post March 2021**

16. Finally, so much of this work relies on the outcome of the spending review, which at the time of writing has not yet been announced.
17. Funding for Joining Up Care post-March has been included in several Comprehensive Spending Review bids, but depending on the outcome, there may be an internal negotiation process within NHSX to prioritise funding for projects and programmes.

18. LGA colleagues will play a key role in influencing the outcome of this in order to maintain the focus on partnership working and improved health and care outcomes to people.

#### **Implications for Wales**

19. No specific implications for Wales.

#### **Financial Implications**

20. Joining Up Care remains primarily funded by NHSX. The outcomes of the Spending Review (bids totalling c£940m for FY 2021-24) will have a huge implication on the ability to deliver this ambitious programme of work.
21. The outcome of the SR will also have an implication on the LGA's continued ability to commit resources to the partnership.

#### **Next steps**

22. Members of the board are asked:
  - to consider the update above and provide any comments, feedback or steer;
  - to consider and endorse the narrative (**annex B**) and co-leadership principles (**annex C**), subject to any feedback and comments.
23. Officers will engage with the Board in line with their decisions and recommendations.

**Annex A – JUC Project/ Programme Updates**

	<b>Project Title</b>	<b>Project Outcome Ambition</b>	<b>Update</b>
<b>Connecting Care Providers</b>	Devices for Care Homes (short-term for winter)	Care homes will have access to tablet devices to support remote health consultations and enable contacts with friends and families.	The roll out of iPads to Care Homes progresses with 10706 iPads having been allocated to 9333 care homes. A full roll out is expected during the second week of Dec.
	Care Provider Connectivity (strategic, longer-term)	Care homes who want to upgrade broadband/ Wi-Fi do so with co-ordinated discounted deals.	NHSDigital have published a discovery into the barriers to connectivity for care providers and quick wins will be taken forward for the remainder of this FY.
	Care Provider IG & Cyber Compliance (strategic, longer-term)	There are increased levels of compliance with data security and IG, following simplification of guidance.	The Data Security and Protection Toolkit (DSPT) has been simplified and is waiting for approval before being published, with a support offer for care providers available through the Better Security Better Care programme.
	NHS Mail and Care365 (short-term for winter)	NHSmail / secure email in use by 80% of care homes by March 2021, with increased uptake of MS teams and Microsoft Tools.	Over 2/3 of care homes and 1/3 of care providers have been connected to NHSmail however this will be dependent on meeting DSPT standards longer-term.
	<b>Access to Information</b>		
	<a href="#">GP Connect</a> (strategic, longer-term)	Care providers can access GP records (read only) for the people in their care via GP Connect website.	Conversations continue with system suppliers to enable the display of GP record within their systems to appropriate care provider staff.
Carer proxy access (short-term for winter)	Care staff have proxy access to medication re-ordering, and GP record access.	Guidance has been published for care homes to implement proxy access for reordering medication and further access to information in the GP record. Funding to support local roll out available.	

<p><a href="#">Summary Care Record</a> (short-term for winter)</p>	<p>Care providers can access GP records (read only) for the people in their care, via the Summary Care Record mobile application.</p>	<p>Consideration of an extension of the Summary Care Record mobile application private beta for use on the NHSX managed iPads but this is still subject to internal approvals.</p>
<p>Digital Social Care Records</p>	<p>Care providers in deprived areas will have access to reduced rates for implementation of digital care management systems.</p> <p>A list of common interoperability standards for Digital Social Care Records published.</p> <p>An assured list of digital care management systems suppliers will be available for care providers to use and have access to buyers guidance to support care providers' decisions.</p>	<p>Procurement for the second phase of user research is ongoing which will help to define the user requirements and the core capabilities of a digital social care record.</p> <p>The Standards and Interoperability work is progressing with a procurement process to commission this work package.</p> <p>Engagement with suppliers continues, as does the development of the scope, assessment criteria, contractual terms and procurement documentations to support the launch of the DPS.</p>

Supporting People at Home	Regional Scale Plans for Remote monitoring (short-term for winter)	Remote monitoring of health in homes and care settings, tested across all regions and covering people with particular long-term conditions.	All regions have developed a scale plan for remote monitoring and are progressing. The Innovation Collaborative has been launched.
	Outpatient transformation (medium-term)	Outpatient transformation for ophthalmology and other digital pathways implemented regionally for particular conditions.	Joint work to implement image sharing and enhanced referral technology across primary and secondary care progresses.  Standards and procurement framework to be launched in Nov, alongside the publication of five playbooks.
	Scaling Social Care Tech (strategic, longer-term)	A national strategy for scaling the use of technology in social care.  A taxonomy to identify tech that solves particular problems.  A procurement framework that supports local authority investment in care tech.  Sharing local guidance and good practice.	Currently tendering for new research into the current use and effectiveness of technologies and the barriers to adoption and scalability.
	Digitally Connected Households (strategic, longer-term)	The needs of housebound population and ways to support them digitally are understood, with local exemplars leading innovation in home settings for health and care. Plus, associated maturity model.  Digital innovations that support self-care for different health and care	Project paused.

		issues are categorised by the type of tech platform, the level of evidence of benefit to resident, and evidence of reducing health and care inequalities.	
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Sharing Care Records	Shared Care Record roll out	<p>Each Integrated Care System area and Sustainability and Transformation Partnership area has a plan for sharing care records which is aligned with a strategy and accompanied by architecture.</p> <p>Clear guidance and support for building or buying sharing solutions with associated delivery plan and support for unblocking local procurement issues.</p>	<p>The programme is now being set up to take the place of the previous Local Health and Care Records programme.</p> <p>The analysis of each Integrated Care System's plan for a shared care record is taking place with confirmation of the national delivery trajectory to follow.</p>
	Strategic use of linked health & care data	Strategic delivery plans for Shared Care Records which include how data can be used strategically for health and care outcomes, and for population health management and research.	No update.
	Standards (medium-term)	Mapped standards for sharing records with analysis for any changes that need to be made.	No update
	Simplified Information Governance (short-term for winter)	Legislative environment reviewed with simplified information governance across health and social care.	NHSX has launched a new online Information Governance (IG) portal which showcases clear and consistent IG guidance and advice for IG professionals, service users, patients and health and care staff - empowering them to use and share information appropriately to support care.
	Digital Community Services Interoperability	Digital transformation challenges for community services and providers, and options for solutions.	No update



## **Annex B – Joining Up Care Draft Narrative**

24. Joining Up Care will help break down the barriers between health and care through the improved use of technology and data. The initial focus is to support people to stay well, maintain their independence and wellbeing, and to access health and care services from home, including for people in care homes.
25. Joining Up Care is a partnership initiative between NHSX, the Local Government Association and Association of Directors of Adult Social Services, and involves a wide range of stakeholders. These partnerships will ensure our work is delivered with health and social care as equal partners.
26. It brings together new initiatives and existing programmes of work to ensure:
  - 26.1. All care providers have the basic technology infrastructure needed to deliver effective care;
  - 26.2. NHS and local authorities can deliver remote health and care services for people with long term conditions or people with social care needs and can support people make the best use of technology to manage their own health and care and support the role of informal carers;
  - 26.3. National and local organisations work together to create the environment for a fully integrated health and care system that enables information to flow between services.
27. Covid-19 has seen a sharp acceleration in the uptake of digital services across the NHS and social care sector to reduce the spread of the virus while continuing to deliver care. Remote consultations and remote vital signs monitoring have helped to avoid unnecessary appointments or reduce hospital stays.
28. However, the pandemic has also highlighted the long-term lack of investment in technology infrastructure for social care and the need for greater focus on skills and digitisation, to both support the sector and to enable health and social care services to work more closely together.
29. Joining Up Care will support NHSX's wider ambitions to digitise, connect, and transform the health and care system, and will support the Government's adult social care reform plans.
30. There are three workstreams:
  - 30.1. **Connecting care providers:** Improve the health and well being of service users and care home residents through better connectivity and the delivery of remote health and care services
  - 30.2. **Supporting people at home:** Supporting people to stay well and to help them access and receive health and care services from home and to manage their own health and care where they can alongside their informal support networks.

- 30.3. **Sharing care records:** Implementing records across care providers and accelerating sharing of care records, to drive better care and population health.
31. These are supported by enabling work on:
- Digital skills for the care workforce
  - Standards
  - Information governance
  - What good looks like
32. The initial focus of these workstreams is on in-year activity to respond to the needs identified during the pandemic and to support preparations for winter. But our aims are not easy, and they will not be achieved overnight. Joining Up Care will take a multi-year view to support the investment, business change and cultural change required to achieve our outcomes.
33. We are working closely with the Department of Health and Social Care and NHS England/ Improvement to align this work with ministerial priorities and other complementary programmes of work such as NHS@home and Enhanced Health in Care Homes.

### **Annex C – Principles for Regional Health and Care Co-Leadership**

34. The following draft principles are a starter for ten and have been put together following conversations with partners and facilitated meetings with regional colleagues.

- a) Improving Lives – We exist to improve people’s lives and will keep that at the forefront of all we do
- b) Co-Leadership – development and delivery of projects and programmes will be co-led by national and regional health and care leaders
- c) Parity – health and care leaders will be afforded parity of esteem
- d) Inclusion – technology is an enabler which supports delivery of health and care, hence we will involve an appropriate range of service interests to ensure effective planning and delivery.
- e) Unity – We will work to create a unified narrative that is owned and promoted by all partners which can be used consistently across initiatives
- f) Subsidiarity - change happens locally hence we will ensure regional and national work supports local delivery.
- g) Early and throughout – we will ensure we engage early and throughout planning and delivery
- h) Resources – we accept co-leadership needs resources and will build this into planning assumptions
- i) Difference – One-size won’t fit all regions, so will be pragmatic in supporting what works for different locations; we won’t let geography get in the way
- j) Pressures – we all work under service and operational pressures that mean we can’t always engage everyone all the time on everything. We recognise that. (NB this is not a get-out from all the above!)



## Update on other board business

### Purpose of report

For information.

### Summary

This report sets out other updates relevant to the Board, and not included elsewhere.

#### 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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## **Update on other board business**

### **DHSC Autism Strategy and Implementation Plan**

1. The publication of DHSC's new all ages autism strategy and implementation plan has been delayed until February 2021, because of COVID-19 capacity pressures for government and other partners. This also means it can take into account the Spending Review. LGA and ADASS officers are meeting DHSC officials on 26 November to discuss local government engagement and will report back to Lead Members. LGA and ADASS are represented on the Autism Executive Group, which is advising DHSC on the strategy and implementation plan.

### **Dementia**

2. LGA officers continue to attend the national dementia programme board check in meetings. These were established when the Prime Minister's Dementia Challenge work was put on hold because of COVID-19. They are focussed on information sharing and in particular updating members about ongoing research. A update on the national dementia action plan and Prime Minister's Challenge will be presented at the next check in meeting in December. We will inform CWB members of the outcome/next steps.

### **Mental Health**

3. Since the last Board, we have:
  - 3.1 Commissioned Centre for Mental Health to develop practical tools for councillors to support them lead whole family/household approaches to good mental health, through the lens of 14 to 25 year olds.
  - 3.2 Updated the LGA / ADPH COVID-19 public mental health and loneliness practical advice notes for councils.
  - 3.3 Held a successful mental health plenary at NCASC with contributions from Centre for Mental Health and the Association of Mental Health Providers.
  - 3.4 Supported a PHE prevention and promotion webinar as part of a wider collaborative approach to public mental health.
  - 3.5 Continue to support PHE to refresh the Prevention Concordat for public mental health.
  - 3.6 Supported improved partnership working between councils and health partners as part of the Care and Health Improvement Programme's focus on statutory mental health services. Including securing better council engagement in STP/ICS community mental health transformation plans.

**Learning Disabilities**

4. PHE has published a [report](#) setting out that that people with learning disabilities had a death up to 6 times higher from COVID-19 during the first wave of the pandemic than the general population. People with learning disabilities were more likely than the general population to experience health inequalities before the pandemic. The LGA's Transforming Care team works closely with ADSSS and Learning Disability England to support councils' role with health partners tackling the health inequalities faced by people with learning disabilities and their families and carers.

**Loneliness**

5. We continue to influence Government's plans to drive forward its National Loneliness Strategy, including through our membership of the Local Place Task and Finish Group. As part of this, we shared the Community Wellbeing Board's policy lines and asks on loneliness:
  - 5.1 Government should recognise through core funding to local government, the cost-effective contribution of council provided, and commissioned services and interventions towards tackling loneliness and social isolation
  - 5.2 Government should invest in a Prevention Transformation Fund. Investment in locally-led and funded prevention, including initiatives that address loneliness and social isolation, leads to good outcomes for people and places.
  - 5.3 Approaches to tackling loneliness should be locally led and any further government funding should be devolved to local partnerships that bring together councils, the voluntary and community sector and other relevant partners.
  - 5.4 In order to deliver a robust recovery from COVID-19 that reaches everyone, we need to acknowledge and respond to health and social inequalities.
  - 5.5 We need recurrent local funding for children and adult services to invest in effective mental health services to meet existing, new and unmet demand that has built up during the pandemic.
  - 5.6 Government should provide councils with additional funding of £500 million to invest in supporting social prescribing facilities, including leisure centres and libraries which support community activities that help to connect communities and address loneliness.
  - 5.7 Government should introduce a local, flexible £500 million Green Parks Fund to help councils deliver small scale initiatives, such as Playbuilder Plus and quality parks, with a £450 million capital element and an ongoing revenue commitment of around £50 million.
  - 5.8 Tackling loneliness via arts and culture can have a significant cost-saving in the public sector.
  - 5.9 Councils must be further supported with promoting digital connectivity.

**Health reform**

6. After Covid-19 led to a pause in the implementation of the NHS Long Term Plan, in the past six weeks, there has been significant activity on health and care system reform. In particular, progress towards all Sustainability and Transformation

Partnership becoming Integrated Care Systems by April 2021 has been restarted. We are also anticipating that the NHS Reform Bill, which fell when Parliament paused before the General Election in December, will be reintroduced in 2021. These developments required the LGA to agree clear policy messages, which were agreed by the CWB Chairman and the Lead Members. The LGA's policy messages on various aspect of health reform are summarised below for your information.

### **LGA proposals on system reform**

7. **Build on and strengthen existing assets**, for example introducing a new reciprocal “**duty of collaboration to improve population health and address health inequalities**” on all NHS organisations and local authorities.
8. **Strengthen the role of HWBs as leaders of place** – and for the Government to support this by formally recognising them as the forum where political, clinical, managerial and community leaders drive forward a shared vision and strategy for improving health and wellbeing outcomes.
9. **HWBs to have a statutory duty of ‘sign off’ and veto on all ICS plans**. The Government and NHS will need to work closely with local government to ensure that this statutory duty is meaningful and that HWBs are properly supported to carry out this new duty. This goes further than sign off of final plans and involves early and ongoing engagement in the development of plans. Furthermore, ICS plans to devolve the development of place or locality plans to HWBs, based on JSNAs and joint health and wellbeing strategies.
10. **Require ICSs to ensure meaningful involvement and an equal partnership** with local government, with a ‘place by default’ approach.
11. **CCGs to continue to have a strong place-based focus**. In larger CCGs, for the CCG to ensure that they play a strong and proactive role in HWBs.
12. **ICSs must be accountable to their local communities**. This accountability should operate through existing democratic processes – the council, the HWB and health overview and scrutiny committees.

### **On the forthcoming NHS bill**

13. We support the broad objectives of the NHS Reform Bill to remove barriers to collaborative working between NHS institutions and across the NHS and the wider system, including adult social care, public health and the voluntary and community sector.
14. However, the reforms need to strengthen and build on the components of the NHS Act that have been successful. They need to strengthen and embed a place-based approach, led by HWBs. There is a danger that putting ICSs on a statutory footing will bypass and undermine place-based integration, led by HWBs.
15. ICSs need to be accountable and inclusive of local place-based leaders. Having a solitary local authority representative on an ICS board is not sufficient to ensure full local authority involvement, especially in areas where the ICS footprint spans several councils.



16. The approach of 'system by default' with ICSs being responsible for the performance and transformation of health and care systems, needs to be balanced by an equal focus on place. We propose a 'place by default approach' with systems only responsible for what cannot be planned or delivered at place level.

#### **On all STPs becoming ICSs by April 2021**

17. We support a joined-up approach to improving population health, health and care services and use of resources. Many ICS leaders strongly underline our message that local government leaders need to be at the forefront of ICS leadership, in order to achieve their objectives of improving health outcomes, improving services, and addressing inequalities.
18. Many also support our message that most action and planning needs to be taken by place and led by HWBs as the place-based forum where political, clinical, professional and community leaders come together to drive local priorities for health improvement and addressing health inequalities.
19. There is a risk that national priorities of NHSE (eg getting on track with elective care, bringing health institutions to financial balance etc) will dominate the resources and focus of ICSs. Also, some ICSs are still strongly focused on the NHS, rather than improving population health. They will struggle to make an impact on population health improvement and health inequalities unless they have a wider and more inclusive approach.

#### **On merger of CCGs to ICS footprints**

20. Phase 3 of the NHS LTP restates the expectation that CCGs will merge onto the ICS footprint. In some areas, the merger of CCGs provides a more strategic and coherent approach to commissioning. But in other areas the ICS footprint is simply too large to reflect the needs of specific places within a system, and will create a barrier to joining up adult social care, public health and health commissioning within place.
21. This one-size-fits all approach is not appropriate. All decisions about the merger of CCGs should be taken in partnership with councils and in particular HWBs.
22. CCGs that do merge onto a larger footprint need to ensure that they are able to maintain the good relationships and partnership working they have developed with councils in place.

#### **General LGA policy lines on local decision-making and integration**

23. We support joining up care and support to improve health outcomes. In June 2019, and in collaboration with NHS Confed, NHS Providers, NHS Clinical commissioners, ADASS and ADPH, we developed joint principles for effective integrated working. These still hold true and are consistent with our principles for adult social care reform. It is important to recognise that integration is not an end in itself but a means to deliver better health and wellbeing outcomes through effective, streamlined and coordinated care and support. Whether working at national, regional, system, place or neighbourhood level, effective partnership working on health, care and wellbeing should have the following elements:

- 23.1 collaborative leadership
- 23.2 subsidiarity - decision-making as close to communities as possible
- 23.3 building on existing, successful local arrangements
- 23.4 a person-centred and co-productive approach
- 23.5 a preventative, assets-based and population-health management approach
- 23.6 achieving best value.

### **Test, Trace and Outbreak Management**

- 24. Cllr Ian Hudspeth attended the Local Outbreak Plan Advisory Board on 20 November and will be joining all future meetings to better link the Community Wellbeing Board to these discussions. At the meeting a presentation was received from Jeanelle de Gruchy, President of the Association of Directors of Public Health, outlining proposals for a public health sector-led improvement offer developed and delivered jointly between LGA, ADPH and SOLACE. Members were broadly supportive, with some feedback given as to how best to pitch the programme as a supportive and development approach.
- 25. Dr Carolyn Wilkins OBE, Contain SRO of NHS Test & Trace, gave an update on recent progress. Most of which has since been in the Prime Ministers announcement on 23 November. She did confirm that the Joint Biosecurity Centre were working on what the criteria for each tier should be and that consideration about what support would be needed was ongoing, particularly looking into the contain management fund and those authorities that went into a very high local alert level ahead of national lockdown.
- 26. We were also joined by Cllr Abi Brown, Leader of Stoke-on-Trent Council, who gave a presentation on the Lateral Flow Testing trial they have been undertaking and Anne-Marie Pickup, Head of Local Testing at NHS Test and Trace, joined the discussion on how this was progressing.

### **ADASS, LGA and Skills for Care joint national workforce strategy**

- 27. COVID 19 has greatly amplified the view that the health and care system is reliant on a skilled and sustainable social care workforce and that partner organisations need to work together to support recovery and reform.
- 28. In June this year, at a joint ADASS, LGA, Skills for Care workforce event, the three organisations put forward a proposal to work collaboratively on five priority areas to better support the social care workforce in these unprecedented times. It was acknowledged that each organisation would continue to progress other areas of

support outside of these five priorities and commensurate with their individual roles, however they would work jointly to help councils to support the workforce in relation to:

- 28.1 Strategic workforce planning
  - 28.2 Growing and developing the workforce to meet future demand
  - 28.3 Enhancing the use of technology
  - 28.4 Supporting wellbeing and positive mental health
  - 28.5 Building and enhancing social justice, equality, diversity and inclusion in the workforce.
29. The priorities were shared with councils, DHSC workforce leads and provider representatives before being signed off by each partner organisation. Feedback has been positive with regions welcoming the framework and support that the national strategy brings.
30. A joint implementation group was set up comprising representatives from the LGA, ADASS Workforce Network and Skills for Care regional leads. The group have developed a narrative to set the priorities in context, a communication strategy and a draft implementation plan, which is being used to facilitate further engagement with councils, nation and local partners.
31. Implementation work has progressed in several of the priority areas over the past six months. For example the Care and Health Improvement Programme (CHIP) and LGA Workforce team are supporting the NE region to develop a strategic workforce plan, building on learning from plans developed in the NW and SW regions; a workforce modelling and capacity planning project is underway in the SW and NW regions; and CHIP sit with Skills for Care on a national steering group to bring together organisations working to support the wellbeing and positive mental health of the social care workforce.
32. A series of regional events is being planned for the end of the year / early 2021 to give councils and partners an opportunity to input to the implementation plan and to ensure that it properly reflects regional strategies, to identify good practice and also any gaps in terms of the collective support on offer.



## **Business plan 2019-22 - 2020 review and update**

### **Purpose of report**

For information.

### **Summary**

In October 2019, following a series of consultations and discussions, the LGA Board approved a new 3-year [business](#) plan, built around the United Nations sustainable development goals and comprising:

- six policy priorities with supporting targets
- a Supporting Councils priority with associated improvement targets and
- our internal/operational plan

Whilst the six policy priorities agreed at the time continue to reflect the sector's priorities, LGA Board resolved at their September meeting to add one additional priority – "*Narrowing inequalities and protecting communities*" – to reflect events over the past 8 months and the range of actions arising from them.

The business plan has now been revised and updated to include the additional priority and is attached at **Appendix 1**. It will be published as an interactive PDF with the design as in the current plan.

### **Recommendation**

That the Community Wellbeing Board note the 2020/21 update of the 3-year business plan as the basis for work programmes over the coming months.

### **Action**

The updated plan will be published on the LGA website

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# LGA business plan 2019-2022

## 2020 update

### Introduction

#### 2020 introduction to LGA Business Plan 2019-2022

Every day councils make a difference, delivering essential services that improve the lives of millions. The COVID-19 pandemic has demonstrated the value of local leadership like never before, by providing much-needed support to people, businesses and communities that have protected lives and livelihoods.

We know that residents trust their councillors, as democratically elected leaders, to make the right decisions for them and their families, now and in the future. The Local Government Association's (LGA's) polling shows that [73 per cent of residents trust their local council](#) to make decisions about how services are provided in their local area.

These services assist vulnerable people, support the homeless into safe accommodation, deliver new homes, give children and young people with the best start in life, providing dignified care for vulnerable people, help local businesses, and combat climate change. Just a few of the everyday examples of councils supporting our nation where they need it most.

As we look forward, there is an important opportunity to address the inequalities the pandemic has exposed and that have remained entrenched for too long, to connect with people's identities and sense of community, and to rebuild the economy so that it benefits all of our residents.

It is therefore vital that we support councils to ensure they are equipped to meet the challenges we face today, are empowered to innovate and create services that are tailored to their localities, and are resilient to navigate what the future may bring.

This updated business plan sets out how the LGA will continue to support and be an advocate for councils. Our priorities have been reviewed and reshaped this year, to recognise the uncertainties facing local government and us as your membership body. We recognise that we will need to remain flexible, shifting our focus as the need arises.

Through our [#CouncilsCan](#) campaign we will make the case for a new settlement for English local government that gives councils and councillors the powers, freedoms, certainty and sustainable funding to transform our communities for the better.

Promoting the value of local government and supporting councils in their roles as community leaders remains our central mission. Alongside the challenges that a global pandemic brings, we

are moving into a critical period for local public services. This could include a three-year Spending Review, greater devolution of powers to local areas, significant planning reforms and the opportunity to make the case for a long-term settlement for social care. We will continue to be flexible, promoting councils' priorities on emerging issues such as new measures to coincide with the end of the EU transition period and on proposed changes to areas that are delivered locally, such as public health.

Our lobbying work will always centre around the things you tell us are important to you, as we work with government and Parliament to ensure that councils' ambitions for our communities are reflected in national decision-making. Through our sector-led improvement work, we have further developed our offer to provide councils with the support to assist the challenges of COVID-19 and its consequences while working closely with the Government on priority issues. We will continue to offer a helping hand to councils as they improve, innovate and seek to demonstrate their resilience now and into the future.

This business plan sets out the priorities that councillors and officers have told us you want us to focus on. It will be continually reviewed and tested out with our membership to ensure we are always providing the best possible support to councils.

**Councillor James Jamieson**  
**Chairman**

**Mark Lloyd**  
**Chief Executive**



## Working for councils

The LGA is the national membership body for local authorities. Our core membership is made up of English councils and Welsh councils through the Welsh LGA.

We are politically-led and cross-party and we work on behalf of councils to give local government a strong, credible voice with national government.

We aim to influence and set the political agenda on the issues that matter to councils so they can deliver local solutions to national problems. We fight local government’s corner, supporting councils through challenging times and focusing our efforts where we can have real impact.

We also provide membership services to other organisations through our associate scheme, including fire and rescue authorities, national parks authorities, town councils, police & crime commissioners and elected mayors of combined authorities.

### Our vision for local government

*Our vision for local government is one of a vibrant local democracy, where powers from Westminster are devolved to local areas, and citizens have a meaningful vote and real reason to participate in civic and community life.*

*A return to economic growth offers prosperity to every place, with well-targeted and planned investment in infrastructure, training and housing that leads to jobs and a supply of affordable homes.*

*Public services focus on preventing problems as well as picking up the pieces, delivering positive outcomes for people of all ages in an environmentally sustainable way. Joined up services are built around people and their needs, enhancing the lives of individuals, families and communities and continuing to make local areas better places to live now and for future generations.*

## Our purpose and priorities

Our work on behalf of local government falls under two overarching themes

**National voice of local government** – we campaign to influence the political agenda and secure funding and powers on behalf of councils and we promote and defend the reputation of the sector

**Supporting councils** - we support councils continuously to improve and innovate through our programme of practical peer-based support underpinned by strong local leadership, through our support for collective legal actions and through our service delivery partnerships.

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**Our business** – underpinning our work on behalf of councils is an efficient, cost effective and forward-thinking business; we are politically led, committed to equalities and diversity and we aim to operate in an environmentally and financially sustainable way.

Our three-year rolling business plan sets out our key priorities and commitments and demonstrates how our work will contribute to the delivery of the UN’s Sustainable Development Goals (SDGs).

# The national voice of local government

*We lobby and campaign to influence the political agenda and secure funding and powers on behalf of councils and we promote and defend the reputation of the sector*

*Over the next 12 months we will focus on the seven areas that councils tell us matter most to them:*

## **Funding for local government**

Fair and sustainable funding enables councils to plan and deliver essential public services beyond the short term, to raise more funds locally and to promote greater collective working across local public services.

## **Adult social care, health and wellbeing**

Sustainable funding and better integration with health services enable councils to continue to support people to live safe, healthy, active, independent lives and to promote wellbeing and resilience for all ages.

## **Narrowing inequalities and protecting communities**

Councils lead and work with diverse communities and partners to address inequalities and build safe, cohesive and resilient communities.

## **Places to live and work**

Councils lead the way in driving inclusive and sustainable economic recovery, building the homes that people need and creating places where they want to live.

## **Children, education and schools**

Councils have the powers and resources they need to bring partners together to deliver inclusive and high-quality education, help children and young people to fulfil their potential and offer lifelong learning opportunities for all.

## **Strong local democracy**

A refocus on local democratic leadership, and a shift in power post-Brexit from Whitehall to local communities, leads to greater diversity of elected representatives, high standards of conduct and strong, flexible local governance.

## **Sustainability and climate action**

Councils take the lead in driving urgent actions in their local areas to combat climate change and its impacts and to deliver zero net carbon by 2030.

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## 17 Goals to Transform Our World

The Sustainable Development Goals are a call for action by all countries – poor, rich and middle-income – to promote prosperity while protecting the planet.

They recognize that ending poverty must go hand-in-hand with strategies that build economic growth and address a range of social needs including education, health, social protection, and job opportunities, while tackling climate change and environmental protection.



**SUSTAINABLE DEVELOPMENT GOALS**

## Funding for local government

*Fair and sustainable funding enables councils to plan and deliver essential public services beyond the short term, to raise more funds locally and to promote greater collective working across local public services.*

### **CAMPAIGN - #CouncilsCan**

*With the right funding and powers, councils can continue to lead their local areas, improve residents' lives, reduce demand for public services and save money for the taxpayer.*

#### **The benefits to the country of investing in local government are clear and understood – we will:**

- continue to highlight the pressures on all services and press for funding that reflects current and future demand, particularly for housing, homelessness, adult social care and children's services
- lobby Central Government to fully meet all costs and income losses arising from COVID-19 in 2020/21 and beyond
- continue to emphasise and evidence the impact, value and efficiency of local government services
- work with central and local government to identify a wider range of suitable and sustainable funding sources for council services in the future
- work with local and central government on a distribution mechanism for local government funding that supports long-term planning, is evidence-based, simpler and more transparent with appropriate transition mechanisms.

#### **People have a meaningful local voice on a wide range of tax and spending decisions – we will:**

- press for freedoms that lead to greater local financial autonomy with a view to achieving local control over both council tax and business rates
- lobby for improvements to business rates to help tackle business rates avoidance and develop proposals to improve the system, including valuation and the appeals process
- press for legislation to allow councils to raise more funds locally including new local taxes and set fees and changes which fully recover costs.

#### **Councils are able to access a range of sources of finance to encourage investment and create jobs, supported by an appropriate financial framework – we will:**

- further develop policy on capital financing and investing and contribute to national reviews in these areas so that they support and enable prudent investment and financial management
- contribute to reviews of the accounting and financial regulatory framework for councils to ensure it is appropriate, not over restrictive and balanced with local freedom and accountability
- support the United Kingdom Municipal Bonds Agency to deliver cheaper debt financing to councils, through the sale of bonds in the capital markets.

#### **Fair and affordable pay awards enable councils to recruit and retain good staff – we will:**

- convene the employer side of the collective bargaining arrangements to agree equitable and affordable pay awards for more than two million local authority and related employees, including fire and rescue authorities.
- provide evidence to the schoolteachers' pay review body and Low Pay Commission in relation to the National Living Wage.

## Adult social care, health and wellbeing

*Sustainable funding and better integration with health services enable councils to continue to support people to live safe, healthy, active, independent lives and to promote wellbeing and resilience for all ages.*

### SDG 3 – Good health and wellbeing

#### Ensure healthy lives and promote wellbeing for all at all ages

#### **CAMPAIGN - The lives we want to lead**

We want to build a society where everyone is supported to live a healthy, fulfilled and independent life, staying at home and contributing to family and community life for as long as possible - but escalating funding pressures and increasing demand are threatening that ambition. Our campaign calls for sustainable long-term funding that gives people the care and support they need now and in the future.

#### **Councils secure sufficient resources to deliver effective, integrated social care services – we will:**

- continue to lobby for the short, medium and long-term financial sustainability of adult social care and support, arguing that all options, including national taxation, should be considered
- work with government to agree a sustainable, long term funding deal for public health.
- press for an independent review of adult social care pay and full funding for subsequent changes.

#### **Councils lead the debate on the future vision for health and social care – we will:**

- promote a clear vision of councils' role in planning and delivering integrated health and care; continue to promote health and wellbeing boards as leaders of health and care and support councils and their partners to develop and deliver place-based person-centred support.
- continue to press for a long-term policy framework for the Better Care Fund (BCF), with lighter touch reporting and greater emphasis on local targets
- continue to lobby for councils and councillors to have a key role in sustainability and transformation partnerships, integrated care systems and wider NHS planning arrangements.

#### **Councils support older people, disabled people and people in vulnerable circumstances – we will:**

- support councils to tackle the challenges and exploit the opportunities of a population with increasingly complex needs, including improving dementia and mental health services, carers' support and support for those with autism and/or learning difficulties
- continue to support councils to deliver the Armed Forces Community Covenant.

#### **Councils work actively with the NHS to build health and care services around the needs of local populations – we will:**

- work with NHSEI and other national partners to ensure that councils and health and wellbeing boards, are meaningfully engaged in developing integrated care systems and their implementation plans
- work with national partners to increase the understanding of, and commitment to, planning and delivery at place level and the leadership role of councils
- support councils to work with NHS and other partners to ensure that implementation plans build on existing priorities to improve health and wellbeing and are subject to democratic oversight and scrutiny
- work with the NHS to manage the pandemic, learning the lessons and promoting local accountability and closer working through the NHS bill and wider work.

#### **Councils have a central role in promoting health and wellbeing locally – we will:**

- work to strengthen the position of councils as public health leaders.
- continue to make the case for long-term financial sustainability of public health services and support councils to understand the importance of preventative approaches.
- work with the NHS and partners to develop a system-wide approach to public health workforce planning and address urgent staffing issues in children's public health.
- lobby for long-term sustainable funding for leisure, culture and park services which play an important part in people's physical health and mental wellbeing and tackling health inequalities.

## Narrowing inequalities and protecting communities

*Councils lead and work with diverse communities and partners to address inequalities and build safe, cohesive and resilient communities.*

<b>SDG 10 – Reduced inequalities</b>
<b>Reduce inequalities within and among countries</b>
<b>SDG 11 – Sustainable cities and communities</b>
<b>Make cities and human settlements inclusive, safe, resilient and sustainable</b>

### **Councils lead and work with diverse communities and partners to address inequalities and build cohesive and resilient communities – we will:**

- review and strengthen the LGA’s work on reducing inequalities, promoting equality through our policy messages and lobbying and our improvement and leadership support to councils.
- promote and support councils in developing the diversity of their candidates, elected members and senior leadership
- underline the need for a strong commitment to tackling health inequalities and ensure that local government concerns and priorities resulting from the impact of COVID-19 on their communities are heard by government
- support councils as they address the inequalities exposed by the COVID-19 pandemic, with particular regard to those from ethnic groups most affected by the virus and to children and young people whose development and futures will be affected by the containment measures.

### **Councils lead the way in shaping communities where people feel safe – we will:**

- lead the debate on councils’ role in building safer and resilient communities and support them to reduce serious violence, domestic abuse, female genital mutilation and anti-social behaviour
- represent councils’ interests in the UK’s developing modern slavery policies, as we work collaboratively with partners to tackle this
- contribute to the independent review of Prevent and the counter-extremism strategy, ensuring that councils are supported to build community cohesion, promote integration, tackle extremism and deliver the Prevent duty.
- lobby for the resources, powers and data councils need to manage local outbreaks of COVID-19, including shielding the clinically vulnerable, and support them in their test, trace and outbreak management response through a sector-led improvement support programme.

### **Councils continue to play a leading role in the design and delivery of blue light and other services that help protect local communities – we will:**

- work with the HSE and government to establish an effective, professional and fully funded system for regulating building safety
- lobby for sustainable funding for fire and rescue authorities and support them to become more inclusive and representative of their communities and to strengthen their leadership and governance.
- support the fire and rescue sector’s response to Phase 1 of the Grenfell Inquiry and strengthen their ability to take forward the fire reform agenda and the findings from Her Majesty’s Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS)
- support police and crime panels and share best practice
- work with councils to review and share learning from the COVID-19, to help strengthen community resilience and future emergency responses.

## Children, education and schools

*Councils have the powers and resources they need to bring partners together to deliver inclusive and high quality education, help children and young people to fulfil their potential and offer lifelong learning opportunities for all.*

### SDG 3 – Quality education

**Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all**

### SDG 10 – Reduced inequalities

**Reduce inequalities within and among countries**

#### **CAMPAIGN - Bright Futures: children’s social care and mental health services**

Helping children and young people to fulfil their potential is the ambition of all councils, but services that support them to do so are under increasing pressure. Our campaign calls for the services that change children’s lives to be properly funded so that all children can have the bright futures they deserve.

#### **Councils lead the way in driving up educational standards – we will:**

- set out a clear vision for councils’ role in promoting high educational standards, with the resources, powers and flexibilities to give every child access to a place at a good local school
- lobby for a stronger role for councils in investing in schools - ensuring new schools are high quality, fit for and value for money- and a lead role in decisions about new free schools
- press for a stronger council role in ensuring admissions are fair for all pupils across the school system.

#### **Schools have the funding they need to deliver the best education for all pupils – we will:**

- lobby to ensure the national funding formula for schools retains an element of local flexibility to allow councils and schools to reflect local needs and priorities
- highlight the growing pressures on the high needs budget and lobby government to provide councils with sufficient funding and flexibility to meet rising demand and eliminate High Needs deficits
- lobby for flexibility in use of the apprenticeship levy and work with partners to increase take up of quality apprenticeships in schools.

#### **Councils have the flexibility and resources to deliver services that meet the needs of children and young people – we will:**

- encourage councils and the Government to put children at the heart of policy making
- continue to paint a positive vision for local children’s services, calling for adequate funding for services, that change children’s lives through our Bright Futures campaign,
- support councils to take a preventative and place-based approach to children and young people’s health, including early years, childhood obesity and support for children's mental health
- work in partnership to improve life chances for disadvantaged households, particularly those with young children, making the case for early intervention and improved integration of services for families.

#### **Councils protect children’s wellbeing and keep them safe – we will:**

- support councils to protect children and young people from harm and improve outcomes for all children, in particular children in care and care leavers
- work with government and councils to support child refugees and unaccompanied asylum seekers safe, pressing for improved funding to better cover costs, including for those leaving care
- support councils to tackle the challenges of child criminal exploitation and county lines issues.



## Places to live and work

*Councils lead the way in driving inclusive and sustainable recovery, building the homes that people need and creating places where they want to live.*

<b>SDG1 – No poverty</b>
<b>End poverty in all its forms everywhere</b>
<b>SDG 8 – Decent work and economic growth</b>
<b>Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all</b>
<b>SDG 9 – Build resilient infrastructure, promote inclusive and sustainable industrialisation and foster innovation</b>

### **Councils drive the increase in housing supply the nation needs – we will:**

- continue to press for additional powers for councils to increase housing supply, promote both affordable and carbon-free homes and make more effective use of surplus public sector land
- support consortia of councils to access significant housing development funds through the creation of new partnership models
- press for powers for councils to ensure the provision of homes integrated with health and care that positively support us to age well
- lobby for a well-resourced and locally responsive planning system, funded by locally set fees with the tools to ensure developers build quality homes that meet local need.

### **Councils have access to funding to create communities where people want to live – we will:**

- continue to press for additional infrastructure funding, including a review of the rules governing developer contributions
- support councils to work with partners to maximise the value of local and national infrastructure investment, including in road, rail, broadband, culture, heritage and recreation
- work to secure the £5 billion of regeneration investment guaranteed to local economies from EU structural funds to 2020 and lobby for alternative UK sources after we leave the EU.

### **Councils continue to drive higher safety standards across the housing sector – we will:**

- lobby for resources and tools to enable councils to shape a good quality private rented sector that meets the needs of their local communities
- work with government and councils to identify high-risk, high-rise residential buildings and lobby for support for councils to make changes and take urgent remedial action
- respond to government consultations, including on the new building safety regulatory framework.

### **Councils lead the way in ending homelessness through prevention – we will:**

- lobby for the resources to enable councils to manage the housing impacts of welfare reform and achieve the ambitions of the Homeless Reduction Act and Rough Sleeping strategy
- make the case for adaptations to welfare reform and for the powers and funding that councils need to meet local needs
- with the Chief Executives' and Home Office group on asylum dispersal, inform the development, delivery and funding of support for asylum seekers and refugees and share good practice.

### **Councils support strong communities through risk-based business-friendly regulatory services – we will:**

- press for powers and resources where councils take on additional legal liabilities such as building regulations post-Grenfell and proposed new air quality requirements
- support councils to demonstrate the value of regulatory services and lobby for sustainable funding
- lobby government to bring forward taxi licensing legislation as soon as possible
- press for greater flexibility in the licensing system, including the localisation of licensing fees.

**Councils are key partners in delivering the government's national economic strategy – we will:**

- support city regions and non-metropolitan areas to deliver effective local economic strategies
- advocate for a voice for councils in the development of a new English land management policy, and for communities to be involved in deciding how their local natural assets are managed
- support local innovation to deliver a better digital infrastructure and continue to press for a regulatory framework that will deliver the best deal for customers
- continue to press for strong local government representation on Local Enterprise Partnerships and improved oversight and scrutiny of them
- support councils to maximise the impact of their cultural, sporting and heritage assets to drive growth in their local visitor economy.

**Councils match education, training and skills with business needs – we will:**

- continue to press for powers, funding and lead responsibility for councils to integrate and commission back to work, skills, apprenticeships and welfare support under the *Work Local* model.
- campaign for people of all ages to be supported to participate in quality skills development and training and lifelong learning with independent careers advice and guidance
- promote good employment practice that helps young people and adults secure, sustain and progress in work, including Apprenticeships.

## Strong local democracy

*A refocus on local democratic leadership and a shift in power to local communities post Brexit leads to greater diversity of elected representatives, high standards of conduct and strong, flexible local governance.*

### SDG 16 – Peace, justice and strong institutions

**Promote peaceful and inclusive societies for sustainable development, provide justice for all and build effective, accountable and inclusive institutions**

#### **Councils as leaders of good conduct in public and political discourse and debate – we will:**

- clearly articulate the standards expected for anyone engaging in public and political discourse and debate and what is needed to achieve those standards, underlining that intimidation and abuse of those in public office is unacceptable
- review the member model code of conduct and support our member councils in addressing intimidation and abuse of those in public office
- support to councils to explore ways of engaging with their local community and voluntary sector in local service delivery, enhancing places and local decision making.

#### **Elected members and officers are empowered to tackle incidents of public intimidation – we will:**

- explore the practicalities and support the adoption of an informal ‘duty of care’ for councillors
- seek to better understand the scale and impact of the intimidation and abuse our membership is experiencing and promote a new offence for intimidation against a person in public office
- engage with police forces and associated agencies to ensure the impact and seriousness of the public intimidation of local councillors and employees is understood and acted upon.

#### **EU exit and constitutional reform – we will:**

- interact with Whitehall on all EU Exit negotiations, articulating councils’ needs and concerns and taking advantage of the opportunity to entrench local government within our new constitutional settlement
- continue to support councils to prepare and deliver a successful transition for EU Exit, with a robust evidence base setting out the risks and opportunities across the country
- press for quick and decisive responses and for all Government communications to councils to be focused, clear, and direct
- ensure that repatriated laws and regulations are not centralised in Whitehall, working on a revised legal framework for those services currently based on EU laws such as air pollution, energy, waste and procurement and redefining regional aid and state-aid rules.

#### **Continued devolution of powers and funding to local areas drive strong and responsive local democracy and greater engagement with communities – we will:**

- refresh the case to demonstrate to government how devolution leads to more inclusive and sustainable growth, better public services and improved outcomes for residents
- work with government, business and others to give communities in England and Wales greater responsibility to make decisions on the issues of importance to them.

## Sustainability and climate action

*Councils take the lead in driving urgent actions in their local areas to combat the negative impacts of climate change and to deliver zero net carbon by 2030.*

### SDG 13 – Climate action

#### Take urgent action to combat climate change and its impacts

**Councils have the powers and resources they need to lead the way in combatting the effects of climate change – we will:**

- lobby for a joint taskforce with relevant Whitehall departments including Department for Business, Energy & Industrial Strategy (BEIS), Ministry of Housing, Communities and Local Government (MHCLG) and Defra to consider the most appropriate actions, funding, coordination and collaboration
- press government for the funding and policy changes needed to deliver zero net carbon by 2030
- work with government to address the need for greater energy efficiency in the built environment and how this can be achieved through planning practice and changes to Building Regulations
- work with government, as it implements the Waste and Resources Strategy to identify ways to reduce waste and levels of unrecyclable waste and the investment priorities for waste disposal and processing of recyclates.

**Councils lead the way in researching and developing alternative transport options – we will:**

- establish the resources and regulatory changes needed to support a move to electric vehicles, including provision of charging points on new housing developments and electrification of council and council-contracted vehicle fleets
- identify the incentives and investment required to support a shift towards public transport and walking and cycling, as part of the solution to reducing carbon emissions.

**Councils work with partners and stakeholders to implement short, medium and long term strategies to reduce carbon emissions in their areas – we will:**

- develop guidance and share best practice, including identifying the top 10 actions councils can take to address carbon emissions in their areas, recognising that one-size does not fit all
- drawing on international experience, develop an evidence base and framework to understand the main carbon sources and the impact of councils' activity
- identify the opportunities of a shift to a low carbon economy as a basis for immediate and effective action
- ensure that the LGA as the membership body for local authorities is modelling best practice in the way it conducts its own business.

## Supporting Councils

*We support councils continuously to improve and innovate through a programme of practical peer-based support underpinned by strong local leadership and through our service delivery partnerships.*

The LGA's sector led improvement programme continues to provide a responsive and flexible offer and remains in a strong position to respond and adapt to councils' needs as circumstances evolve, particularly in the context of COVID-19.

We work closely with councils to understand their future support needs with a view to developing a longer-term offer. Our offer will continue to adapt as the opportunities and challenges facing councils change within the current context

Our core offer is funded by MHCLG grant and has been rapidly refocused to support councils in their response to COVID-19 as well as identifying longer term support needs. We also receive funding from the Department of Health and Social Care for our Care and Health Improvement Programme, whilst our children's improvement programme is funded by the Department for Education (DfE).

We have developed a new offer linked to climate change and the challenges and opportunities of moving to a zero-carbon economy.

We also receive funding from other government departments for specific sector-led improvement activities, including:

- One Public Estate – funded by Cabinet Office and MHCLG
- Cultural services and sport – in partnership with Arts Council England and Sport England
- Planning Advisory Services – funded by MHCLG
- Return to Work programme – funded by the Government Equalities Office
- Cyber security – funded by the Cabinet Office.

Our commitments will continue to be updated to ensure they match councils needs across the period of this business plan.

### **Challenge and support from peers – we will:**

- maintain an overview of councils' performance to drive improvement, manage the risk of significant underperformance, provide support for councils facing the greatest financial challenges (particularly in the light of COVID-19) and minimise government intervention
- create dedicated programmes in response, including Recovery and Renewal panels, among other forms of remote support in response to COVID-19.
- deliver peer challenges to all councils who request them, including corporate, service specific, financial and place-based. The format will be continually reviewed in light of COVID-19.
- provide member peer support for councils under a change of political control, including new e-learning opportunities, mentoring and advice
- support councils to resolve issues between political and managerial leadership
- support councils in engaging with their communities in light of COVID-19
- provide free council and public access to transparent performance information through LG Inform and LG Inform VFM, with additional charged access for councils to small area data reports and improvement tools through LG Inform Plus
- support councils to develop scrutiny skills and expertise through the Centre for Governance and Scrutiny.

### **Strong and resilient political and officer leadership – we will:**

- support many hundreds of councillors through our leadership programmes both remotely and through onsite learning. Will continue to review the suite of programmes to ensure councillors and officers have the skills they need to respond to the challenges of COVID-19.
- support councillors with the potential to progress in their political careers through our Next Generation programme
- support the leadership development of chief executives, managers and rising talent in councils, in partnership with SOLACE
- help councils, political groups and national parties to attract new talent into civic life through our Be a Councillor programme
- recruit high calibre graduates to the National Graduate Development Programme, working with councils to secure challenging placements
- help councils to address inequalities, gender pay gap, ethnicity gap and support the roll out Disability Confident
- maintain national negotiating machinery on pay and workforce issues
- provide specialist advice and support for the Local Government Pension Scheme
- deliver comprehensive practical support to help councils provide apprenticeships and maximise their levy investment
- support councils to transform their workforces and modernise the way they are managed
- support councils to promote wellbeing, diversity and inclusion in the workplace through information, guidance and bespoke support and work with them to address issues around gender pay gap, representation and recruitment challenges
- attract qualified staff in hard-to-recruit areas back to local government through the Return to Work programme, including social workers, town planners and IT staff.

**Councils supporting growth – we will:**

- provide practical support to help councils deliver economic growth in their areas in a COVID-19 context, become more efficient and improve outcomes for communities
- in line with the revised national procurement strategy, deliver a support programme to help councils improve their procurement arrangements
- capture and share intelligence about major suppliers to reduce the risk from suppliers getting into financial difficulty in the current uncertain economic circumstances
- support councils to develop a more commercial approach to their activities within the COVID-19 context, through a series of courses, events and sharing good practice
- provide expert financial support, expertise and advice to councils to address specific issues, particularly in relation to COVID-19
- equip more councils with the skills and confidence to use design and behavioural insights to improve public services and respond to COVID-19
- support councils to exploit the opportunities of digital tools and solutions to enable local residents and businesses to access council services online
- with councils, sector representative bodies, MHCLG, Cabinet Office and the National Cyber Security Centre, highlight the importance of cyber security and cyber resilience to protect data and systems
- share best practice of councils who are finding new and effective ways of working to secure outcomes for their communities
- with Local Partnerships, support councils to make savings by providing commercial advice and support on matters of legal and contractual complexity.

**Strong communities with excellent public services – we will:**

- through practical bespoke support, help councils deal with the housing, planning and homelessness challenges through the Housing Advisers programme and other sector-wide projects

- provide peer focused support to the Next Steps Accommodation Programme to support interim accommodation for vulnerable people.
- offer a mixture of generic and bespoke support for combined authorities, elected mayors and those areas in the process of developing their devolution arrangements
- support councils to counter extremism and contribute to a multi-agency approach to preventing and tackling serious violence
- strengthen fire and rescue authorities' ability to take forward the fire reform agenda by strengthening their strategic leadership
- support councils to prepare and deliver a successful transition for EU exit
- support councils to embed strengthened approaches to civil resilience and mutual aid through working with MHCLG team to develop training, guidance and other materials for councils

**Improving health and care service – we will:**

- co-produce with ADASS the sector led improvement programme for care and health
- support social care and health integration and the transforming care programme for people with learning disabilities and/or autism
- support councils to use technology to improve joint working between councils and health partners to enable people to live independently
- help councils develop innovative, efficient and sustainable approaches in care and health services
- work with partners to support councils to develop and improve local services and offer a programme of leadership development
- develop and deliver a support offer to help councils and their partners embed the Making Safeguarding Personal (MSP) approach
- support councils and their partners to identify and manage sustainability and delivery risks
- work with partners to develop a new suicide prevention sector-led improvement offer
- work with partners and DfE to deliver a sector-led approach to improving children's services.

**Improving children's services – we will:**

- provide nationally accredited and quality assured courses for practitioners and associates engaging in peer review, challenge or diagnostic activity
- run Leadership Essentials courses for members with lead responsibility for children's services
- publish a series of 'must know' packs for councils, including on corporate parenting
- develop and/or broker a flexible offer of diagnostic or peer review tools either bespoke to individual authorities, as part of a regional offer or commissioned by the DfE for authorities in intervention
- offer mentoring support for councillors with lead responsibility for children's services.

**Combating climate change – we will:**

- bring together local authorities, universities and other stakeholders to address climate challenges at the local level
- incorporate climate change issues into core leadership programmes for councillors and officers
- develop a package of communications support including how to engage with local activist groups
- help councils build capacity to effectively respond to climate change challenges, including support around leadership, behaviour change and collaboration
- support long term action-planning and setting strategic objectives, including through webinars and bespoke projects

## Our Business

*We are committed to providing the best and most cost-effective services to councils and councillors across England and Wales. We are politically led, committed to equalities and diversity and we aim to operate in an environmentally and financially sustainable way.*

### **The national membership body for local government – we will:**

- develop maintain membership levels amongst local authorities in England and Wales by continuing to offer membership benefits that meet the sector's changing needs and expectations
- launch a new online membership resource, setting out the benefits of membership with councils and councillors
- offer a range of flexible options for councils to participate actively in our work including through an extensive programme of virtual and hybrid events and meetings
- seek to attract organisations with an interest in local government into our associate scheme.

### **A politically-led organisation – we will:**

- reflect the overall ambitions of the UN Sustainable Development Goals, and the motion passed by the 2019 General Assembly, in the way that we work and ensure that our own organisation reflects best practice
- ensure our member governance arrangements continue to reflect and respond to current priorities and the expectations of our membership
- offer political support to individual councillors and council administrations through our political group offices
- ensure that combined authorities, authorities with devolution deals and elected mayors are appropriately represented on our governance arrangements.

### **Using communications to persuade and influence and support councils – we will:**

- deliver first class communications that are highly valued and respected by local government and our stakeholders, to influence the issues that matter to councils, their residents and their communities
- through our communications improvement work, support councils and help to raise the standard of public sector communications.

### **Financially sustainable – we will:**

- continue to develop existing and new income generation opportunities in order to diversify our sources of funding and ensure the long-term financial sustainability of the organisation
- complete the refurbishment of Layden House in Farringdon to increase its capital value and maximise our income from commercial letting of here and 18 Smith Square.
- review options to maximise income from 18 Smith Square in the light of COVID-19 restrictions and the risks, constraints and potential new opportunities that presents.
- invest responsibly and seek to ensure that our contractors, joint ventures and pension funds have in place investment policies that further our objectives
- continue to progress the transfer of pensions from Camden to Merseyside scheme.

### **Efficient business management – we will:**

- continue to streamline our company structures to deliver a solid and tax-efficient base from which to run our business, including the transfer of 18 Smith Square and Layden House to the LGA and the winding up of LGMB and LGA Properties.
- enter into a new ICT contract with Brent Council/Shared Services and with them, continue to develop our ICT to support improved efficiency and our new culture of flexible working.



- equip our 18 Smith Square meeting rooms with the technology to support a culture of flexible working for both employees and members.
- ensure that the suite of policies and procedures that underpin our business are comprehensive, clearly understood, updated regularly and reflect best practice.

**Supportive people management – we will:**

- continue to roll out the leadership development programme for our current and aspiring managers as part of our wider commitment to develop our employees, including virtual and hybrid options to allow everyone to participate
- deliver our employee health and wellbeing strategy
- monitor staff wellbeing and feedback through our regular “temperature check” surveys and put in place support and policies that reflect our new more flexible working practices
- embed equality, diversity and inclusion into our core values, our policies and our practices.

**Collective legal action – we will:**

- support groups of councils to mount collective legal actions or fight actions against them where we believe that they have a strong case, commissioning expert legal advice and sources of funding where appropriate
- prepare New Burdens submissions on behalf of the sector where new legislation or regulations result in additional duties or costs to councils.
- provide legal advice on strategic issues with sector wide implications, including commissioning expert legal advice where appropriate.

**Committed to a sustainable future – we will**

- keep our policies and practices under review to ensure that they reflect the ambitions of the UN Sustainable Development Goals and contribute to combatting the adverse effects of climate change
- encourage sustainable travel practices through our expenses policy, our flexible working practices and our continued participation in national sustainable travel initiatives including the Cycle to Work scheme
- minimise the environmental impact of our two central London buildings and the way that we use and manage those buildings, including ensuring that our facilities management and catering contractors have environmentally sustainable policies and practices.

## Our service delivery partnerships

### Local Partnerships

Local Partnerships is a joint venture between the LGA and HM Treasury, formed in 2009 to help the public sector deliver local services and infrastructure. It offers support to local authorities in the following areas:

- developing and reviewing strategic business cases and business plans
- service transformation and change
- modelling and legal frameworks for alternative service delivery models
- options appraisal and assurance of chosen approaches or options
- forming effective partnerships (inter-agency brokerage)
- sourcing and commissioning, contract negotiation and management
- economic development and planning
- delivering infrastructure.

## **GeoPlace**

GeoPlace is a joint venture between the LGA and Ordnance Survey, formed in 2010 in response to a government call to bring together existing creators and suppliers of addressing data to one central place and to build a single, definitive address database. It works in close collaboration with local authorities to:

- cleanse and validate the address and streets data produced by councils
- create and maintain national “gazeteers” - registers of address and streets data
- provide support and training to councils ensure that they are able to produce high quality, and timely data in the most cost-effective way.

## **Public Sector Audit Appointments (PSAA)**

PSAA is an independent company limited by guarantee incorporated by the LGA in August 2014. The Secretary of State for MHCLG has specified PSAA as an appointing person under the provisions of the Local Audit and Accountability Act 2014. PSAA appoints an auditor to relevant local government bodies that opt into its national scheme and sets a scale of fees for the work which auditors undertake.

## **Local Government Mutual Limited and Local Government Mutual Management Services Limited**

The Mutual is a shared ownership company between the LGA and a number of local authorities. Membership is only open to councils in membership of the LGA. The Mutual provides:

- indemnity to local authorities in England and Wales as a cost-effective alternative to the traditional insurance market, including cover for all classes of business
- risk management services to its member local authorities.

LGMMSL is a joint venture between the LGA and Regis Mutual Management that provides services to the Local Government Mutual.

## **United Kingdom Municipal Bonds Agency (UKMBA)**

The LGA is a major shareholder in the local government-owned UKMBA, which delivers cheaper debt financing to councils, through the sale of bonds in the capital markets. We support and provide client side services to the Agency, as it works through its managed service provider to aggregate borrowing requirements and issue bonds.

## **Minimising the impacts of climate change**

The LGA is committed to minimising the environmental impacts of its activities, reducing pollution and CO2 emissions and contributing to a healthy future for all. These are some of the ways that we deliver on that commitment.

### **Flexible working**

Our flexible working policy allows staff to balance working from home with time spent in the office, subject to the needs of the business. This means less journeys to work and a better work-life balance for our staff and their families. It has also enabled us to reduce by a third the amount of office space that we occupy.

Our ICT is designed to support flexible working, enabling staff to log into their LGA accounts from home on the days when they are not in the office or from trains when they are on the move.

### **Travel**

Our expenses policy encourages staff to use public transport wherever practicable to help reduce the impact of the LGA's business travel arrangements on the environment. The Members' Scheme of

Allowance stresses that wherever possible, councillors are expected to travel by public transport when on LGA business.

### **Meetings**

All meeting rooms at 18 Smith Square have access to video conferencing facilities. This enables members and staff to join and participate in meetings remotely, reducing the need for lengthy journeys to Westminster.

### **18 Smith Square**

Secure cycle facilities and showers are provided in the basement of 18 Smith Square for those who prefer to cycle or run to work.

All lights in the building are energy efficient LEDs, with motion sensors that ensure they are switched off when not needed. Windows on the south and west of the building which are not part of the conservation area are double glazed to reduce energy loss. Recycling bins are provided on every floor.

### **Procurement**

The LGA has a robust procurement policy and process, which underpins the importance of all our contractors being able to demonstrate a commitment to sustainability and combatting climate change. Our procurement documentation states

“In adhering to our commitments, the contractor should have systems in place to account for and minimise environmental impacts in all areas of contract delivery”.

# Our budget 2020/21

## Funding sources and forecast expenditure (Budget) (£'000)

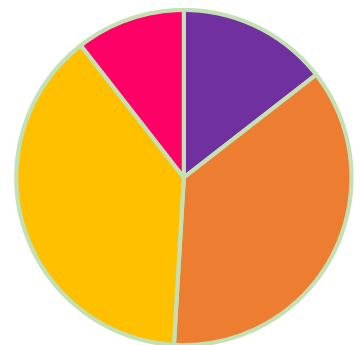
### <sup>1</sup>Income LG Group 2020/21

- CLG, £19,200 (29.9%)
- Other grants and contracts, £21,799 (33.9%)
- Other income, £13,751 (21.4%)
- Subscriptions, £9,525 (14.8%)



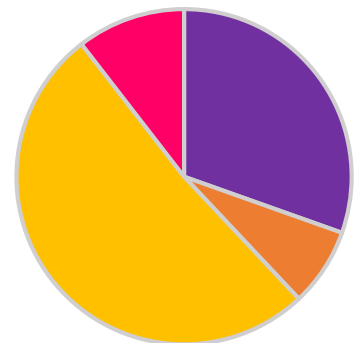
### Other income LG Group 2020/21

- Dividends, royalties and interest, £1,992 (14.5%)
- Rental Income and external room hire, £5,014 (36.5%)
- Services, consultancy and other subscriptions, £5,296 (38.5%)
- Conferences, events and sponsors, £1,450 (10.5%)



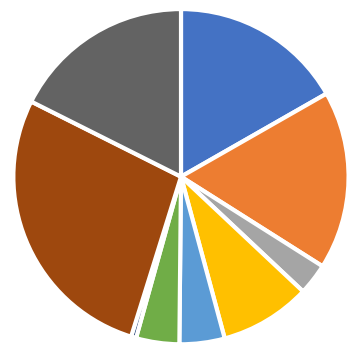
### Grant and contract income (including CLG) LG Group 2020/21

- Adult social care, health and wellbeing, £12,477 (30.4%)
- Children, education and schools £3,099 (7.6%)
- Supporting councils, £21,126 (51.5%)
- Places to live and work, £4,297 (10.5%)



### Expenditure LG Group by business plan theme 2020/21

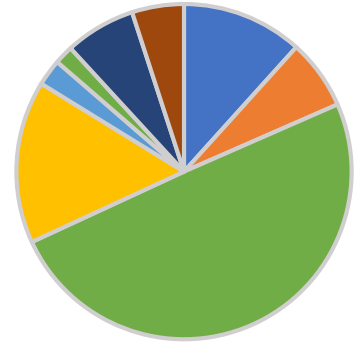
- Funding for local government, £10,652 (16.7%)
- Adult social care, health and wellbeing, £10,961 (17.2%)
- Narrowing inequalities and protecting communities £1,927 (3.0%)
- Places to live and work, £5,591 (8.8%)
- Children, education and schools, £2,773 (4.4%)
- Strong local democracy, £2,652 (4.2%)
- Sustainability and climate action, £311 (0.5%)
- Supporting councils, £17,546 (27.6%)
- Internal & property costs, £11,195 (17.6%)



<sup>1</sup> Design team to amend pie charts

**Expenditure LG Group by service group 2020/21**

- Business support, £7,434 (11.7%)
- Communications, £4,291 (6.7%)
- Governance and project support, £31,595 (49.7%)
- Finance and policy, £9,976 (15.7%)
- Member services, £1,629 (2.6%)
- Political groups, £1,157 (1.8%)
- Property costs, £4,337 (6.8%)
- Workforce, £3,187 (5.0%)



## Our governance

From April From April 2019, the LGA’s responsibilities, assets and liabilities transferred from the previous unincorporated Association to a new company, whose Board of Directors – the LGA Board – is elected annually by the General Assembly. The General Assembly comprises representatives of every council in full membership of the LGA, or in corporate membership through the Welsh LGA. Further information on the company and the way it operates can be found in our Articles of Association and our Governance Framework.

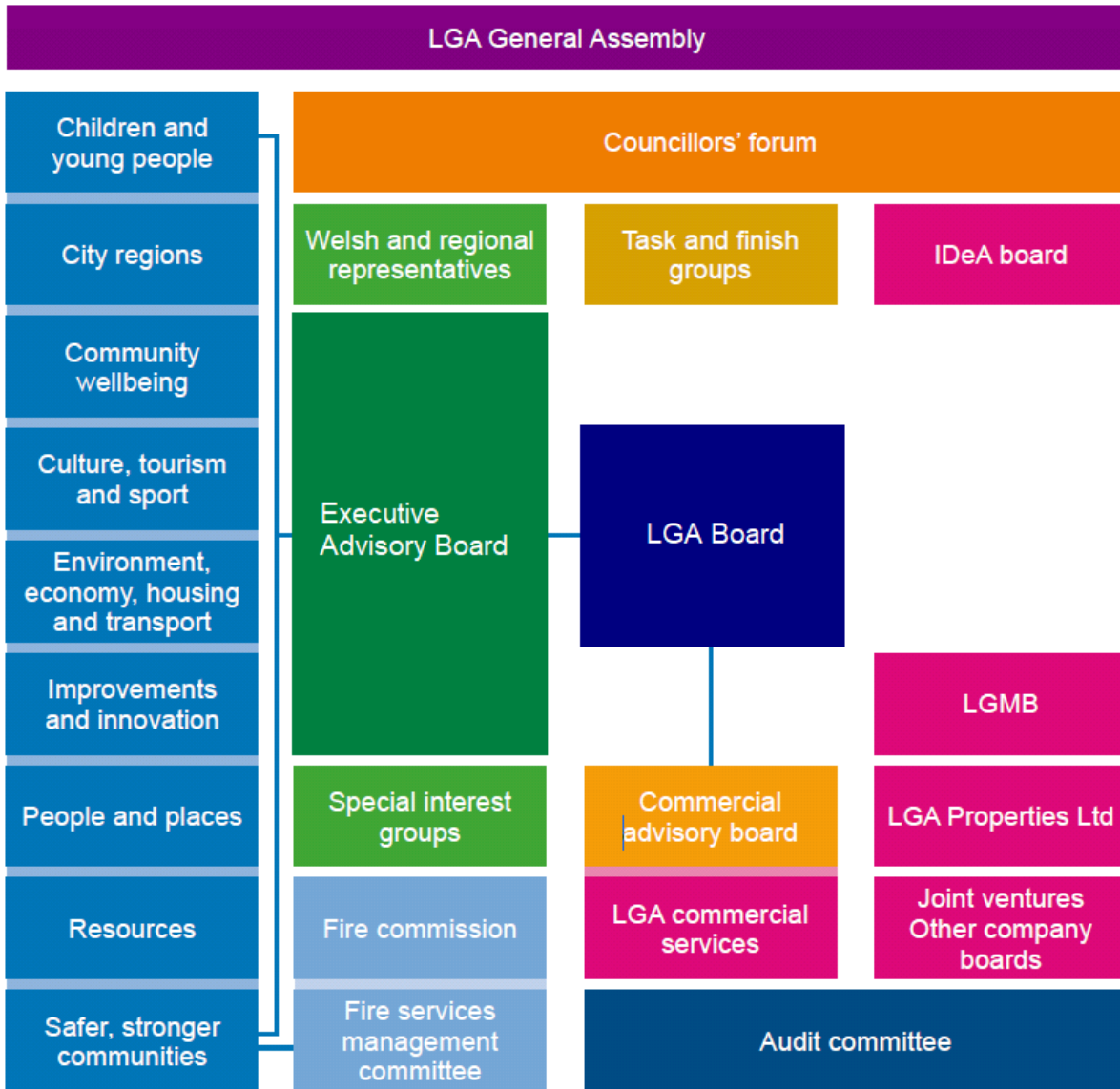
The LGA Board is supported by nine policy boards who together are responsible for developing our policies and campaigns, and for overseeing our extensive programme of sector-led improvement services, across every area of local government activity. The Fire Commission and Fire Services Management Board look after the interests of fire and rescue authorities,

The LGA Board and the chairs of the policy boards meet every six weeks as the Executive Advisory Board and are joined by representatives from Wales and the eight English regions and from three of our special interest groups – the County Councils’ Network, District Councils’ Network and Special Interest Group of Municipal Authorities.

The two property boards – LGA (Properties) Ltd and LGMB – are currently responsible for 18 Smith Square, our Westminster HQ, and Layden House, our investment property in Farringdon. However these are in the process of being transferred to the LGA company after which the two property boards will be wound up.

The Commercial Advisory Board is responsible for overseeing the LGA’s income-generating activities to make us financially sustainable now and in the future. That will include overseeing the management and operation of 18 Smith Square and Layden House and reporting back to the LGA Board.

# The LGA's governance arrangements



## Our major contracts

### Catering – Bartlett Mitchell

**Bartlett Mitchell (BM) provide all catering services at 18 Smith Square.**

BM have been named Sustainable Caterer of the Year for three years in succession. Their policy is to source ingredients locally, regionally and seasonally from farmers who produce food to high environmental standards, reducing the impact of climate change and helping to protect the landscape and our farming heritage. BM use high-welfare meat, poultry, eggs, cheese, and dairy produce and sustainable seafood.

Overseas produce is sourced from ethical suppliers, including coffee from the Soppexcca co-op in Nicaragua which supports women farmers in the region. BM use the 'Free Wheeling' initiative to reduce the number of deliveries to their kitchens.

### Total Facilities Management – Bouygues

Bouygues environmental policy recognises that the company's activities and services have the potential to impact on the environment. The policy sets out Bouygues' commitment to minimising the environmental impact of its operations in every way it can and is supported by 'live' environmental improvement plans at all levels.

The company is triple certificated to ISO9001, ISO14001 and OHSAS18001 and the environmental management standard ISO 14001 is fully integrated into its everyday activities.

Bouygues' Facilities Management business was the first in the UK to achieve Energy Management Standard ISO50001. They are currently focusing on reducing carbon impact, minimising waste, diverting waste from landfill and reducing energy.

### Pensions – Merseyside Pension Fund and Camden Pension Fund

The LGA's main pension provider, Merseyside Pension Fund, has a policy of responsible investment. The policy has three components: exercise of voting rights; engagement with companies on environmental, social and governance issues & collaboration with like-minded investors. The Fund is active in the work of the Local Authority Pension Fund Forum whose work covers a range of corporate governance and corporate social responsibility issues, and the Institutional Investors Group on Climate Change.

Some employees belong to the Camden Pension Fund, who like all pensions funds, are bound by the law relating to Socially Responsible Investment (SRI) policy. The Fund believes that 'robust' engagement with companies is a better approach than placing restrictions on particular types of investment. It also believes that companies conforming to high ethical and social standards will produce shareholder returns that are at least comparable to those produced by other companies.

