

Community Wellbeing Board

Agenda

Wednesday, 9 February 2022
11.00 am

Beecham Room, 7th Floor, 18 Smith Square,
London, SW1P 3HZ and via Microsoft
Teams

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

Guidance notes for members and visitors **18 Smith Square, London SW1P 3HZ**

Please read these notes for your own safety and that of all visitors, staff and tenants.

Welcome!

18 Smith Square is located in the heart of Westminster, and is nearest to the Westminster, Pimlico, Vauxhall and St James's Park Underground stations, and also Victoria, Vauxhall and Charing Cross railway stations. A map is available on the back page of this agenda.

Security

All visitors (who do not have an LGA ID badge), are requested to report to the Reception desk where they will be asked to sign in and will be given a visitor's badge to be worn at all times whilst in the building.

18 Smith Square has a swipe card access system meaning that security passes will be required to access all floors. Most LGA governance structure meetings will take place on the **ground floor, 7th floor and 8th floor** of 18 Smith Square.

Please don't forget to sign out at reception and return your security pass when you depart.

Fire instructions

In the event of the fire alarm sounding, vacate the building immediately following the green Fire Exit signs. Go straight to the assembly point in Tufton Street via Dean Trench Street (off Smith Square).

DO NOT USE THE LIFTS.

DO NOT STOP TO COLLECT PERSONAL BELONGINGS.

DO NOT RE-ENTER BUILDING UNTIL AUTHORISED TO DO SO.



Open Council

Open Council, on the 7th floor of 18 Smith Square, provides informal meeting space and refreshments for local authority members and officers who are in London.

Toilets

Unisex toilet facilities are available on every floor of 18 Smith Square. Accessible toilets are also available on all floors.

Accessibility

If you have special access needs, please let the meeting contact know in advance and we will do our best to make suitable arrangements to meet your requirements.

Every effort has been made to make the building as accessible as possible for people with disabilities. Induction loop systems have been installed in the larger meeting rooms and at the main reception. There is a parking space for blue badge holders outside the Smith Square entrance and two more blue badge holders' spaces in Dean Stanley Street to the side of the building. There is also a wheelchair lift at the main entrance. For further information please contact the Facilities Management Helpdesk on 020 7664 3015.

Guest WiFi in 18 Smith Square

WiFi is available in 18 Smith Square for visitors. It can be accessed by enabling "Wireless Network Connection" on your computer and connecting to LGA-Free-WiFi. You will then need to register,

either by completing a form or through your Facebook or Twitter account (if you have one). You only need to register the first time you log on.

The LGA also offers the Govroam network, a Wi-Fi network which gives Members seamless roaming internet access across multiple public-sector locations if you have also signed up for this service. This network is enabled throughout our Westminster building and allows Members and staff from other authorities who are part of the Govroam network to seamlessly connect to our Wi-Fi.

Further help

Please speak either to staff at the main reception on the ground floor, if you require any further help or information. You can find the LGA website at www.local.gov.uk

Community Wellbeing Board
9 February 2022

There will be a meeting of the Community Wellbeing Board at **11.00 am on Wednesday, 9 February 2022** Beecham Room, 7th Floor, 18 Smith Square, London, SW1P 3HZ.

A sandwich lunch will be available after the meeting.

Attendance Sheet:

Please ensure that you sign the attendance register, which will be available in the meeting room. It is the only record of your presence at the meeting.

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@lga.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

Location:

A map showing the location of 18 Smith Square is printed on the back cover.

LGA Contact:

Amy Haldane

Carers' Allowance

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

Social Media

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

The twitter hashtag for this meeting is #lgacts

Community Wellbeing Board – Membership 2021/22

Councillor	Authority
Conservative (7)	
Cllr David Fothergill (Chairman)	Somerset County Council
Cllr Wayne Fitzgerald	Peterborough City Council
Cllr Angela Macpherson	Buckinghamshire Council
Cllr Louise McKinlay	Essex County Council
Cllr Jonathan Owen	East Riding of Yorkshire Council
Cllr Judith Wallace	North Tyneside Council
Cllr Sue Woolley	Lincolnshire County Council
Substitutes	
Cllr Jackie Harris	Bury Metropolitan Borough Council
Cllr James Moyies	Southend-on-Sea Borough Council
Cllr Jane Murphy	South Oxfordshire District Council
Labour (7)	
Cllr Paulette Hamilton (Vice-Chair)	Birmingham City Council
Cllr Louise Gittins	Cheshire West and Chester Council
Cllr Karen Kilgour	Newcastle upon Tyne City Council
Cllr Timothy Swift MBE	Calderdale Metropolitan Borough Council
Cllr Natasa Pantelic	Slough Borough Council
Cllr Joanne Harding	Trafford Metropolitan Borough Council
Cllr Rachel Blake	Tower Hamlets Council
Substitutes	
Cllr Miranda Williams	Royal Borough of Greenwich
Cllr Chris McEwan	Darlington Borough Council
Liberal Democrat (2)	
Cllr Sarah Osborne (Deputy Chair)	East Sussex County Council
Cllr Mike Bell	North Somerset Council
Substitutes	
Cllr Dr Wendy Taylor	Newcastle City Council
Independent (2)	
Cllr Rosemary Sexton (Deputy Chair)	Solihull MBC
Cllr Sue Baxter	Bromsgrove District Council
Substitutes	
Cllr Rosemarie Harris	Powys County Council

Agenda

Community Wellbeing Board

Wednesday 9 February 2022

11.00 am

Beecham Room, 7th Floor, 18 Smith Square, London, SW1P 3HZ

Item	Page
1. Welcome, Apologies and Declarations of Interest	
2. Health and Care Bill verbal update	
3. Development of integrated care partnerships	1 - 4
4. Levelling Up white paper	
5. Reforming the Mental Health Act update	5 - 10
6. Vaccine Programme: local government engagement	
7. Update on other Board business	11 - 16
8. Minutes of the previous meeting	

Date of Next Meeting: Wednesday, 25 May 2022, 11.00 am,



Development of integrated care partnerships

Purpose of report

For information.

Summary

This report summarises the proposed role of integrated care partnerships (ICPs) in the new health and care landscape, updates the Board on action taken by the Department of Health and Social Care (DHSC), LGA and NHS England in respect of ICPs and sets out the questions on which DHSC seek the Community Wellbeing Board's views.

Philippa Baker from the DHSC Health and Care Bill Team will present the interim findings of the DHSC engagement exercise on integrated care partnerships for the purposes of hearing the views of the Community Wellbeing Board. Anton Obholzer NHSE Deputy Director for Integrated Care System Strategy and Policy IPC development for NHSE will also be in attendance.

Recommendation

That the Community Wellbeing Board notes this report as setting the context for their discuss with DHSC and NHSE regarding the role of local authorities in ICPs.

Action

By LGA officers as directed by the Board.

Contact officer: Alyson Morley
Position: Senior Policy Adviser
Phone no: 07544 765130
Email: alyson.morley@local.gov.uk

Development of integrated care partnerships

Background

1. The Health and Care Bill, currently in the Lords stages of the legislative process, proposes that all local authorities with adult social care duties and integrated care boards (ICBs) will be required to establish an ICP as a statutory committee of the ICB. The ICP will be required to develop an integrated care strategy, to which all relevant local authorities and the ICB will be required to consider in respect of their commissioning plans.
2. The LGA strongly supports the role and purpose of the ICPs. We continue to work with DHSC and NHSE in developing the policy framework for integrated care systems.
3. Key to shaping this framework is the ICP engagement document, developed by DHSC, NHSE and the LGA and published in 2021: <https://www.gov.uk/government/publications/integrated-care-partnership-icp-engagement-document/integrated-care-partnership-icp-engagement-document-integrated-care-system-ics-implementation> . Throughout 2021, the LGA supported DHSC in the engagement process to capture the views of local authority and other stakeholders on the role of ICPs and the contribution of local authorities to their effectiveness.
4. Philippa Baker from the DHSC Health and Care Bill Team will present the interim findings of the DHSC engagement exercise on ICPs for the purposes of hearing the views of the Community Wellbeing Board. Anton Obholzer NHSE Deputy Director for Integrated Care System Strategy and Policy IPC development for NHSE will also be in attendance to provide information on NHSE action to support the effective implementation of ICPs.

Key questions on which DHSC and NHSE seek CWB views

5. DHSC and NHSE are keen to capture the views of senior local government stakeholders in the continued development of the policy framework for ICPs. To this end, they would value the views of CWB on the following questions:
 - 5.1. To what extent do the interim findings from the engagement exercise, outlined by Philippa in her presentation, reflect the views of CWB members?
 - 5.2. How well developed is the work to establish the ICP in your area?

- 5.3. To what extent has the process of developing ICPs been a joint endeavour between the NHS and local authorities?
- 5.4. To what extent have other stakeholders (the community and voluntary sector, health and care providers, community representatives etc) been engaged in the development of ICPs?
- 5.5. To what extent are confident that ICPs will be effective in driving a broad system-wide strategy for integrating health and care, improving population health and achieving the best use of health and care resources?
- 5.6. What can DHSC, NHSE and LGA do to support local authorities to be effective partners in ICPs?

Implications for Wales

6. Health policy in Wales is the responsibility of the Welsh Assembly and not affected by the provisions proposed in the Health and Care Bill.

Financial Implications

7. All financial impacts of action arising from this report will be met from existing LGA resources.



Reforming the Mental Health Act - update

Purpose of report

For information.

Summary

The Government proposes to reform the Mental Health Act to put patients at the centre of decisions about their own care and ensure everyone is treated equally. The reforms aim particularly to reduce detentions in inpatient units, 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 and highlights the LGA work in shaping the new Act.

Recommendation

For the Board to agree the course of action.

Action

The LGA will continue to work with the DHSC and other stakeholders to shape the Act and highlight any financial and other implications arising.

Contact officer: Kevin Halden
Position: Adviser
Phone no: 0776820150
Email: kevin.halden.@local.gov.uk

Reforming the Mental Health Act - update

Background

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. The review looked at why:
 - 1.1. rising numbers of people are being detained under the act
 - 1.2. disproportionate numbers of people from black, Asian and minority ethnic (BAME) groups are being detained
2. It also considered how the Act could better meet the needs of people with learning disabilities and autism and people with serious mental illness within the criminal justice system.
3. The review team attended a Community Wellbeing Board meeting in 2018 to capture Board members' views. We also made a submission to the review in 2018.
4. The review's [final report](#) published in December 2018 said that the MHA does not always work as well as it should for patients, their families and their carers. They recommended greater safeguards and a greater respect for wishes and preferences and changes to accountability, challenges, and transparency.
5. The review recommended 4 principles to be put into law to underpin the new Mental Health Act, these are:
 - 5.1. choice and autonomy – ensuring service users' views and choices are respected
 - 5.2. least restriction – ensuring the MHA's powers are used in the least restrictive way
 - 5.3. therapeutic benefit – ensuring patients are supported to get better, so they can be discharged from the MHA
 - 5.4. the person as an individual – ensuring patients are viewed and treated as individuals
6. In practice changes suggested include; Advance care planning documents built into care planning, extension of choice of nominated person, detention only if suffering from a 'mental disorder' that can be treated in hospital, reduction in Section 3 treatment order time limits, new care and treatment plans, more frequent tribunal access and a reduction in Community Treatment Orders.
7. The review noted that the recommendations need to be seen in the context of wider investment in, and reform of, services for people with severe mental illness, learning disability, and/or autism. And that compulsory treatment must be a last resort which places an additional responsibility to ensure the quality of services is high.

8. The government's White Paper on [Reforming the Mental Health Act](#) was published in January 2021 and a consultation on the proposals ran from January to April 2021. The Government published its response in August 2021, which proposed supporting most of the independent review recommendations and stated that they will develop a new Bill to reform the Mental Health Act.
9. In April 2021 the Community Wellbeing Board discussed the White Paper and the LGA made a [formal submission](#) to the Consultation. The White paper proposed to rebalance the Mental Health 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.
10. The DHSC is now developing the Bill to go to parliament. The aim is for it to be introduced to parliament this year with view to implementation in 2023. However, this schedule is subject to parliamentary time.

LGA View – key points

11. The LGA strongly supports the reform of the Mental Health Act and the four principles that will underpin the new Act. Local government has a history of leading a person-centred approach to joining-up services around the needs of individuals, their families, and carers. We welcome the ambition to achieve meaningful change for people living with severe mental illness, and the central role of local government in supporting this.
12. We support the emphasis on treating people as individuals as a fundamental principle. We welcome the intention of the Act to address the rising rates of detention and experiences of people from Black, Caribbean, and African backgrounds. It is important that the Act reflects the needs of people with lived experience of mental health needs.
13. The new Act needs to recognise the local leadership role of councils and the roles and responsibilities of councils in respect of both statutory and non-statutory mental health duties, working in partnership with the NHS and local voluntary and community services. At implementation, it needs to reflect the impact of the pandemic which is predicted to cause an increase in new or additional mental health support .
14. We strongly 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 behaviour that warrants assessment in hospital. We want to see people with learning disabilities and/or autism receiving personalised care in the community whenever possible. To achieve this, it is important that there is additional funding for councils and

clinical commissioning groups to support the development of alternative resources for people with autism and learning disabilities in the community.

15. The Act will have significant resource implications for councils which need to be fully funded on a long-term basis. The Act needs to reflect the operational needs and resource pressures on local government, and partners, who will need to be resourced to support effective implementation. For many years mental health services at all levels have been reduced despite rising demand.
16. New Section 117 guidance needs to be developed in partnership with councils, the LGA and ADASS. It should clearly identify the responsibilities of the NHS and councils in meeting health and social care aftercare.
17. We support the changes to the current act to increase choice and improve autonomy. The extension of choice must be supported through investment in the funding for partners to develop a broader range of appropriate specialised mental health support in the community.
18. We welcome the recognition of the role of councils in the commissioning of culturally appropriate advocacy services and the intent to work with ADASS, the LGA and the Association of Mental Health Providers to develop this.
19. Commissioning of mental health services should reflect local needs and knowledge; the process should not be overly prescribed by central government. We support improved quality in service delivery, but it is important that the proposed Quality Improvement programme makes links with the mental health role of councils, not just the NHS.
20. The new Mental Health Act should also outline on how it will interact with other legislation such as the Care Act, the Human Rights Act, the Mental Capacity Act, the Equality Act, and the Children Act 2004 and the new Health and Care Bill, the Autism Strategy and the Liberty Protection Safeguards.
21. Achieving a reduction in detentions is not solely about legislative change. There also needs to be alternative treatments and services available commissioned by councils in the community, as well as NHS services. There needs to be a system-wide shift in policy and resources away from medicalisation and treating mental ill health, to early intervention, prevention, and support for recovery through integrated community-based services.
22. The success of the new Act will require the NHS and councils working in partnership. More needs to be done to fully embed mental health into integrated care teams, primary care, urgent and emergency care pathways. The recent Health and Social Care white paper provides a base on which to build a more collaborative culture.

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.

Financial Implications

24. The increase in duties for Approved Mental Health Professionals (AMHPs) and expansion of Independent Mental Health Advocacy (IMHA) services will have financial implications for councils. The LGA is currently engaged in a new burdens process with DHSC.

25. There may be further implications of the new Mental Health Act in terms of developing and commissioning community services, workforce training, communications and improvement support. We continue to scope and highlight potential additional financial implications with DHSC.

Next Steps

26. A new Mental Health Act, and accompanying guidance, will represent a significant and complex change with wide-ranging practice, workforce, service delivery and funding implications for councils.

27. The LGA have established a regular Mental Health Act planning meeting with DHSC this will enable us to feed in issues from the sector and understand progress of the Act.

28. Some areas of the new Act are not yet clarified, and this will impact upon the resource implications for councils– a key area is learning disabilities and autism, and this is an area of our focus. The White Paper proposes is to create a new duty on local commissioners (NHS and local government) to ensure adequacy of supply of community services for people with a learning disability and autistic people. And a further duty on commissioners that every local area should understand and monitor the risk of crisis at an individual level for people with a learning disability and autistic people.

29. We continue to engage with DHSC on any new burdens arising from the Act. New financial burdens that have been identified and costed include; AMHPs and IMHA services. But some of the Act implications are not yet clear and some proposals may have further cost implications for councils.



Update Report

Purpose of report

For information.

Summary

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

Recommendation

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.

Contact officer: Mark Norris
Position: Principal Policy Adviser
Phone no: 020 7664 3241
Email: mark.norris@local.gov.uk

Update Report

Health and Care Bill

1. The LGA, NHS Confederation, NHS Providers, the King's Fund and the Centre for Governance and Scrutiny drafted an amendment regarding the increased powers for the Secretary of State to intervene earlier in NHS reconfigurations. The amendment proposed that the Secretary of State be required to consult the relevant health overview and scrutiny committees and all relevant NHS organisations in exercising this power. The amendment was tabled by Baroness Cumberlege (Con) was tabled in the Lords Committee Stage on 26 January but was withdrawn after discussion in which Lord Stevens (CB), Lord Howarth (Lab) and Lord Shipley (LD), Lord Patel (CB), Baroness Walmsley and Baroness Thornton (Lab) all spoke in favour of the amendment.
2. Lord Kamall, Parliamentary Under-Secretary of State for DHSC gave the following commitment with regard to the LGA amendment: "I have heard what a number of noble Lords have said, especially former Ministers, Secretaries of State and others involved in the system, and it is quite clear *that I need to go back and consult further*. In that spirit, I ask that noble Lords do not move their amendments, and hope that I have explained the reasons why." We will continue to seek support for this amendment at the Lords Report Stage.

ICS development

3. On 12 January Cllr David Fothergill joined the City Regions Board (CRB) for a discussion on the development of ICSs. While CRB members agreed the roll out of ICSs could bring opportunities to address issues around population health in a more integrated way, there were also concerns raised that the rollout of ICSs could weaken the role of local government in public health, and in doing so hamper the ability of local areas to deliver the best outcomes for their areas.

The Integration White Paper

4. Publication of the white paper has been delayed from Autumn 2021 to early 2022 in order to allow more time for the DHSC to consult with key stakeholders, including senior figures in local government. On 17 January the Prime Minister held an informal briefing with Mark Lloyd, LGA chief executive and several local authority chief executives. On 19 February, Jason Yiannikou, Director of the NHS Legislation Programme for DHSC gave an informal briefing on the key proposals in the integration white paper to Community Wellbeing Board members. Their views will be considered in the drafting of the final publication. We expect the white paper to be published shortly.

Mental Health Strategy

5. The Secretary of State for Health and Social Care has announced that the Department for Health and Social Care is developing a 10-year cross-departmental mental health strategy in response to unprecedented demand for mental health support arising from the pandemic and at a time when mental health services are under significant pressure. We understand the strategy will cover the spectrum of people's mental health and wellbeing from prevention and early intervention through to crisis and severe mental illness and that the department wants to fully reflect the important role of councils. We are expecting a public consultation to be launched in the coming months and will bring this to the Board for a substantive discussion.

Suicide prevention support offer

6. The LGA and ADPH have launched their suicide prevention support offer for 21/22. Through the offer we will provide support in three areas:
 - 6.1. National support through a series of case studies and a national sharing event designed to provide wider and easier access to the good practice, learning and existing resources.
 - 6.2. Regional support through the regional ADPH network which will receive a grant for suicide prevention activity. This will fund coordination capacity, enabling each network to build upon strong existing suicide prevention activity within the regions.
 - 6.3. Local support for up to 15 local authorities and partners who self-identify as facing significant delivery challenges locally around suicide prevention. Peer experts will deliver a one-day workshop on a specific delivery challenge or will support local authorities with up to three days of light touch support on a specific delivery challenge. An action plan will be produced for the local area to take forward to address local opportunities and challenges in suicide prevention.

[Find out more about the suicide prevention support offer, including how to apply for a bespoke support visit](#)

Older people's housing

7. We have commissioned Housing LIN to produce a refreshed version of [Housing our ageing population](#). This is a timely piece of work given the prominence of housing within the Adult Social Care Reform White Paper. It also links to the Environment, Economy, Housing and Transport Board's work on planning reform and housing more broadly. We are hosting a roundtable with council officers on 10 February to agree the scope of this work, which will cover:

- 7.1. issues and barriers affecting housing for an ageing population,
- 7.2. the benefits of getting older people's housing right, and

- 7.3. recommendations for Government, councils, housing providers and other stakeholders to widen housing choices for an ageing population
- 7.4. case studies showing good practice from councils

Armed Forces Covenant

Veterans' Strategy Action Plan

- 8. The Office for Veterans' Affairs has published the [Veterans' Strategy Action Plan: 2022 to 2024](#). The Action Plan sets out the steps the Government will take in the next two years towards their ambition of making the United Kingdom the best place in the world to be a veteran by 2028. Local government shares that ambition. Councils will have an important role to play implementing the action plan across the priorities of understanding our veteran community, transforming services for veterans and recognising our veterans' contribution to society.

Armed Forces Families Strategy 2022 to 2032

- 9. The Ministry of Defence has published the [Armed Forces Families Strategy 2022 to 2032](#). The strategy addresses the challenges armed forces families face with mobility, deployment and separation and the implications this has for accessing good quality healthcare, education, and accommodation. It also notes the evolving nature of family life and the pressures this can place on childcare and managing the career of the partner or spouse alongside that of the Service person. The strategy will be supported by an action plan that includes the commitments made in the government's response to Andrew Selous MP's ['Living in Our Shoes'](#) report. Councils will be key partners in the delivery of the strategy and we will continue to support councils' engagement with this important work.

Veterans Advisory and Pensions Committees

- 10. Leo Docherty, the Minister for Defence People and Veterans, has endorsed updated [terms of reference](#) for the thirteen Veteran, Advisory and Pension Committees (VAPC) – 9 in England, 2 in Scotland and one in Northern Ireland. The Committees are an independent advisory non-departmental public body sponsored by the Ministry of Defence. They advise and liaise with veterans, their families and relevant organisations on their needs, issues and concerns. The Minister has asked the Committees to collect information about regional veteran priorities and the Armed Forces Covenant. This will require close working with councils, some of whom are represented on the VAPCs. We have encouraged councils to look out for how this is being taken forward in the regions.

Down Syndrome Bill

- 11. The aim of the Down Syndrome Bill is to ensure that certain health, education, and local authorities take account of the specific needs of people with Down syndrome when exercising their relevant functions. This builds on the government's stated commitment to improve outcomes for people with a learning disability.

12. The Bill would create a new duty on the Secretary of State to issue guidance to relevant authorities (health, education and local authorities in respect of social care and housing) on how to meet the specific needs of people with Down syndrome; and for relevant authorities to have due regard to the guidance in providing services.
13. The Bill is currently at Report Stage in the House of Commons. The LGA supports the aim of the Bill, but in our [briefing](#) we highlight that the financial pressures facing adult social care and support for children with special educational needs and disabilities (SEND) must be considered in regard to the additional duties set out in the Bill. We are therefore pleased to have had confirmation from the Department for Health and Social Care (DHSC) that new guidance will be formed in consultation with partners, including local government, and a new burdens assessment will be undertaken ahead of finalising any guidance.
14. We have also said that we would be concerned about any guidance which creates a differential level of access/eligibility for support compared with other groups of people with learning-disabilities, as the duty on Local Authorities regarding assessment under the Care Act 2014 is to assess people based on need, not diagnostic categories.

Social Care

15. On 2 November, Cllr Rosemary Sexton attended a roundtable on the care workforce organised by the Future Social Care Coalition. Cllr Sexton was invited to give a presentation on the LGA's reaction to the Government's report, 'Build Back Better: Our plan for health and social care'. Cllr Sexton welcomed aspects of the plan but raised concerns about the adequacy of the funding allocated to deliver all aspects of the announced reforms. She also offered reflections on the Spending Review and what it meant for adult social care.
16. On 4 November, Cllr David Fothergill attended and spoke at the All Party Parliamentary Group on adult social care. Discussing their vision for care and support reform, Cllr Fothergill set out the LGA's views on the funding pressures facing councils and the priority issues that needed addressing in the reform agenda, including tackling unmet and under-met need, pressures on the care workforce and care worker pay, a greater investment in prevention, greater stability for the provider market, and action to ease the pressures on unpaid carers.
17. On 12 January, Cllr Paulette Hamilton represented the LGA at the first meeting of a new adult social care policy network established by Public Policy Projects and chaired by Rt Hon Damian Green. The network, attended by a range of senior figures from across the social care sector, is examining the issues of integration, funding, workforce and digitisation, with reports on each planned over the coming twelve months. As well as contributing to the general discussion, Cllr Hamilton also gave a short presentation setting out the LGA's position on the integration agenda, including our perspective on the



Health and Care Bill and what we want to see from the forthcoming integration white paper.

Health inequalities hub

18. The LGA launched their [Health Inequalities Hub](#) at the end of November 2021 which includes new case studies and think pieces. A part of our work on health inequalities has been a number of webinars on key areas including mental health, age & gender and ethnicity. A Community Wellbeing Board member has Chaired each of these, which are listed below;

- 18.1. Cllr Louise Gittins chaired the first webinar on Tuesday 30 November [focussed on how people with learning disabilities](#) were impacted by COVID-19.
- 18.2. Cllr Paulette Hamilton chaired the second webinar on 14 December focused on [how black and minority ethnic people have been, and continue to be, impacted by the virus.](#)
- 18.3. Cllr Fothergill chaired the third webinar on 18 January focused on how the pandemic has exacerbated the inequalities in different ways for older and younger people. The summary when completed will be found on our [health inequalities hub](#).

19. The next webinar will be focussed on the impact of the pandemic on mental health and is on 15 February. This can be found on the LGA events site [here](#) for anyone interested in joining us.

20. Cllr Fothergill will also chair a webinar in which Professor Clare Bambra will share the findings of her recent co-authored book '[The Unequal Pandemic: COVID-19 and Health Inequalities](#)' on 15 February, the page on the LGA events site to book to attend can be found [here](#).