

Community Wellbeing Board

Agenda

Thursday, 4 February 2021
11.00 am

Virtual meeting via Teams

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

www.local.gov.uk

LGA Community Wellbeing Board
4 February 2021

There will be a meeting of the Community Wellbeing Board at **11.00 am on Thursday, 4 February 2021**.

Political Group meetings:

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

Apologies:

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

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

LGA Contact:

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.

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The twitter hashtag for this meeting is #lgacwb

Community Wellbeing Board – Membership 2020/2021

Councillor	Authority
Conservative (7)	
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
Substitutes	
David Coppinger	Windsor & Maidenhead Royal Borough
Wayne Fitzgerald	Peterborough City Council
Arnold Saunders	Salford City Council
Labour (7)	
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
Substitutes	
Mohammed Iqbal	Pendle Borough Council
Joanne Harding	Trafford Metropolitan Borough Council
Bob Cook	Stockton-on-Tees Borough Council
Liberal Democrat (2)	
Richard Kemp CBE (Deputy Chair)	Liverpool City Council
Doreen Huddart	Newcastle upon Tyne City Council
Substitutes	
Rob Rotchell	Cornwall Council
Independent (2)	
Claire Wright (Deputy Chair)	Devon County Council
Neil Burden	Cornwall Council
Substitutes	
David Beaman	Waverley Borough Council
Tim Hodgson	Solihull Metropolitan Borough Council
Rosemary Sexton	Solihull Metropolitan Borough Council

Agenda

Community Wellbeing Board

Thursday 4 February 2021

11.00 am

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1. Welcome, declarations of interest and apologies for absence	
2. Adult social care funding and reform - where next? Guest Speakers: <u>James Bullion</u> , Executive Director of Adult Social Services at Norfolk County Council and President of the Association of Directors of Adult Social Services and <u>Anna Severwright</u> , co-founder of Social Care Future.	1 - 4
3. Update on NHS England consultation	5 - 8
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6. COVID-19 Update - Lockdown 3, Shielding and Vaccination programmes Report to follow in supplemental agenda.	
7. Note of the previous meeting	23 - 30

Date of Next Meeting: Tuesday, 11 May 2021, 11.00 am

Adult social care future funding and reform

Purpose of report

For background.

Summary

This report provides brief background to the Board's discussion with colleagues from the Association of Directors of Adult Social Services (ADASS) and Social Care Future (SCF) on future funding and reform.

Recommendation

Members of the Community Wellbeing Board are asked to:

1. Note the information contained in the report as background context to the discussion with ADASS and SCF.

Action

As directed by Members.

Contact officer: Matthew Hibberd
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Adult Social Care Future Funding and Reform

Future Background

1. The LGA published its green paper on the future of social care, *The lives we want to lead*, in July 2018. Since then, the LGA has published: a response to its green paper consultation (November 2018); a publication to mark one year on from its green paper, including comment pieces from sector experts (July 2019); and a further publication restating the case for change, the issues that need to be addressed through reform and the options available (March 2020). Alongside this work on reform, the LGA has continued to make the case for adult social care funding for the short- and medium-term. The LGA has worked closely with a number of national partners on these two crucial agendas.
2. Over the last year, and as responding to the pandemic has become the overriding priority, our policy work on the future of care and support has taken a back seat. It has not halted completely, however: social care reform was a key feature of the (virtual) National Children and Adult Services Conference in November last year; and the LGA held a series of roundtables with colleagues from across the care and health sector – including people with lived experience – last year to consider the lessons that need to be learned from the pandemic as we look to shape the future of care and support. Similarly, our work on social care funding has focussed on the resources needed to ensure social care can best play its vital frontline role in responding to the pandemic.
3. Whilst the pandemic remains a clear priority, the twin debates about future reform of care and support, and social care funding for the short- to medium-term (in part as laying the ground for future reforms) are returning to the fore, particularly as we look ahead to this year's expected multi-year Spending Review and consider the Prime Minister's recent comments to the Liaison Committee: "The pandemic has highlighted the difficulties that the social care sector is in. It clearly needs reform and it needs improvement."
4. Today's discussion with representatives from ADASS and SCF is therefore an opportunity to consider the key issues the LGA should be prioritising in its future work on social care funding and reform over the coming months – particularly in light of the experience of the last year and what the pandemic has revealed and/or underlined about adult social care and support.
5. ADASS will reflect on the current funding situation facing social care and consider what is needed from the Spending Review to secure sustainability for the immediate years ahead. SCF describe themselves as, "a growing movement of people with a shared commitment to bring about major positive change in what is currently called 'social care'". They summarise the future they seek through the following question: "Don't we all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing the things that matter to us?".

SCF will update the Board on the work they are doing in support of their movement's aims.

Implications for Wales

6. Health and social care policy are devolved to the Welsh Assembly.

Financial Implications

7. This report has no financial implications for the LGA although the subject matter is clearly of major significance to the ongoing financial sustainability of social care and local government overall.

Next steps

8. Members' comments and views, along with the discussion with colleagues from ADASS and SCF, will shape the LGA's influencing and campaigning work on adult social care funding and reform.

NHS England integrated care consultation

Purpose of report

For information and discussion

Summary

This report summarises action by the LGA to respond to the NHS England consultation on the future of integrated care systems, and to support councils to develop their own response.

Recommendation

Members of the Community Wellbeing Board are asked to:

1. Note the report and verbal update.

Action

As directed by Members.

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Introduction

1. The LGA submitted a response to the NHS England consultation document on the future of integrated care systems (ICSs) on 22 December ahead of the consultation deadline on 8 January so that councils could consider the LGA key messages in developing their own response. A link to the LGA submission is here: <https://www.local.gov.uk/parliament/briefings-andresponses/lga-response-nhs-england-and-nhs-improvement-consultation> .
2. The LGA helped NHS England organise two consultative meetings with senior LGA members on 6 January 2021: the first with all members of the Community Wellbeing Board; and the second with the LGA Leadership Group. A summary of the key messages from each of the consultative meetings is given below.

Key points from LGA Leadership Group discussion

3. LGA supports greater collaboration within and between NHS organisations by putting them on a statutory footing. These proposals are about rolling back some of the Lansley reforms and ensuring greater collaboration within the NHS. However, ICSs are not the right body to lead on improving health outcomes.
4. To assume that you can reduce health inequalities through reform and restructuring of the NHS is to completely misunderstand the wider determinants of health – most of which are led through local government. This is a missed opportunity to build a wider and more powerful partnership of equals. We need to learn from effective existing partnerships and build on them. Structures and governance are important but they also need to be underpinned by a change in culture, relationships and behaviour towards shared and facilitative leadership. We need to build on the strong relationships developed at place through HWBs – not bypass or undermine them.
5. Future development of this agenda needs to involve local government in a meaningful co-productive way, rather than as an afterthought.
6. We remain concerned about the centralised nature of the NHS and whether ICS represent devolution of power and resources to a more local level or whether they will undermine the role of existing place-based partnerships. We are keen to work with NHSE and DHSC to ensure that the principal of subsidiarity is put into

practice and hard wired into the ways ICSs, NHSE and DHSC work with places, building from the bottom up.

Key points from CWB members

7. **Parity of esteem** – this is still a largely NHS driven and dominated model. Having a single local authority representative on an NHS dominated body is not sufficient if ICSs are to have a wider role in leadership of health and wellbeing.
8. **Build on existing partnerships and strategies** – don't reinvent the wheel or bypass existing effective partnerships and strategies, in particular HWBs and joint health and wellbeing strategies.
9. **Local accountability** – the proposals give insufficient consideration to local democratic accountability. How will ICSs be held to account by the people who experience services?
10. **Keep place-based commissioning** – There is real concern that the merger of CCGs to ICS level will take commissioning resource away from place. This could lead to services that are inappropriate and unaccountable to local communities. NHS must ensure that place-based commissioned is the default.
11. **Involve local government in the co-design** – this consultation feels like local government is an afterthought. Unless local government is involved in the proposals, they simply won't work in practice.
12. **A broad shared objective for local government and the NHS** – current proposals for ICS objectives are too NHS dominated.

Next steps

13. NHS England will shortly be submitting their proposals to Government. The Government intends to publish a policy paper on the future of integration, including legislative proposals for integrated care systems. They have given a commitment for an NHS Bill to be presented to Parliament in 2021, so that provisions can be implemented in 2022.

14. NHSE and the Government have acknowledged that they need to engage more meaningfully with local government to develop proposals for integrating health, care and wellbeing services and to facilitate collaborative and transparent leadership to drive improvements in health and wellbeing. We will continue to work with them to ensure that local government is represented.



Reforming the Mental Health Act

Purpose of report

For direction.

Summary

The Government have published the [White Paper on Reforming the Mental Health Act](#). This consultation is in response to the recommendations made in Sir Simon Wessely's Independent review that reported in December 2018. The review was asked to look at how the act is used and how practice can be improved. The review looked at why:

- rising numbers of people are being detained under the act
- disproportionate numbers of people from black, Asian and minority ethnic (BAME) groups are being detained

The White Paper proposes changes to rebalance the Mental Health Act ('the Act'), to put patients at the centre of decisions about their own care and ensure everyone is treated equally. The reforms aim also to tackle the racial disparities in mental health services, better meet the needs of people with learning disabilities and autism and ensure appropriate care for people with serious mental illness within the criminal justice system.

This report updates Members on the proposed changes, suggests key lines in response to those changes, and outlines the steps officers will follow to develop our more detailed consultation response in line with Members' steer and feedback from councils.

The Consultation ends on 21st April 2021. As well as the Board discussion we would welcome views from Board members **up till 31st March 2021**.

Recommendation

Members of the Community Wellbeing Board are asked to:

1. reviews and agrees our lines of submission.
2. highlight further key issues to include in our submission.

Action

Officers will ask Lead Members to sign off our final submission.

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Position: Adviser

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Introduction

1. In 2017 the government commissioned an independent review of the Mental Health Act 1983 (MHA), to look at how it was used and to suggest ways to improve it.
2. The review's [final report](#) said that the MHA does not always work as well as it should for patients, their families and their carers. The proposed changes will have a significant impact on local government in terms of mental health policy and practice.
3. The government have now launched a [white paper consultation](#) on the proposed changes. to rebalance the MHA, to put patients at the centre of decisions about their own care and ensure everyone is treated equally.
4. The changes are based on 4 principles that have been developed with people with lived experience of the MHA. They are:
 - 4.1. choice and autonomy – ensuring service users' views and choices are respected
 - 4.2. least restriction – ensuring the MHA's powers are used in the least restrictive way
 - 4.3. therapeutic benefit – ensuring patients are supported to get better, so they can be discharged from the MHA
 - 4.4. the person as an individual – ensuring patients are viewed and treated as individuals
5. The Review team attended a Board meeting in 2018 to capture Board members' views. We also made a submission in 2018. In 2019 the Board Chair wrote to the Minister to say that we support the review's objective to modernise the MHA and give people a stronger say in their treatment. However, we noted that the challenges with the Act are also indicative of a system that is under strain because of increased demand and reduced funding.
6. The LGA and ADASS have had detailed discussions with MHCLG about any new burdens arising from the new Act and have contributed to financial modelling.
7. The consultation runs until 21st April 2021. Officers will keep the Children and Young People's Board and ADASS informed about our response. The government plan is for the legislation to be brought before parliament in January 2022 and the new Mental Health Act to be introduced in May 2022. Dates are still to be confirmed.

Draft LGA Key Messages in response to the White Paper

8. Based upon our previous input to the Mental Health Act Review, we have updated our existing policy lines, which subject to Members' steer, could form the basis of our consultation response. These will be supplemented with further points as we work through the detail of the proposals with the Children and Young People's Board, ADASS and others.

9. The LGA supports the reform of the Mental Health Act and the four principles that will underpin the new Act. It is important that the new Act identifies clearly the roles and responsibilities of local government in respect of both statutory and non-statutory mental health duties.
10. The Act needs to reflect the operational needs and pressures on local government. Including Approved Mental Health Professional (AMHP) workforce training and recruitment requirements. AMHPs are largely employed by councils and it is recommended that local areas have a minimum number of AMHPs. The Department of Health and Social Care's 2019 National Workforce Plan for AMHPs estimated this will cost approximately £100 million over 10 years.
11. Any reforms to the Act need to be fully funded on a long-term basis. For many years' mental health services at all levels have been reduced despite rising demand. We fully support the aim of parity of esteem between mental and physical health.
12. The new Act should support councils to grow the capacity and capability of voluntary sector providers, such as Independent Mental Health Advocacy (IMHA) services, who are operating in an increasingly fragile market. Some local areas may need additional resourcing to develop new or specific community advocacy services.
13. We support the proposals to revise the detention criteria to be clearer that autism and learning disabilities are not considered to be mental disorders for this purpose and the requirement that there must be a probable mental health cause to their behaviour that warrants assessment in hospital. However, it is important that there is funding for local authorities and clinical commissioning groups to support development of alternative resources for people with autism and learning disabilities in the community.
14. We are also calling for the Government to fully fund the new burdens across children and adults social care of implementation of the Liberty Protection Safeguards. We have welcomed working with Government on the impact assessment that explores new and revised roles and responsibilities for councils and in scoping a separately funded cross system sector led improvement programme that allows councils and local partners to prepare themselves for implementation by April 2022 effectively.
15. New mental health legislation should also outline on how it is intended to interact with the Care Act, the Human Rights Act, the Equality Act and the Children Act.
16. It is important to recognise that to achieve a reduction in detentions is not solely about legislative change. There needs to be a system-wide shift towards prevention, away from medicalisation and treating mental ill health, to early intervention and support for



recovery through integrated community-based services. This would build upon the direction of travel set out in The Five Year Forward View for Mental Health

Additional Information

Local Government's current role in statutory mental health

17. Councils have key statutory duties that are an integral part of mental health services. In most cases, when people are treated in hospital or another mental health facility, they have agreed or volunteered to be there. However, there are cases when a person can be detained (also known as sectioned) under the Mental Health Act (1983) and treated without their agreement. The MHA is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder.
18. People detained under the MHA need urgent treatment for a mental health disorder and are at risk of harm to themselves or others.
19. AMHPs are mental health professionals who have been approved by a local authority to carry out certain duties under the MHA. They are responsible for coordinating an assessment and admission to hospital if the person is sectioned. It is the role of the AMHP to bring a social perspective to the MHA assessment, to counter a purely medical approach to people experiencing mental distress.
20. Councils have duties to provide social care to support people experiencing mental health problems. Section 117 of the MHA requires councils to provide after-care services and support to people moving out of hospitals.
21. Councils have powers under the Mental Capacity Act (MCA) to authorise guardianship for people discharged from hospital under the MHA, and duties to authorise deprivation of liberty safeguards (DOLS) or Liberty Protection Standards.
22. Councils are responsible for commissioning advocates to help people express their views and to represent their interests.

Implications for wales

23. The current MHA applies in both England and Wales. Although health policy is devolved to Wales, justice matters remain reserved to the UK government. The Welsh government will continue to engage with the UK government on the proposals set out in the White Paper as it considers appropriate next steps for Wales and develops its own response to the review.



Financial Implications

- 24. The increase in duties for AMHP's and expansion of IMHA services will have financial implications for councils. The LGA is currently engaged in a new burdens process with MHCLG.

- 25. Future implementation of the Mental Health Act will require funding in terms of workforce training, communications and improvement support.

Next steps

- 26. Board recommendations to be written up as a formal submission to the White Paper consultation.

Annexe.

Summary of white paper recommendations.

Statutory principles

27. The government proposes to seek to include four principles “up front” in the new Act:
- 27.1 choice and autonomy
 - 27.2 least restriction
 - 27.3 therapeutic benefit
 - 27.4 treating the person as an individual

Detention criteria

- 28 The government proposes to tighten the criteria for detention under the MHA to address the rising rates of detention and its disproportionate use among certain ethnic groups.

Mental Health Tribunals

- 29 The government wants to introduce more tribunal hearings to check on whether a patient’s detention continues to be appropriate.

Advance choice documents (ACDs)

- 30 The government proposes to introduce ACDs. These can be made when the individual has the relevant capacity and set out the person’s preferences about their future treatment.

Statutory care and treatment plans

- 31 To amend the MHA to require that all detained patients must have a care and treatment plan, with clear expectations about how this should be developed with the patient.

Consent to treatment

- 32 The government proposes to introduce additional safeguards when certain forms of treatment are being provided without consent.

Nominated person

- 33 The government will replace the nearest relative with a new statutory role, the nominated person (NP), who the patient can personally select to represent them.

Independent mental health advocates (IMHAs)

- 34 It is proposed to expand the role of IMHAs to include:
- 34.1 supporting patients to take part in care planning;
 - 34.2 supporting individuals in preparing ACDs;
 - 34.3 challenging particular treatments; and
 - 34.4 applying to the tribunal on behalf of the patient.



- 35 The review recommended that IMHAs should be available to support informal patients. But this will be subject to future spending decisions.

Community treatment orders (CTOs)

- 36 Proposal to reform CTOs so that they can only be used where there is a strong justification, they are reviewed more frequently and by more professionals.

The Mental Capacity Act (MCA) interface

- 37 A clear dividing line to be introduced between the MHA and MCA, based on whether or not a patient is clearly objecting to detention or treatment. All patients without the relevant capacity who do not object will receive care and treatment under the Deprivation of Liberty Safeguards (DoLS) or the Liberty Protection Safeguards (LPS) and not under the MHA. The government says that it will wait to assess the impact of the implementation of the LPS before introducing these reforms.

Accident and Emergency

- 38 To improve powers available to health professionals in A&E departments so that individuals in need of urgent mental health care, stay on site, pending a clinical assessment.

Patients in the criminal justice system

- 39 The government proposes to speed up the transfer from prison to mental health inpatient settings and establishing a new role for managing the transfer process (which could be given to AMHPs).
- 40 To introduce of a new power of 'supervised discharge' in order to adequately and appropriately manage the risk they pose.

People with a learning disability and autistic people

- 41 The White Paper raises concerns about the inappropriate admission of people with learning disabilities and autism to mental health hospitals. It is therefore proposing to revise the detention criteria to be clearer that autism and learning disabilities are not considered to be mental disorders for this purpose. There will be a requirement that there must be a probable mental health cause to their behaviour that warrants assessment in hospital.
- 42 The government also recommends the creation of new commissioning duties on local authorities and clinical commissioning groups to ensure an adequate supply of community services for these groups and monitor the risk of crisis at an individual level.

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

The Future of Public Health - The National Institute for Health Protection (NIHP) and other public health functions

Introduction

1. Following the Secretary of State for Health and Social Care's announcement of the new National Institute for Health Protection (NIHP) on 18 August 2020, we have yet to see government plans to better protect and improve the public's health, including where they will act to strengthen our health protection systems. A proposition document detailing the government's latest thinking is expected to be published soon.
2. As the government look to establish the new National Institute for Health Protection with a focus on our capacity and capability to respond to health threats, they also need to establish the right future system and organisational arrangements for improving the health of individuals and our population. The impact of Covid-19 on key groups of the population has highlighted the importance of levelling up health to support future resilience.
3. We remain disappointed that engagement to date on the future of the NIHP and the other health public health functions has been limited to a handful of large all stakeholder roundtables and no direct engagement with local government leads. We continue to push for stronger and more meaningful engagement with the sector.

Drug Treatment and Recovery

4. Last month we responded to the funding announcement of £148 million for cutting drugs crime and new investment in drugs prevention and treatment services. The government announced £80m additional funding for local drug treatment services in 2021/22.
5. This new funding is a positive step in tackling the scourge of illegal drugs in our communities, while providing much-needed support to those in drug treatment and recovery. We stressed that the causes of substance misuse are complex, but the right support in place can help vulnerable people improve their health, rebuild relationships, find work and drive down crime and violence. Extra funding means that drug treatment and prevention can be at the heart of councils' local public health responses, working closely alongside the police, health service and charities.

Public Health Grant 2021/22

6. At the time of writing, uncertainty remains about public health funding from April. Councils had expected to find out their individual public health funding allocations before Christmas. However, they have yet to be published by the Government.
7. We continue to push the Department of Health and Social Care (DHSC) and the Ministry of Housing, Communities and Local Government to provide certainty for directors of

public health and their teams on how much they can budget for in 2021/22 to help their communities deal with the immediate impact of Covid-19, including on local testing and vaccine rollout as well as longer-term improvements to population health such as tackling obesity and treating drug and alcohol abuse. Public health services cannot be expected to continue to meet rising demand, especially in the wake of the pandemic, without the extra resources to back this up. Public health funding grants to councils have been reduced by £700 million in real terms from 2015/16 to 2019/20.

Loneliness

8. The Department for Culture, Media and Sport (DCMS) has published the second Tackling Loneliness [Annual Report](#). It provides a progress update on the cross-government Loneliness Strategy that was published in October 2018. The report also acknowledges the vital role councils and local partners play addressing loneliness and social isolation, especially during the Covid-19 pandemic. The LGA is a member of the Local and Place Task and Finish Group, which is part of DCMS's Tackling Loneliness Network. The Task and Finish Group is finalising its report and we have highlighted the importance of locally-led approaches and building voluntary and community sector capacity. With the Association of Public Health Directors (ADPH), we have updated our [practical advice](#) note about Covid-19, loneliness and social isolation.

Mental Health and Wellbeing

9. In addition to the Mental Health Act White Paper, which is a separate agenda item, we continue to support and share good practice about how councils are supporting the mental health and wellbeing needs of their residents, including frontline workers, during the Covid-19 pandemic. With ADPH, we have updated our [briefing](#) about the public mental health and wellbeing issues arising from Covid-19.
10. Public Health England (PHE) has re-launched its [Prevention Concordat for Better Mental Health for All](#), taking into account the effects of COVID-19, a greater focus on reducing health inequalities and improved usability. Councils are invited to sign the consensus statement and commit to a plan to address the prevention and promotion of better mental health. Refreshed resources are available to support councils and the application process has been simplified. The LGA is one of the founding national signatories and we are encouraging even more councils to join.
11. PHE has also launched a nationwide Better Health - Every Mind Matters campaign to support people to take action to look after their mental health and wellbeing and help support others such as family and friends. The campaign encourages people to get a free [NHS-approved Mind Plan](#) from the [Every Mind Matters website](#) where adults and young people can access practical tips and resources. We have promoted the campaign to councils.

12. We continue to progress the research into whole family / household approaches to mental health and wellbeing through the lens of 16 to 25 year olds, with the Children and Young People's Board. The Centre for Mental Health will shortly be arranging webinars to share early findings and seek input from councillors. The Centre is also hosting virtual sessions with young people in early February to sense-check the emerging findings from the perspective of young people. Practical outputs will be produced by early April, including case studies, a 'must know' councillor guide and one-page topic guides to share findings and support different approaches.

Suicide Prevention

13. The Office for National Statistics (ONS) [Quarterly Suicide Death Registrations provisional data](#) to quarter 3 (July to September 2020) show similar suicide rates to the third quarter in previous years, with the lower number of suicides registered in quarter 2 likely to be caused by the pandemic delaying inquests. It is important to note that given the length of time it takes to hold an inquest, most deaths are registered around 5 to 6 months after they occurred, and it is too early to understand the impact of Covid-19 on ONS recorded suicide rates.
14. An ONS [report](#) into the change in standard of proof used by coroners from the criminal standard to civil standard concludes that this has not resulted in any significant change in the reported suicide rate. Finally, an ONS analysis of [recent trends in suicide up to 2018](#) has shown that 2018 saw the highest suicide rate in 14 years, with the greatest long-term increases seen in young people aged 10-24 and men aged 45-65.
15. Every suicide is a tragedy. Our [response](#) to the ONS reports said that councils are working hard with partners to prevent suicide and support those affected by it. We continue to call for a new national focus on helping everyone stay mentally well throughout their lives, including those affected by Covid-19, backed-up by funding for councils to spend with local partners, to help prevent more serious problems from developing.
16. The Samaritans have produced a series of [briefings](#) from ongoing research to understand the impact of the pandemic on wellbeing. Although it is too early to know the effect of the pandemic on suicide rates, the evidence shows that as well as affecting people's mental wellbeing, the pandemic is having an impact on factors we know are related to suicide risk. Based upon ongoing research, the Samaritans are particularly concerned about three groups: middle aged men, young people and self-harm and people with pre-existing mental health conditions.

Housing

17. With the Association of Directors of Adult Social Services (ADASS) and NHSE, we have published [guidance](#) for local government and NHS commissioners about a category of supported housing referred to as 'specialised supported housing', particularly lease-

based models. The guidance is intended to help commissioners take informed, risk-based decisions about specialised supported housing in the context of concerns raised by the Regulator of Social Housing.

18. With Care and Repair England and Age UK, we have updated and re-published our [guide](#) to meeting the home adaptation needs of older people in the light of Covid-19 and the Government's further [boost](#) to the all ages Disabled Facilities Grant, which will see local areas receive an additional £68 million, on top of the £505 million paid to councils in May 2020.

Armed Forces Covenant

19. The Government has published its [Armed Forces Covenant Annual Report](#), setting out the achievements of the Armed Forces Covenant. All councils have voluntarily signed up to the Covenant and it is positive that local government's vital role supporting our Armed Forces Communities is recognised in the Annual Report.
20. We continue to work with the Ministry of Defence to help shape the new statutory duty on local public bodies to have 'due regard' to the Covenant, which we expect to be introduced in Parliament next year. Next year is also the tenth anniversary of the Covenant and an opportunity to further share how we support serving personnel, veterans, reservists and their families in our communities.

Care and Health Improvement Programme

21. Discussions are underway with DHSC for a single year programme for 2021/22, staying within the spending review cycles, with essentially a rolling over of the 2020/21 priorities:

- 21.1. Care and health integration and hospital flow
- 21.2. Social care commissioning and markets
- 21.3. Social care strategic workforce planning
- 21.4. Social justice, incl. mental health, learning disabilities and safeguarding
- 21.5 Public health and prevention
- 21.6. Use of resources
- 21.7. Leading healthier places incl. councillor, professional and clinical leadership
- 21.8. Service design and innovation

22. Early expectations are that the budget will be broadly in line with 2020/21 funding levels at c£7.5m, although this has yet to be confirmed by DHSC.

23. A fuller report will be provided to the next Community Wellbeing Board once more details are known.

The future of Care and Integration

24. On 8 December, Cllr Paulette Hamilton chaired a webinar organised by NHSE and supported by the LGA on the role of place in the future of health and care transformation.

25. On 22 December, the LGA published its response to the NHSE consultation on the future of integration, which drew on the views and concerns of LGA members:

<https://www.local.gov.uk/parliament/briefings-and-responses/lga-response-nhs-england-and-nhs-improvement-consultation>.

25. On 23 December, the LGA published a joint good practice guide on localising decision-making: <https://www.local.gov.uk/localising-decision-making-guide-support-effective-working-across-neighbourhood-place-and-system>

26. On 6 January the Community Wellbeing Board members were invited to a consultative meeting with NHS England and NHS Integration colleagues on the future of care and integration.

Note of last Community Wellbeing Board meeting

Title:	Community Wellbeing Board
Date:	Wednesday 2 December 2020
Venue:	Virtual meeting

Attendance

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

Item	Decisions and actions	Action
1	Welcome, apologies and declarations of interest	
	Apologies were received from Cllr Scott MacDonald and there were no declarations of interest.	
2	Covid-19 Update	
	<p>Mark Norris, Principal Policy Adviser, introduced the lengthy paper attached to the item which outlined the activity of Board's work associated with the pandemic, covering the board's priorities as agreed at the away day. This included assisting councils preparing to come out of lock down into a tier system, test and trace responsibilities, the community contain strategy, as well as the fast-moving announcements and decisions concerning the imminent vaccination rollout.</p> <p>Mark asked for a steer on how vocal the LGA should be regarding increased pressures on care homes following the requirement from government to carry out lateral flow tests, and highlighted the cross cutting issues with other LGA policy board including councils' work on shielding and enforcement (Safer and Stronger Communities Board) and payments for isolation – (Resources Board). Mark asked whether these were the right priorities and if there was anything additional that members would like officers to focus on.</p> <p>Cllr Hudspeth introduced Susan Hopkins (Interim Chief Medical Advisor) who gave an update on the state of the nation and what the Board could expect to happen in the months that followed. Following the announcement that a vaccine had been approved and would soon be rolled out, Susan explained that:</p> <ul style="list-style-type: none"> the 'R rate' had, since the previous week, been below 'one' for the first time in three months, which meant that the pandemic in the UK was overall in decline. <p>Number of recorded covid cases</p> <ul style="list-style-type: none"> In the previous 7 days there had been 105,000 confirmed covid cases, following a peak in November of 200,000. Over a 7-day period there had been 13,430 cases a day and that this was down from 30,000 in a day previously. 	

Number of recorded deaths related to covid

- Deaths, however, were still rising because of the lag between hospital admission and death.
- There had been 603 deaths recorded on the previous day, which was much lower than the daily peak seen in April.

Number of covid related hospital admissions

- In the previous 7-day period, 10,000 patients had been admitted to hospital, the figure had been 1400 the previous day. This was a decline of about 10% over the previous 7 days.
- There were currently 14,000 patients in hospital at that time with an average hospital stay lasting two weeks.

Testing capability

- 250,000 PCR tests per day and capacity to do 600,000 tests, this was considered to be a good state of affairs and she expected the UK to have the ability to conduct 800,000 by the end of December and over 1 million tests in January.
- New technologies called lateral flow devices, which are rapid antigen tests, less sensitive than PCR tests but detect people with high levels of infectious virus which offers an additional advantage.

Susan went on to look at what could happen next and explained that despite the vaccines, a long and difficult winter lay ahead. It had been announced that the UK would exit lockdown measures and move into a tier system. The firebreak in Wales in October had worked initially but then cases had risen, meaning further measures and restrictions needed to be taken. Susan expressed worry that celebrations over the Christmas period would put even more pressure than usual on the NHS in January which is always a very difficult month due to winter pressures.

Susan said the good news was that the Pfizer vaccine had been approved, however storage and handling presented significant challenges. The Pfizer vaccine had to be stored in 'pizza' packs/boxes at a temperature of -70 degrees. Each pack would vaccinate 1000 people but once defrosted could not be moved and would eventually expire meaning people would have to travel to where the vaccine would be. The more standardised AstraZeneca vaccine was a few weeks behind Pfizer but approval was imminent. The JCVI was due to announce their recommendations on who would be prioritised for vaccination; this was likely to determine that care home staff and residents be vaccinated first, then over 80s and down in 5-year age groups to the over 50s and clinically vulnerable. It was likely that health care workers would be vaccinated early.

The newly available lateral flow devices were described as a game changer – this would not eliminate the risk of covid but was expected to reduce transmissions in hospitals by about 60%. This was also to be piloted for care home visiting. Susan emphasised the need to keep a distance, minimize contact, wash face and hands, wear a mask, take up the vaccine and take up testing.

In the discussion that followed the following points were raised:

- The JCVI – an independent committee would make the decision on which groups would receive the vaccine in order.
- Populations and communities live hand in glove, this is why we had lockdown measures to protect the most vulnerable. Universities would be well placed to help mitigate the spread of the virus when students returned in January.

Students who got had covid in the first wave would be protected.

- Many care home residents were in the last years of their lives. A balance needed to be made weighing up the risks and benefits of care home visiting.
- Domiciliary care workers and unpaid workers should get access to lateral flow devices and local authorities have supplied PPE.
- Vaccine roll out and track and trace would be equally important in fighting the virus going forward. The following four months would not be any easier the beginning of the year had been, but it was hoped there would be some relief by Easter 2021.

Decision

Members of the Community Wellbeing Board noted the verbal update and written report.

3 Update from the Chairman

The Chairman welcomed Cllr James Jamieson, Chairman of the LGA to the meeting and invited him to address the Board.

Cllr Jamieson gave a brief update on his activities as chairman during the pandemic, the work he had been doing on behalf of the board and promoting local government which included numerous meetings with government ministers.

James highlighted his work as a member of the Local Outbreak Plan Advisory Board, which had previously been meeting weekly and was then meeting every few weeks as necessary. The Advisory Board was updated on the current situation and made recommendations to government on what should be done on issues such as the exit from lockdown into the tier system. James was pleased that of the six requests made by the Advisory Board, four or so had been achieved – this included additional funding for local government, clarity of the tier rules and enforcement powers.

James also outlined his discussion with the Secretary of State on issues which included the future of public health, NHS reform, national health protection and health and care integration.

He also mentioned the need to reform social care both in terms of funding and outcomes for patients.

In the discussion that followed James was thanked for his leadership and work as chairman. It was suggested that the workstreams that cross the different LGA policy boards should be discussed at a future Councillors' Forum meeting with a co-ordinated report. A view was expressed that health care must move away from institutions towards community care and prevention, and there was disappointment that no move towards this had been outlined in the recent Spending Review. It was acknowledged that track and trace would be extremely important for the foreseeable, but it had been a failure at a national level and a success locally and more must be done to share. An improved data sharing system was expected in the new year.

The Chairman thanked Cllr Jamieson and the board noted the work undertaken by Chairman of the LGA.

4 Health Devolution

Alyson Morley, Senior Adviser, gave a verbal update following the Joint Health Devolution meeting held for lead members of the Community Wellbeing Board, City Regions Board and People and Places Board which took place on Thursday 26 November 2020.

Alyson advised that the meeting had been set up as the City Regions and People and Places Boards were responsible for LGA policy on Devolution and the Community Wellbeing Board had responsibility for policy on Health and Care, therefore a discussion on the Health Devolution required a meeting of the lead members of all three boards.

During the meeting members reviewed the previously agreed keys messages on health and devolution and agreed that this was still broadly correct. A commitment was given to provide examples of good practise on localised decision making.

In the discussion that followed the following points were raised;

- Would this be 'real' health devolution or more reform of the NHS?
- That supposed 'health devolution' in Greater Manchester was not meaningful devolution, merely delegation.
- Work carried out should be for the benefit of the resident not the organisation. Outcomes should be for residents first, who should not be thought of as patients - aims would be met by residents not becoming patients.
- There was a variation of opinion within the NHS on the intention of ICSs - some 'cutting-edge' ICS leaders such as Rob Webster from West Yorkshire and Harrogate were focused on population health and the social determinants of health – there, everything was done on a locality level unless it made strategic commissioning sense to do it at a higher level. However some ICSs were led by traditional, acute chief execs who preferred a national top down, command and control approach and were concerned with making sure that the health service runs better – believing that although adult social care and public health had a contribution to make, these were not the main concern or solution.
- An enormous cultural and behavioural change would need to take place for ICSs to be successful, alongside a commitment to the population rather than an organisational interest.

Decision

Members of the Community Wellbeing Board noted the update.

Action

The draft response to the consultation will be circulated to all board members for an opportunity for comments in the formal response to the proposals.

5 Joining up Care – our work with NHSX

The Chairman introduced Jamie Cross, Adviser in the CHIP team and Ian James, CHIP Digital Lead, who updated the board on the new joint programme between NHSX, the LGA and ADASS called Joining Up Care.

Jamie explained that Joining up care is a partnership initiative designed to break down the barriers between health and care through the improved use of technology and data and gave an update of the work that had been undertaken since the first report to the Board in October.

Full details can be found in Annex A of the agenda report, but the key updates were given as follows;

- Roll out of iPads to care homes was due to begin with 1,100 iPads to be sent to over 9,000 care homes within three weeks, with the aim to allow care providers to access remote health assessments and for residents to keep in touch with friends and relatives.
- A simplified data security and protection tool kit for social care had been published with a support offer for care providers available through the new 'better security, better care' programme.
- The regional scale plans for remote monitoring tools for Covid-19 were progressing well and an innovation collaborate learning hub had been launched with the aim of increased use of monitoring covid symptoms at home.
- The shared care record programme had been set up with local government colleagues inputting through a steering group.
- A joint letter summarising the range of the winter offers, explaining the partnership in more detail and encouraging take up was due to be sent to local government colleagues.

Members were very encouraged by the report and verbal update. In the discussion that followed, members of the Community Wellbeing Board expressed the view that micro-providers should to be accommodated through this work and officers were challenged to investigate how informal carers and voluntary community sector partners could be better supported. It was also noted that 'digital' is not a panacea – with some people unable to access the offer. A 'digital first' approach could also exacerbate loneliness.

Decision

Members of the Community Wellbeing Board agreed to the updates contained in the report and endorsed annexes B and C of the report.

Action

Officers will brief Cllr Louise Gittins, Community Wellbeing Board Digital Champion, on this work in greater detail as soon as possible.

6 Outside Bodies, Equalities and Diversity champion appointment

Decision

Members of the Community Wellbeing Board noted appointments made in the accompanying report.

Actions

Appointees to Outside Bodies and champion roles will feed back to members of the Community Wellbeing Board throughout the 2020/21 meeting cycle.

7 Other Board Update Paper

Decision

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

Action

Relevant sections from the LGA's 'Spending Review: on the day briefing' relating to the work of the board will be circulated to members for comment.

Officers will share work on 0-5 years health with members for information.

8 LGA Business Plan

Mark Norris, Principal Policy Adviser, explained that the LGA's Business Plan had been updated and approved by the Executive Advisory Board and had therefore been circulated to all LGA policy boards for noting.

Decision

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

Actions

The updated plan is to be published on the LGA website.

9 Any other business

No other business was raised.

Appendix A -Attendance

Position/Role	Councillor	Authority
Chairman	Cllr Ian Hudspeth	Oxfordshire County Council
Vice-Chair	Cllr Paulette Hamilton	Birmingham City Council
Deputy-chair	Cllr Richard Kemp CBE	Liverpool City Council
Committee Member	Cllr David Fothergill	Somerset County Council
Committee Member	Cllr Adrian Hardman	Worcestershire County Council
Committee Member	Cllr Colin Noble	Suffolk County Council
Committee Member	Cllr Judith Wallace	North Tyneside Council
Committee Member	Cllr Sue Woolley	Lincolnshire County Council
Committee Member	Cllr David Coppinger	The Royal Borough of Windsor and Maidenhead
Committee Member	Cllr Wayne Fitzgerald	Peterborough City Council
Committee Member	Cllr Arnold Saunders	Salford City Council
Committee Member	Cllr Helen Holland	Bristol City Council
Committee Member	Cllr Arooj Shah	Oldham MBC
Committee Member	Cllr Shabir Pandor	Kirklees Metropolitan Council
Committee Member	Cllr Natasa Pantelic	Slough Borough Council
Committee Member	Cllr Amy Cross	Blackpool Council
Committee Member	Cllr Bob Cook	Stockton-on-Tees Borough Council
Committee Member	Cllr Doreen Huddart	Newcastle upon Tyne City Council
Committee Member	Cllr Neil Burden	Cornwall Council
Committee Member	Cllr Tim Hodgson	Solihull Metropolitan Borough Council
LGA Officers	Mark Norris Alyson Morley Paul Ogden Laura Caton Matthew Hibberd Naomi Cooke Amy Haldane	

