

Community Wellbeing Board

Agenda

Thursday, 15 July 2021
11.00 am

Microsoft Teams

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

www.local.gov.uk

LGA Community Wellbeing Board
15 July 2021

There will be a meeting of the Community Wellbeing Board at **11.00 am on Thursday, 15 July 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:

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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

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The twitter hashtag for this meeting is #lgacwb

Community Wellbeing Board – Membership 2020/2021

Councillor	Authority
Conservative (7)	
David Fothergill (Chairman)	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
Vacancy	Conservative Group
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)	
Rosemary Sexton (Deputy Chair)	Solihull MBC
Sue Baxter	Bromsgrove District Council
Substitutes	
David Beaman	Waverley Borough Council
Tim Hodgson	Solihull Metropolitan Borough Council

Agenda

Community Wellbeing Board

Thursday 15 July 2021

11.00 am

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2. Note of the previous meeting		To follow in a supplemental agenda
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Guest Speaker: Sarah Pickup, Deputy Chief Executive of the Local Government Association and Co-Chair of the Local Government Health and Care Sounding Board		
4. Living with Long Covid		
Guest Speaker: Allison Streetly, Public Health England		
5. Housing, Care and Support update	7 - 16	
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Date of Next Meeting: Wednesday, 13 October 2021, 11.00 am

Health and Care Bill: update on progress and LGA activity

Purpose of report

For information.

Summary

This report updates Community Wellbeing Board members on LGA activity to influence the forthcoming Health and Care Bill since their last meeting on 27 May 2021. In particular, it provides an update on the work of the LGA and DHSC Health and Care Sounding Board.

Recommendations

The Board is requested to note the action taken so far on its behalf by officers and the Local Government Health and Care Sounding Board and direct officers on further action required in relation to the forthcoming Health and Care Bill.

Action

By officers, as appropriate

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Health and Care Bill: update on progress and LGA activity

Update on activity and LGA response

1. On 27 May, the CWB received an update report on the LGA's response to Government White Paper, *Integration and innovation: working together to improve health and social care for all*. This report gives a brief update of the progress on this policy area since the last meeting.
 - It was intended that this report would update CWB members on the content of the Health and Care Bill. The Bill was published on 6 July 2021: [Bill 140 2021-22 \(as introduced\)](#).
2. It is important to note that the Government intends that the proposals in the Bill – in particular, putting integrated care systems (ICSs) on a statutory footing and transferring the statutory functions of clinical commissioning groups (CCGs) to ICSs – will 'go live' from April 2022. This implementation timetable means that the Bill will need to be introduced to Parliament before the summer recess.
3. NHS England published the ICS Design Framework on 16 June 2021: <https://www.england.nhs.uk/publication/integrated-care-systems-design-framework/> . It sets out the headlines of how NHS leaders and organisations will be expected to operate with their partners in ICSs from April 2022. The LGA published a media statement broadly welcoming NHSE's inclusive approach to developing the document. But we emphasised the importance of local supporting political, professional, clinical and communities to deliver the ambitious transformation agenda of ICSs. The full media statement is available here: <https://www.local.gov.uk/user/login?destination=/about/news/lga-responds-publication-ics-design-framework> .
4. Any progress on the Bill and policy on health and care reform, subsequent to writing this report, will be reported at the CWB meeting by Sarah Pickup, LGA Deputy Chief Executive.

LGA policy lines on the white paper

5. On 7 May, the LGA published its position paper on the white paper, summarising our positions, priorities and concerns on the wide-ranging proposals: <https://www.local.gov.uk/parliament/briefings-and-responses/integration-and-innovation-working-together-improve-health-and> . Drafts of this document were shared with all members of the CWB for their comments and has since been shared widely with local government and national stakeholders. The key policy headlines are summarised below for information to remind Community Wellbeing Board Members of the key messages that the LGA will be promoting in our work on Health and Care Bill.

5.1. We support Integrated Care Systems (ICS) as a strong driver for integrating health services in a system through the Integrated Care Board (ICB) and an

Integrated Care Partnership (ICP) as a partnership of equals with a duty to ‘produce a plan for health, social care and public health services’.

- 5.2. **Parity between the Integrated Care Board (ICB) and Integrated Care Partnership (ICP)** - that The Bill requires that the ICB and all relevant local authorities will set up the ICP and that local areas can ‘appoint members and delegate functions as they see fit’. The establishment of the partnership in each system will be a joint responsibility of the ICB and all councils in the ICB. We support local flexibility, with health and local government leaders working as equal partners, to agree the forms of and relationship between ICB and the ICP that works for each area and which build on existing effective partnerships at place.
- 5.3. **A clear commitment to addressing health inequalities** - The Bill states that Integrated ICP will produce an Integrated Care Plan. We urge the ICP to have an overarching focus on improving population health and will build on the joint strategic needs assessments and joint health and wellbeing strategies produced by the relevant health and wellbeing boards within the integrated care system (ICS) as a strong basis for identifying system-wide priorities.
- 5.4. **A whole population approach** - In adopting a population health approach, ICSs will need to work closely with public health in local government, education, early years services and the private and voluntary sector to improve the health and wellbeing of children and young people. Getting support right from pregnancy and early childhood will have lifelong impacts and needs a far higher priority because of its long-term benefits.
- 5.5. **Footprint** - We strongly support the Government commitment that, wherever possible, the ICS footprint will be coterminous with the local government footprint (councils with ASC responsibilities). We urge the Government to resolve any problematic ICS footprints at the earliest opportunity through a transparent transition process that involves all relevant councils and NHS organisations.
- 5.6. **Primacy of place and subsidiarity** – The governance within each ICS – at system, place and neighbourhood levels – must be underpinned by subsidiarity, that is that decisions are taken as close as possible to the communities they affect. This must be agreed between partners at neighbourhood, place and system, not just by the ICS. ICS structures need to build on existing place-based partnerships, in particular health and wellbeing boards (HWBs). In some places, partners will need to review them to ensure that they are fit for purpose. In others, new system and place-level partnerships will need to be developed and they will need support to do this, learning from their peers and existing good practice elsewhere.
- 5.7. **Accountability** - Accountability mechanisms within ICSs between the ICB and ICP, and between the ICS and existing governance bodies such as HWBs, existing integrated partnerships and joint committees will need to be clearly mapped and agreed by all partners. This mapping will need to ensure that decision-making is as local as possible, transparent and accessible to local people.
- 5.8. **Inclusion and co-production** – ICSs need to develop plans and services in collaboration with the communities within their systems. Engagement and inclusion

mechanisms at system level need to build on and add value to existing place-based and neighbourhood mechanisms.

- 5.9. **Keep bureaucracy to a minimum** – ICSs should not lead to unnecessary additional layers of bureaucracy, more rules, reporting and processes.

Update on the Local Government Health and Care Sounding Board

6. We have also set up the Local Government Health and Care Sounding Board in partnership with the DHSC. It brings together senior officer representatives of local government with the senior officers in DHSC, NHSE and MHCLG to ensure that local government is engaged in the developed of policy on the health and care reform agenda. Its first meeting was on 18 May. It is co-chaired by Sarah Pickup, LGA Deputy Chief Executive and Tabitha Jay, DHSC Director of Social Care Policy and Workforce. It is not a formal part of DHSC or LGA governance structure, but it will provide regular informal reports to the CWB.
7. It has met twice since it was set up in May and has discussed the following issues:
- 7.1. ICS boundaries
 - 7.2. NHSE good practice guidance on ICSs and place-based partnerships
 - 7.3. Support to system leaders – webinars and SLI support
 - 7.4. Updates on the Health and Care Bill
 - 7.5. DHSC guidance on the Integrated Care Partnership
 - 7.6. Identifying risks and opportunities for local government on ICSs and the integration agenda
 - 7.7. Children and young people and ICSs
 - 7.8. Proposals for the adult social care assurance by CQC.
8. The next meeting of the Sounding Board will be July. Future items are likely to include:
- 8.1. An update on the Health and Care Bill
 - 8.2. Revised guidance on health and wellbeing boards
 - 8.3. NHSE good practice guidance to ICSs including: working with people and communities; working with the community, voluntary and social enterprise sector; and the role and contribution of local authorities to provider collaboratives
 - 8.4. Future funding and reform of adult social care.
9. Sarah Pickup, Deputy Chief Executive, will give an update on the Sounding Board at the meeting.

Implications for Wales

10. Health, public health and adult social care policy are all devolved functions. The proposals in the White Paper relate to England only and, therefore, there are no implication for Welsh local authorities.



Financial Implications

11. The provisions of the Health and Care Bill are expected to be wide-ranging. There may well be financial implications for councils with adult social care and public health responsibilities. We will continue to work with councils, government departments and NHS England to identify all financial implications for local government and ensure that these are addressed by government.

Next steps

12. The Board is requested to note the update and direct officers and the Local Government Sounding Board as appropriate



Update on Housing and Social Care

Purpose of report

For information.

Summary

This report summarises current policy and improvement work to address the housing and social care priorities in the Community Wellbeing Board's 2020/21 work programme. Much of this work is steered jointly with the Environment, Economy, Housing and Transport (EEHT) Board and in close collaboration with the Association of Directors of Adult Social Services (ADASS) Housing Policy Network. As we look ahead to the 2021 Spending Review and the Government's proposals for social care reform, this discussion is also an opportunity for Members to identify potential issues to reflect in our ongoing work.

Recommendations

Members are invited to note the update offer any further steer on the Board's current work programme, particularly the actions outlined in paragraphs 12, 21, 26, 32 and 37.

Action

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

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Update on Housing and Social Care

Background

1. Councils have always wanted their residents to live in safe, affordable, good quality homes. COVID-19 has further shown the centrality of housing as a key component of health and care and the foundation upon which people can achieve a positive quality of life. The impact of poor housing on health is like that of smoking or alcohol and [costs the NHS](#) at least £1.4 billion a year, as well as increasing demand for social care.
2. Affordable, suitably designed and accessible homes in the right places, with supporting infrastructure, can extend independent and safe living for older people and working age people with a disability and/or other long-term health needs.
3. It can also help to reduce demand on social care and health services by supporting greater levels of independence in the community, preventing admissions to residential care and hospital and aiding discharges. For people in vulnerable circumstances, a safe home with personalised support to address practical and care needs, can help people to regain their independence.
4. Nationally, there is much greater recognition about the role of housing in health and care as part of a wider focus on prevention and tackling inequalities. The LGA and ADASS are among 25 national signatories to a [Memorandum of Understanding](#) (MoU) that sets out a shared commitment to joint action across government, health, social care and housing. Health and wellbeing boards are increasingly integrating housing into their work, often using the MoU as a framework. How this is achieved varies between places, not least to reflect district councils' responsibility for housing in two-tier areas, and the extent to which health partners are fully engaged.
5. Our housing and care work is integrated throughout the Board's policy and improvement work. For example, the LGA Chairman recently attended a roundtable on the role of housing in adult social care reform. The Health and Social Care Bill will introduce reforms that will impact upon how health, care and housing partners work together to plan and commission services. The role of health and wellbeing boards in relation to housing features in our political leadership offer. There are also links to our work on loneliness, mental health and the Armed Forces.

Priority Issue 1: Supported Housing

6. Supported housing brings together good quality build in the right locations with support for the needs of the individual, so that they can live a fulfilling life with positive outcomes. Supported housing is mainly provided by housing associations, councils, voluntary sector or charitable providers i.e. not-for-profit organisations; many of these are registered

providers of social housing. Some private sector 'for profit' organisations also provide supported housing, either as landlords and/or as support providers.

7. There are different types of supported housing offering different levels of assistance across all tenures. This includes sheltered and extra care housing mainly for older people, specialised supported housing mainly for working age adults with learning disabilities, long-term mental health and/or other complex needs, hostels supporting homeless people (EEHT Board lead) and refuges for people who have experienced domestic abuse who may need short-term support (Community Safety Board lead).
8. The supported housing sector has multiple finance arrangements and governance models, depending upon the provider. This can present challenges around quality of the accommodation and housing related support, and value for money. Difficulties defining housing and eligible support costs within the Housing Benefit system have prompted several government supported housing reviews. In August 2018 [the government announced](#) that Housing Benefit would be kept in place for all types of supported housing, which brought some much needed stability to the market.
9. The government also pledged to develop a more robust oversight regime to improve quality and achieve better value for money. MHCLG and DWP have taken this forward through the [Supported Housing National Statement of Expectations](#) which includes [five council pilots](#) that are testing different ways of improving the standard and quality of non-commissioned short-term supported housing.
10. There are particular challenges with supported exempt accommodation. Councils want greater flexibilities and powers to act against the minority of landlords who take advantage of the higher rents that can be charged for this type of housing and in a way that will not adversely impact on good quality providers. In the case of non-registered providers, councils do not receive the full Housing Benefit subsidy and incur the additional costs to meet those rents. These are long-standing issues which councils and the LGA have consistently raised with DWP, MHCLG and DHSC.
11. We are working with Housing LIN to host a roundtable on 22 July that will bring officers together to develop pragmatic proposals that would give councils more levers to control unreasonable exempt accommodation rents, ensure that the housing is good quality with good support provided and that would lay the foundation for longer term change.
12. Members are invited to give any further steer on current actions:

12.1. Continue to make the case for a sustainable supported housing funding model to ensure that councils can reduce homelessness and help older and other people in vulnerable circumstances to live well. Housing costs (revenue and capital) and care costs must both be adequately funded. This links to wider

concerns about the sufficiency of Housing Benefit, welfare reform (led by the Resources Board) and social care funding reform.

12.2. Continue to position councils to have the lead role in overseeing and ensuring supported housing is good quality, value for money and fits in with the wider local services offered in places. This should be appropriately resourced and not overly prescriptive for councils or providers.

12.3. Linked to the above, develop specific pragmatic proposals for Ministers to implement that would give councils greater flexibilities and powers to act against the minority of exempt accommodation landlords who charge excessive rents and do not provide adequate support to their residents.

13. There is close alignment to the EEHT Board's work supporting councils to develop new approaches to working with developers and securing investment in housing supply.

Priority Issue 2: Older People's Housing

14. More people are enjoying longer and healthier lives. In less than 20 years, one in four people in the UK will be over 65.¹ There is an urgent need to provide a better range of housing and lifestyle options to meet the variety of circumstances, aspirations and needs of people as they age. Supporting people to have a range of housing options as they get older is key.

15. There is innovation underway across the country. Within the diverse mix of different approaches – from building new age-friendly homes, to shaping and enabling the market, integrating housing with health and care, and developing new models for adapting and creating smart homes – local leadership and collaboration between partners to meet the aspirations and needs of older people is critical.

16. Addressing older people's housing is also a vital part of the adult social care reform agenda. Keeping people healthy, active and independent in their own homes for longer, with easy access to local amenities, will help to reduce demand on social care and health services. Inappropriate housing for the over-55s is projected to cost nearly £20bn by 2041.² COVID-19 has accelerated the pre-pandemic trend of moving away from traditional models of older people's residential care and towards supporting independent living.

17. The LGA Chairman has expressed an interest in bringing together work on planning reform, social care reform, town centre renewal and COVID-19 recovery to improve outcomes for older people and drive growth through age friendly housing. The work has 2 related strands:

Improving outcomes and driving growth through age friendly homes suitable for later living

¹ https://www.housinglin.org.uk/assets/Resources/Housing/Support_materials/Reports/HLIN_Keepmoat_Report_FINAL.pdf

² http://www.bre.co.uk/filelibrary/Briefing%20papers/86749-BRE_briefing-paper-PHE-England-A4-v3.pdf

18. Breathing new life into our high streets will be critical to the future economic prospects and the social fabric of towns right across England. Combined with longer-term trends, the pandemic and associated lockdowns have had a significant impact on high streets and town centres. In November 2020, the local data company predicted that there could be 15,000 additional empty shops in Britain.³
19. Building more age-friendly town centre housing and re-purposing existing buildings for later life could be an attractive option for older people who want to rightsize to a centrally located and more manageable property, helping to prolong independence. This includes suitably designed general housing that can meet changing needs as people age and would appeal to a wider and younger audience (for example, larger apartments, lift access, accessible ground floor areas), in addition to more specialist housing with access to care and support (considered below). Such development would need to be accompanied by appropriate neighbourhood infrastructure, and links to the EEHT Board's work on planning reform.
20. In the UK there are an estimated 11.4 million potential last time buyers (homeowners over 55). Their characteristics support town centre developments. With strong income and wealth levels, the older people consumer market is set to grow rapidly over the next 30 years, and 68% of older people prefer smaller shops close to home.⁴ People living in a typical 45 apartment retirement development generate £550,000 of spending per year - with £347,000 going to local shops on the high street, supporting retail jobs and keeping amenities open.⁵
21. Members are invited to give any further steer on current actions:
- 21.1. Bring together work on planning reform, social care reform, town centre renewal and COVID-19 recovery to drive growth through age friendly housing in a shared conversation across MHCLG, DHSC and BEIS** – as part of the Urban Renewal Taskforce's consideration of downsizing accommodation.
- 21.2. Identify the barriers to an expansion of age friendly general housing and jointly develop evidence based policy solutions** that will change how we plan, develop and build homes that are suitable for later life across all tenures to give older people more choice.

More investment in extra care housing for older people

22. Good housing and preventative services can make a fundamental difference to health and wellbeing. Extra care housing is an important part of an older people's housing offer, giving older people the choice of growing older in a safe, secure and attractive environment. Their care and support needs are met and independence and community

³ <https://www.local.gov.uk/dealing-empty-shops-guide>

⁴ https://www.housinglin.org.uk/assets/Resources/Housing/OtherOrganisation/Report_SilverSavioursHighStreet.pdf

⁵ https://www.housinglin.org.uk/assets/Resources/Housing/OtherOrganisation/Report_SilverSavioursHighStreet.pdf

connections are maintained with extra care housing an important part of neighbourhoods.

23. There is a shortage of extra care housing. In the UK, we build around 8,000 retirement properties a year. A fivefold increase in the delivery rate of housing with care over the next decade is needed to keep pace with the ageing population⁶. Demand for extra care exceeds supply and new schemes are usually oversubscribed.
24. Evidence from councils shows that in addition to delivering much better outcomes for people who want to live in this type of housing, the financial business case for investment in building more older people's extra care housing is also compelling for councils, the NHS and the wider public purse. For example, every additional extra care apartment on average saves social care £2,400 per year as well as saving money for the NHS and improving lives.⁷
25. Residents living in housing-with-care experience higher quality of life and lower levels of loneliness and social isolation. According to a 2019 survey of people living in extra care settings, people experienced:⁸
- 14.8% reduction in depressive symptoms in 18 months and 23% decrease in anxiety symptoms
 - Significant improvements in the level of exercise done by residents (75%)
 - Increase in walking speed and a reduction of falls over the first two years
 - The increase of frailty is delayed or reversed in residents
 - 24% increase in autobiographical and 17% increase in memory recall tests
 - 86.5% of residents were 'never or hardly ever' lonely
26. Members are invited to give any further steer on current action:
- 26.1. **Work with Ministers to unlock the potential of a significant expansion in extra care housing.** Combined with social care reform and more focus on older people's housing in NHS prevention and integration, an integrated strategy of right sizing and independent living in connected neighbourhoods could deliver significant health, wellbeing and economic benefits (for older people who wish to live in extra care housing).
27. Lead Members have emphasised the importance of this work being underpinned by a thorough understanding of the evidence about older people's housing needs and aspirations, including the impact of the pandemic on people's willingness to move.

⁶ <https://bpf.org.uk/media/3305/bpf-housing-and-care-for-older-people-report.pdf>

⁷ https://www.housinglin.org.uk/assets/Resources/Housing/Support_materials/Reports/HLIN_Keepmoat_Report_FINAL.pdf

⁸ <https://www.extracare.org.uk/media/1169231/full-report-final.pdf>

Priority Issue 3: Adapting existing housing stock

28. Of course, the housing options considered above will not suit all older people. Although more people are willing to move to more suitable properties as they get older, many people choose to stay in their current home. The next pillar of our housing and care work is adapting existing housing stock and improving the accessibility of new builds, which benefits people of all ages.
29. Timely home adaptations support older people and disabled people, their families and carers to manage wellbeing in the home, extending safe and independent living. Improving the accessibility of existing housing is a priority because over 80 per cent of the homes we will be living in by 2050 are already built⁹. 72 per cent of existing homes could be adapted to meet the four features of ‘visitable’ accessibility for people with a disability or accessibility needs.¹⁰ Public Health England estimate a social return on investment in adaptations of £7.23 for every £1 spent¹¹.
30. Growth in the Private Rental Sector (PRS) means that more people are living in homes with less secure tenure and it can be difficult to secure the landlord’s agreement to adaptations. One-third of disabled people in rented accommodation are living in unsuitable properties.¹² It is estimated that the number of households in the private rental sector (PRS) headed by someone aged over 64 will more than treble over next 25 – 30 years (from around 450,000 now to over 1.5 million in 2046.¹³)
31. The Disabled Facilities Grant (DFG) funds adapting existing stock in the private and rental sectors. It is allocated via the Better Care Fund Policy Framework and requires close working between housing authorities and social care authorities in two-tier areas. Government funding for the DFG has more than doubled, from £220 million in 2013/14 to over £500 million in 2020/21. In December 2018, a government commissioned independent review recommended simplifying the DFG process.¹⁴ We expect the government to publish its response to the review in due course.
32. Members are invited to give any further steer on current actions:

⁹ Boardman, B et al (2005) ‘40% House’, Environmental Change Institute, University of Oxford, UK

¹⁰ <https://www.gov.uk/government/statistics/english-housing-survey-2014-to-2015-adaptations-and-accessibility-of-homes-report>

¹¹ Public Health England (2018) Falls prevention: cost effective commissioning
<https://gov.uk/government/publications/falls-prevention-cost-effective-commissioning>

¹² <https://www.equalityhumanrights.com/en/publication-download/housing-and-disabled-people-britains-hidden-crisis>

¹³

[https://www.housinglin.org.uk/assets/Resources/Housing/Support materials/Other reports and guidance/HAPPI-5-Rental-Housing.pdf](https://www.housinglin.org.uk/assets/Resources/Housing/Support%20materials/Other%20reports%20and%20guidance/HAPPI-5-Rental-Housing.pdf)

¹⁴ <https://wwwFOUNDATIONS.uk.com/dfg-adaptations/dfg-review/>

- 32.1. **Making the case for a significant scaling-up of funding for home adaptations** so that councils can upgrade existing housing and give people timely advice and access to funding where needed to adapt and repair their homes.
- 32.2. **With Age UK and Care and Repair England continue to share local approaches to home adaptations and support a more strategic use of DFG** aligned to local integration outcomes.
- 32.3. **Influencing the future of the DFG so that it meets increased demand and is easier to access for people in the PRS.** We continue to press government to adopt the DFG review's recommendations about simplifying the DFG process.
- 32.4. **Sharing examples about how councils are putting in place personalised interventions that enable older and disabled people to live in their homes for longer,** often in partnership with the voluntary and community sector. We will continue to do this working closely with Care and Repair England and Age UK.

Priority Issue 4: Improving accessibility of new build homes

33. Adapting existing housing stock sits alongside a council's wider housing and planning role. New homes should be accessible or easily adaptable for people of all ages and needs. It is vital that national rules incentivise the building of accessible homes.
34. There is an increasing need for accessible homes. Our ageing population means that older people are making up a growing part of our housing market and over 90 per cent live in ordinary, mainstream homes.¹⁵ 400,000 wheelchair users are living in homes that are neither adapted not accessible.¹⁶
35. The LGA supported proposals in the [Government's 2020 consultation](#) to raise new build accessibility standards by making changes to the building regulations. Accessible homes can transform the lives of older and disabled people, extending safe, independent living at home and saving health and care costs.¹⁷ Barrier-free living also helps people with children, makes homes suitable for visiting and gives people the peace of mind that their home can meet changing needs.
36. Building more homes that are future proofed so that people can age well in communities over the life course also improves sustainability and helps to reduce the environmental impact of new development. Homes built today will last for hundreds of years so it is vital they meet a range of needs for their many residents and are fit for current and future generations.

¹⁵https://local.gov.uk/sites/default/files/documents/5.74%20Accessible%20housing_v05_1%20-%20BM%20amends.pdf

¹⁶ <https://www.habinteg.org.uk/latest-news/new-government-data-reveals-accessible-homes-crisis-for-disabled-people-1557/>

¹⁷https://local.gov.uk/sites/default/files/documents/5.74%20Accessible%20housing_v05_1%20-%20BM%20amends.pdf

37. Members are invited to give any further steer on current actions:

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

37.2. **Continue to urge the Government to publish its response to the raising accessibility standards for new homes consultation.**

LGA / ADASS Care and Health Improvement Programme (CHIP)

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

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

38.2. The High Impact Change [Model](#) includes a new change on the role of housing and related services supporting timely hospital discharge, preventing admission and quality outcomes. There are plans to commission a new Housing Impact Model.

38.3. Enabling councils to access additional expertise to develop and share innovative approaches to [supported housing](#).

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

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

38.6. As part of the COVID-19 response, the BCF support programme mobilised expert peers to advise on the use of housing and related services, as well as social care and community services, to support more people to be discharged from hospital safely and quickly and so free capacity in the acute sector to respond to the virus.

38.7. Since 2017-18 the LGA and NHS Digital have funded [programmes](#) looking at how digital and technology solutions can be used to increase independence for residents at home.

38.8. The [Building the Right Support programme](#) supports people with a learning disability and/or autistic people, including those with a mental health condition, to live safe and fulfilling lives in the community, including housing and support.

Implications for Wales

39. Housing and social care are devolved policy matters.

Financial Implications

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

Next steps

41. Members' steer will inform the continued work of the Community Wellbeing and EEHT Boards on shared housing and care policy and improvement priorities.

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 Care and Integration

1. On 16 June, Cllr David Fothergill chaired a panel session on integrated care systems (ICSs) at the NHS Confederation annual conference
2. On 29 June, Alyson Morley gave a presentation on integrated care systems to the LGA induction session for new adult social care cabinet members and health and wellbeing board chairs
3. On 7 July, Cllr Paulette Hamilton chaired a parallel session at the LGA annual conference on the role and contribution of local government to ICSs.

Public Health

4. On 17 June, Cllr Amy Cross chaired the LGA's heatwave and summer preparedness webinar.
5. On 17 June, Cllr David Fothergill spoke at the APPG on Smoking and Health to discuss their new report setting out recommendations for the 2021 Tobacco Control Plan for England.
6. On 1 July, to coincide with the launch of the new NHS and LA weight management services, the LGA published a ['must know'](#) for elected members on obesity and weight management services.
7. On 6 July, Cllr David Fothergill chaired a parallel session at the LGA annual conference on the theme of 'living with Covid' with guest speaker Prof Chris Whitty, Chief Medical Officer.
8. On 6 July, the LGA launched 'A perfect storm', the first in a series of briefings on [health inequalities and the health impact of Covid](#).

Adult Social Care

9. On 24 June, Cllr David Fothergill spoke alongside Ed Davey MP and Liz Kendall MP at a summit on the future of the adult social care workforce, organised by the Future Social Care Coalition.

Mental Health and Wellbeing

10. On 9 June Cllr Richard Kemp spoke at an All-Party Parliamentary Group on Loneliness' event on 'Local Action'.

Suicide Prevention

11. On 30 June, Cllr Richard Kemp attended the National Suicide Prevention Strategy Advisory Group.

Armed Forces Covenant

12. On 10 June, over 25 councils attended the LGA's Armed Forces Covenant network to feed into the development of the Ministry of Defence's guidance for the new duty to have due regard to the Covenant that the Armed Forces Bill is introducing for public authorities in the areas of housing, education and healthcare.

Children and Young People's Mental Health

13. On 16th June the LGA published [Improving Young People's Mental Health guidance and case studies](#) – this publication was commissioned from the Centre for Mental Health following discussions at both the Community wellbeing Board and the Children and Young Peoples Board.

14. On 8 July, Cllr Nethsingha, Deputy Chair of the Children and Young People Board, chaired a parallel plenary session at the LGA Annual Conference about the importance of mental health and wellbeing to COVID-19 recovery. At the joint session with the Community Wellbeing Board, we launched new research from the Centre for Mental Health into whole family/household approaches to supporting good mental health and wellbeing.

Carers

15. In June, as part of Carers Week 2021, Cllr Fothergill agreed a campaign pledge on behalf of the LGA: *The LGA pledges to continue championing the vital role unpaid carers play in looking after those they care for, support carers to remain independent and well in their communities, and promote the value of the care they provide.*

