

Community Wellbeing Board

Agenda

Wednesday, 13 July 2022
11.00 am

Smith Square 1&2, Ground Floor, 18 Smith
Square, London, SW1P 3HZ

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

www.local.gov.uk

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LGA Community Wellbeing Board
13 July 2022

There will be a meeting of the Community Wellbeing Board at **11.00 am on Wednesday, 13 July 2022** Smith Square 3&4, Ground Floor, 18 Smith Square, London, SW1P 3HZ.

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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

Attendance:

Your attendance, whether it be in person or virtual, will be noted by the clerk at the meeting.

LGA Contact:

Amy Haldane
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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 Louise Gittins (Vice-Chair)	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	

Agenda

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11.00 am

Smith Square 3&4, Ground Floor, 18 Smith Square, London, SW1P 3HZ

Item	Page
1. Welcome, Apologies and Declarations of Interest	
2. Adult social care charging reform	1 - 6
3. Mental Health Act - DHSC update	
4. End of Year Report and 2022/23 Priorities	7 - 22
5. Update paper	23 - 26
6. Decisions and actions from the previous meeting	27 - 30
7. Integrated care systems (ICSs) - update on progress	31 - 38

Date of Next Meeting: Date Not Specified, Time Not Specified,

Document is Restricted



End of Year Report and Priorities 2022/23

Purpose of report

For direction.

Summary

This paper sets out the Community Wellbeing Board's end of year report, and also sets out draft proposals for the 2022/23 work plan.

Recommendations

That Members of the Community Wellbeing Board:

- (a) Note the end of year report; and
- (b) Consider the Board's work priorities for 2022/23.

Action

Officers to prepare a paper for the first meeting of the Community Wellbeing Board in 2022/23 on the work plan for that year, in line with Members' discussions.

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End of Year Report and Priorities 2022/23

Background

1. At its meeting in October 2021 the Board considered its priorities for 2021/22 and agreed a substantive programme covering the following areas of work:
 - 1.1. Adult social care – funding and reform;
 - 1.2. Integration – the NHS Long Term Plan, the future of integration, the BCF and models of integrated planning and delivery;
 - 1.3. Public Health – funding, the role of councils as public health leaders, reducing health inequalities, evaluating the health impact of Covid-19, responding to Covid-19;
 - 1.4. Child Health Priorities – developing a child health policy position, support councils with the Healthy Child programme, reduce childhood obesity;
 - 1.5. People in vulnerable circumstances – mental health and suicide prevention, dementia, carers, learning disability and autism; loneliness and social isolation, end of life care, personalisation, housing and social care, the armed forces, and sleep-ins.
2. This paper provides an overview of the achievements delivered against these themes, as well as the work the LGA has been doing around asylum, refugees and migration (which falls within the Board's areas of responsibility). It also seeks an initial steer from the Board on its priorities for 2022/23. Members' comments will be used to inform the development of a full paper for consideration at the first meeting of the 2022/23 Board cycle.

Achievements and activity during 2021/22

3. The following are some of the key highlights of our lobbying and influencing work over the last year:

Adult social care funding and reform

4. It has been an extremely busy 12 months in the realm of adult social care funding and reform, with the Government publishing its 2021 Autumn Budget and Spending Review in October, plus two major reports setting out the Government's proposals for long-term reform; the September 'Build Back Better Plan for health and social care' and the December white paper. The passage of the Health and Social Care Act also codified some of the Government's social care reform proposals. Parliament has taken an active interest in the funding and reform debate over the last year as well, with several important select committee inquiries examining different aspects of the agenda. The period has also seen the LGA work closely with national partners on a number of issues and, as ever, we have responded to numerous national media stories. Some of the highlights of our work in this area are set out below; these should be read in conjunction with the section of the report on 'Integration' given the crossover in some aspects of this work.

The Government's reform agenda

5. We published a detailed [briefing](#) on the Build Back Better Plan (September 2021), setting out our serious concerns about the adequacy of the funding raised by the new Health and Social Care Levy ('the Levy') to deliver all of the plan's commitments. We also firmly rejected the plan's idea that existing pressures in social care can be managed simply through council tax, the social care precept and long-term efficiencies.
6. Colleagues from the LGA's Care and Health Improvement Programme (CHIP), liaising closely with the Community Wellbeing Team, are essential stakeholders in various DHSC working groups on technical elements of the Government's charging reform agenda. LGA concerns about the likely underfunding of parts of these reforms have been made loud and clear.
7. We worked with three councils on a significant proactive media story, setting out these concerns. This story had extremely high levels of coverage and engagement.

We surveyed all Lead/Cabinet members of adult social care to gauge their concerns about the Government's reform agenda. This showed that 98 per cent of respondents are not confident in the adequacy of the funding earmarked by Government for its reforms and that three quarters of respondents are not confident in their local capacity to implement the reforms. Further findings from the survey will be made public in the coming weeks.
8. We wrote privately, and in strong terms, to the Minister of State for Care regarding our concerns about the cost of, and timetable for, reform. We also wrote jointly in similar terms with partners from the provider sector.
9. We have inputted to, and submitted responses on, consultations on different aspects of the associated guidance for the Government's charging reforms. As part of this work, we held two well-attended webinars for council chief executives and directors of adult services on the Government's charging reform agenda, ahead of guidance being published so that it best reflected the concerns of the sector.
10. The LGA was a key stakeholder in all the various engagement groups the Department of Health and Social Care (DHSC) established to oversee drafting of the different chapters of the Government's white paper.
11. We published a further detailed [briefing](#) on the white paper (December 2021), which had high levels of online engagement. In this, we noted that the white paper's tone, language and framing mirrored much of our own work on the future of care and support. We also welcomed the Government's vision for social care, again noting that it reflected much of our own articulation of what social care needs to be in order for people to live their best life.

12. We used the briefing to also set out our concerns about the current state of social care and the unstable foundations from which the Government's reform agenda is being taken forward, arguing for a greater share of the Levy to be immediately redirected to frontline adult social care.
13. Colleagues from the Community Wellbeing Team and CHIP have been heavily involved in the considerable work behind the scenes with DHSC, the Association of Directors of Adult Social Services (ADASS) and the Care Quality Commission to develop the framework for 'adult social care assurance', which was an important part of the Government's white paper and codified in the Health and Social Care Act. We have set out in those meetings our concerns around the assurance timetable, the baselining period, the use of ratings, the extent to which assessments will take account of significant local pressures (particularly in the context of Covid-recovery) and the importance of retaining a central role for sector-led improvement. We have also written privately to the Minister setting out some of these concerns.
14. On 11 May we ran a highly successful webinar that sought to make sense of the highly complex reform agenda across health and social care. Nearly 400 delegates joined the webinar to hear the views of senior colleagues from local government, NHS Confederation, the King's Fund and Think Local Act Personal.
15. Linked, we are in the process of developing a comprehensive timeline of the reform agenda across health and social care, so that councils can see all the various requirements of them and how different aspects of reform are linked.

Adult social care funding

16. The state of adult social care funding and the significant pressures facing the sector was a central part of our submission on last year's Spending Review and we continue to press the case for greater investment in care and support in all of our lobbying and influencing work.
17. We wrote privately to the Secretary of State for Levelling Up Housing and Communities on the serious pressures facing social care and their consequences, and the difficult contingency measures councils are having to put in place in order to manage these pressures.

Parliamentary work

18. We have submitted written evidence to, and provided oral evidence at, several key parliamentary select committee inquiries, including on adult social care funding, the care workforce and the future of care and support. As with our wider work on social care funding, we used these to press home the perilous state of finances and their consequences, such as growing unmet and under-met need, a fragile provider market and increased strain on the care workforce and unpaid carers.

Partnership work

19. We are a founder member of a group of prominent national organisations in the social care realm, who have met regularly over the last two years to share intelligence and take forward joint work on areas of shared interest. Organisations in the group include, for example, ADASS, Skills for Care, Think Local Act Personal, the Care Provider Alliance, and the Care and Support Alliance. We have led, or supported, several key publications that the group has produced jointly, such as a letter to the Prime Minister, Chancellor and Secretary of State for Health and Social Care on adult social care funding pressures, and priorities for a long-term social care workforce strategy.
20. As ever, we will continue to work closely with colleagues in our Care and Health Improvement Programme on a range of issues affecting adult social care and health, including a programme of leadership development for new adult social care portfolio holders. Key issues facing the sector will also be covered at the annual National Children and Adult Services Conference taking place between 2-4 November 2022.

Integration

21. Integration has continued to be a key priority for the LGA, government and the NHS over the past year. It is an incredibly fast-moving and increasingly complex policy agenda. In addition to the Health and Care Act, which received Royal Assent in April 2022, there is a large suite of new or revised statutory guidance due for publication throughout 2022/23 to support the commencement of the many provisions of the Act.
22. There have also been several other reviews, inquiries and policy documents on health and care system reform, including: the Messenger Review of Health and Social Care Leadership, the Fuller Stocktake of Primary Care and ICSs and a Health and social care integration: joining up care for people, places and populations (referred to in this report as the integration white paper).

Health and Care Act 2022

23. The key highlights from our lobbying and influencing work on the (now) Health and Care Act 2022 over the last year are summarised below.

Parliamentary briefings on the Health and Care Bill

24. We published briefings for parliamentarians at all key stages of the legislative process. We also published briefings for local authorities, summarising the provisions of the legislation of most relevance to local authorities and the LGA's policy positions.

Key wins on the Health and Care Bill

25. The LGA worked with parliamentarians to seek a key amendment relating to increased powers for the Secretary of State for Health and Social Care to intervene earlier in NHS

reconfigurations. We sought an amendment to require the Secretary of State to operate this power in consultation with the relevant local authorities and NHS bodies. While we were not successful in the main stages of the Bill, the Government conceded and tabled an amendment in the final stages of the Bill which mirrored the wording of our amendment.

26. Although not on the face of the Bill, NHS England guidance on membership of integrated care boards explicitly excluded local councillors from board membership on the basis that councillors were also excluded from the boards of clinical commissioning groups. We successfully argued that this was against the spirit of collaboration that underpinned the legislation and, as a result of our lobbying, NHS England withdrew this exemption.

Get in on the Health and Care Act 2022

27. We have published a comprehensive briefing on the provisions of the Act of most relevance to local authorities and a summary of the LGA's policy messages:
<https://www.local.gov.uk/publications/get-act-health-and-care-act-2022>

Integration white paper

28. We published a comprehensive briefing for councils on the integration white paper: <https://www.local.gov.uk/parliament/briefings-and-responses/lga-response-health-and-social-care-integration-joining-care> which gave the LGA's initial views and sought the views of councils to inform our final submission. The views we received helped the LGA ensure that our final submission to the white paper reflected the views and concerns of local authorities: <https://www.local.gov.uk/parliament/briefings-and-responses/lga-response-health-and-social-care-integration-joining-care-0> . We continue to work with Government to ensure that the views of local authorities influence the development of this important policy agenda.

Continued work with Government and NHS England on statutory and non-statutory guidance

29. We are currently working to ensure that the views and interests of local authorities are taken on board in the development of guidance to support implementation of the Health and Care Act 2022 and other elements of the Government reform agenda for health and care. For example, we have advised DHSC and NHS England on a suite of guidance, expected to be published before the summer recess, on integrated care strategies, health and wellbeing boards, principles for working with adult social care providers, and advisory guidance (ahead of revised statutory guidance later in the year) on health overview and scrutiny.

The Local Government Health and Care Sounding Board

30. The Board was set up by the DHSC and LGA in May 2021 as an informal advisory group to ensure that local government had early influence on the development of health and care policy. It has continued to meet monthly and is a valued by local government,



national government and national agencies such as NHS England and the Care Quality Commission (CQC) to ensure that a local government perspective is central to current and future policy development.

Public Health

Covid Response

31. The past year, like the year before it, has been significant for councils and their teams as they continued to respond to the unprecedented challenges caused by the COVID-19 pandemic.
32. Throughout this period, the LGA has supported local government in its response and continued to promote their significant work to Government and the public. We have refocused our work to support councils in their role as part of the national effort to protect and support local communities. In all our discussions with Government, we have continued to highlight why councils are trusted by their local communities, making the case for them to be empowered to get on with their roles as local leaders, equipped with the right resources and funding to deliver. We built on the diverse, current and informative range of resources to help councils as they navigate this changed environment, while showcasing some of the important work being carried out by the sector. [COVID-19: good council practice | Local Government Association](#)

Health Inequalities Hub

33. In November, we launched our health inequalities hub, the Hub explores different themes in detail, shining a spotlight on case studies from councils across the country and exploring how COVID-19 exacerbated existing health inequalities. [Health inequalities hub | Local Government Association](#)

Drug Treatment – 10-year government drugs strategy

34. In December, the government published their [ten-year government drugs strategy](#) - formed in response to Dame Carol Black's independent review into drugs. The strategy includes a total of £780m of investment in drug treatment.
35. Funding will be allocated to improve access to treatment and increase the capacity of services, aiming to reverse a recent upward trend in drug use. We have been working with the Home Office and DHSC and the Association of Directors of Public Health (ADPH) to develop and implement a commissioning quality standard to support transparency and accountability between partners delivering services and government. The government is also working with the LGA to offer improvement support to councils in areas with poorer outcomes.

Public health in local government: Celebrating 10 years of transformation

36. In March, we published the tenth LGA public health annual report, which reflects on ten years of public health in local government and looks forward to the opportunities and challenges of the coming years.

37. The public health annual reports trace the progress of public health in local government year-on-year. They provide a valuable legacy that allows us to understand how far we have come and where we need to go. [Public health in local government: Celebrating 10 years of transformation | Local Government Association](#)

Annual Public Health Conference, March 23-24, 2022

38. The annual conference, organised by the LGA in partnership with ADPH was opened by Professor Chris Whitty, Chief Medical Officer for England, who was joined by leading public health experts in a range of sessions over two days.

39. Sessions covered the very latest thinking on national policy issues, including 'Taking stock: Covid-19's long-term global impact', 'Health security: looking to the future' and 'Mind the gap: working together to reduce health inequalities. Other important topics such as climate change, Levelling Up and pregnancy, birth and early childhood were also discussed.

40. Delegates were able to put their questions and comments to those involved in shaping and implementing them at strategic and community levels, on issues such as the reform of the public health system and the impact of Covid-19 on health inequalities. They had the opportunity to participate in sessions sharing good practice from local areas and to discuss issues that mattered to them. Over 1,000 people signed up for the conference.

41. A full selection of the conference material, including the presentations, is available to [download from the LGA website](#).

LGA Webinars

42. Between November 2021 and June 2022, we ran a total of 17 webinars on different topics relevant to public health. In total, over 7,000 people attended the webinars (combined). These included webinars on health inequalities, outbreak management, addressing the leading risk factors for ill health, climate change and 'Shopping for Health.'

43. On 19 May 2022, we ran a full day conference on re-engaging with Whole Systems Approaches (WSA) to promoting healthier weight. Over 320 participants registered for the conference and seven local authorities presented their WSA approaches (Hull, Oxfordshire, Liverpool, Sandwell, North Tyneside, and Bristol).

Shopping for Health: putting health assets into the heart of local communities

44. In April, we published a report and a series of 14 [case studies](#) and hosted a corresponding webinar about how councils are working innovatively to repurpose their high streets to put health at the heart of communities. Councils regard the long-term changes needed to recover from the pandemic as an opportunity to reconnect communities with their high streets and town centres as well as meet other local priorities, such as housing, access to services and better public health.

Future health challenges: public health projections

45. We have been working with the research team to produce a set of forecasts at local authority level for the [prevalence of smoking](#) amongst adults and the [prevalence of childhood obesity](#).

46. It is hoped that these forecasts will allow local authorities to anticipate likely future levels of smoking and childhood obesity in their area, assuming that trends will continue in their current trajectories.

Influencing policy

47. We have input our views and influenced the development of several key policy papers, including the Government's response to Henry Dimbleby's National Food Strategy, the Khan Review on 'Making Smoking Obsolete', Women's Health strategy, HIV Action Plan, Sexual and Reproductive Health Plan, 10 Year Drug strategy, the Family Hubs draft programme and the upcoming Health Disparities White Paper.

48. We responded to the Khan Review and the Government's Food Strategy and continue to influence in this area. We continue to meet regularly with the Start for Life team whilst proposals are being developed.

Child Health Priorities - School Nursing

49. In April, the LGA published an [infographic](#) to highlight and define the role of a school nurse, who they are commissioned by and how they contribute to the vital health and wellbeing of children aged five to 19 years old. We will shortly be publishing several case studies on how school nurses are working to support child health.

50. We await the updated Healthy Child Programme and will continue to work with OHID to ensure they engage with councils about the updated programme prior to its release.

Start for Life: Family Hubs

51. On 2 April 2022, the government announced [the 75 local authorities eligible](#) for a share of £302 million to create new Family Hubs in their areas. Family Hubs are intended to be one-stop-shops where families can access important services such as parenting advice and breastfeeding support.

52. We continue to work with the government's joint Start for Life Team (Department of Health and Social Care and Department of Education) and local authorities to develop these proposals, ensuring they are fair on councils and do not add any new burdens.
53. The draft Programme Guide for the Family Hubs and Start for Life Programme (which we fed into) has now been shared with the 75 Local Authorities that are provisionally eligible for funding. A final programme guide will be published in August, alongside the launch of the sign-up process for councils. Local authorities will have until the end of October to confirm their participation in the programme.
54. We will continue to respond to and work closely on the plans for implementation on the Best Start for Life, including support for the first 1,001 days and Family Hubs to ensure that there is a joined up the approach between different aspects of the local system.

Key wins across Public and Child Health

55. *Drug and alcohol treatment funding:* Along with our partners we were successful in lobbying for £533m extra funding for local authorities to support drug treatment. This funding is welcome and will help councils to start to rebuild drug treatment services after cuts to the public health grant.
56. *Family Hubs:* In the 2021 autumn budget, the Government announced £300 million to develop 'Start for Life' and Family Hub services in 75 upper tier LAs across England. This includes funding to create a network of Family Hubs, provide breastfeeding support, parent-infant mental health support and parenting programs and to publish Start for Life offers in those 75 LAs
57. *Covid Outbreak Management Fund:* In March, we successfully lobbied the government to carry over funding from 2021/22 into the next financial year to provide funding to local authorities in England to help reduce the spread of coronavirus and support local public health.

People in vulnerable circumstances

Mental Health

58. The LGA has ongoing regular meetings with the DHSC to input into the development of the **Mental Health Act**. The Act was introduced as draft Bill in June 2022. It will soon enter a period of pre legislative scrutiny where there will be a further opportunity to comment on it. We will continue to highlight the statutory responsibilities of councils under the Act and push for funding of any new burdens.
59. The LGA has made a formal submission to the Government's recent consultation to inform their ten year **Mental Health and Wellbeing plan**. We have emphasised the key leadership role of local government, the need for long term funding for adult social care

and public health and the need for a long term workforce strategy. We have outlined the current pressures on the system and outlined some innovative approaches.

60. We have published a [Must Know guide for Councillors on Mental Health](#) We have also held two well attended webinars on community mental health aimed at councillors – both of these were chaired by Councillor Rosemary Sexton with a presentation by Councillor Rachel Blake. We also had a session on ‘Mentally healthy areas’ at the LGA conference 2022.

Loneliness

61. We published a [Must know guide on loneliness](#) in December 2021 on loneliness. We also produced some [case studies](#) on Loneliness in October 2021.
62. The Local Government Association (LGA) and the Department for Digital, Culture, Media and Sport (DCMS) developed an open data standard called the Open Referral UK Standard. The standard supports the publication of information about local services to make them easier to find. Ten organisations are currently actively using the Open Referral UK standard in their community directories. To support the adoption of the standard, a dedicated website and discussion forum have been created, along with case studies and step-by-step guidance for new adopters.
63. The LGA continues to highlight the impact of loneliness and mental health in policy and improvement work in local government.

Suicide prevention support offer

64. Along with ADPH we launched our suicide prevention support offer for councils for 2021/22, which runs through until September 2022. This has provided support in three areas: national support through a series of case studies and a national sharing event; regional support through the regional ADPH network; and local support for up local authorities and partners who self-identify as facing significant delivery challenges locally around suicide prevention.

Learning Disabilities and Autism

Down Syndrome Bill

65. The Down Syndrome Bill has been passed by parliament – there will now be a call for evidence to inform its implementation. The aim of the 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. The LGA supports the Bill and has published a [briefing on the Bill](#). We continue to work with DHSC to inform the Bill and shape the call for evidence, and we will provide a formal Board response to it once it is published. We will also identify any potential new burdens for councils.

Oliver McGowan Mandatory Training

66. Mandatory training about learning disability and autism for health and social care provider staff was introduced as part of the new Health and Care Act. The Care Quality Commission will issue guidance on compliance with this requirement for providers prior to DHSC consulting on and publishing a Code of Practice for the sector on the Oliver McGowan Mandatory Training, which is training the Government developed and trialled. The Government anticipates that the publication of the full Code of Practice may take at least 12 months. The LGA will feed into the Code of Practice and identify any new financial burdens that may result.

Autism

67. We published a [Must know guide for councillors on autism](#)

68. We published a [number of good practice case studies](#) on autism.

69. We held an [Webinar with the DHSC on the autism strategy one year on](#)

70. We continue to be members of the national Autism Strategy Group.

Older People housing

71. We held a webinar in October 2021 on the Good Home Inquiry, commissioned by the Centre for Ageing Better. The inquiry aim was to provide an evidence-based analysis of England's housing policies to determine the causes of, and solutions to, the poor quality of so many of our homes. The event outlined key issues of importance to councils. We are shortly to publish a Housing our Ageing Population report with recommendations for the sector.

Exempt Accommodation

72. We supported councils experiencing difficulties with supported exempt accommodation, and successfully lobbied for councils to have greater local levers to respond to concerns about excessively high rents and/or the adequacy of the care and support provided.

Armed Forces Covenant

73. We have worked with government around the Armed Forces Bill, which introduces a new statutory duty on specified local public authorities to have 'due regard' to the Covenant, to help ensure armed forces, personnel, veterans and their families are not disadvantaged by their service when accessing key public services. This has included developing statutory guidance which enables councils to build on existing partnerships and good practice, and allows local flexibility to deliver Covenant pledges and supports innovative approaches.

2022/23 Priorities.



74. It is expected that the themes for the 2022/23 work priorities will remain broadly consistent with 2021/22, with a number of workstreams continuing into the new Board cycle.

75. The table below sets out some initial thinking on workstreams that will continue into the new Board cycle, subject to the Board’s views:

Priority Area	Proposed activity
<ul style="list-style-type: none"> • Adult social care funding and reform 	<ul style="list-style-type: none"> • The forthcoming year is likely to again be extremely busy as work continues at pace to prepare for implementing the range of social care reforms, all in the context of significant pressures on care and support. It is suggested that the Board’s priorities in the realm of adult social care are therefore as follows: <ul style="list-style-type: none"> ○ Continue to evidence the scale of pressures facing social care (and their consequences) and make those well known publicly and privately to Ministers and senior officials as part of continued calls for additional and urgent investment. ○ Continue to represent councils’ interests in the huge range of work on the care and support reform agenda, particularly charging reform and adult social care assurance. ○ Continue to work with the full range of the LGA’s national partners to identify areas of shared interest for joint lobbying and influencing. • It is difficult to predict at this stage what further work may be needed in response to potential increases in Covid numbers. Should the winter period bring a further wave of Covid, we will need to flex our capacity to ensure we are supporting the organisation’s wider work in responding to Covid. This, of course, has remained a further feature of our adult social care work over the last year.
<ul style="list-style-type: none"> • Integration 	<ul style="list-style-type: none"> • Continue to represent local authorities in the development of ICSs – in particular advocating for local authorities to have a key role in ICBs, ICPs and place-based partnerships. • Support councils to make an effective contribution to integrated care boards, integrated care partnerships and place-based partnerships.



	<ul style="list-style-type: none"> • Work with government and national agencies such as NHS England and CQC to ensure that the views and concerns of local government are addressed in the developing policy agenda for integration.
<ul style="list-style-type: none"> • Public Health 	<ul style="list-style-type: none"> • Work with local government to input into the Covid Inquiry. • Respond to ongoing Monkeypox and Covid activity and look ahead to challenges such as influenza and winter preparedness. • Support councils with information and resources so they can continue to work to improve health throughout the cost-of-living crisis. • Continue to make the case that funding and capacity are mission critical issues affecting local public health teams. • Maintain local to national connections with a strong local government voice in whole Public Health system design. • Refresh our policy lines on obesity, sexual and reproductive health, tobacco control, alcohol with a new system, cost of living, inequalities and covid recovery lens.
<ul style="list-style-type: none"> • Child Health 	<ul style="list-style-type: none"> • Continue to represent local authorities in the development of Family Hubs. • Work with government to ensure that the views and concerns of local government are addressed in the developing policy agenda for childhood obesity, the Healthy Child Programme and any proposals identified in the Health Disparities White Paper.
<ul style="list-style-type: none"> • People in vulnerable circumstances 	<ul style="list-style-type: none"> • Continue to represent local authorities in the development of the Mental Health Act, Down Syndrome Bill and Autism Strategy – in particular ensuring that any new burdens are identified and funded. • Work with government and national agencies such as ADASS to ensure that the views and concerns of local government are addressed in the developing policy agenda for people in vulnerable circumstances (including people with mental health needs, learning disabilities and autism, dementia). To also share policy developments with the sector. • With the Environment, Economy, Housing and Transport Board to ensure that councils have the right levers and funding to improve availability and choice of affordable and suitably designed older people's housing, reflecting local need.

	<ul style="list-style-type: none">• Assist councils in implementing the new Armed Forces Covenant statutory duty.
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Implications for Wales

76. Health and adult social care are devolved matters.

Financial Implications

77. This programme of work will be delivered with existing resources.

Next steps

78. Members' comments will be used to inform the draft priorities paper brought to the first meeting of the Board in the 2022/23 cycle.

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.

Contact officer:

Position:

Phone no:

Email:

Mark Norris
Principal Policy Adviser
020 7664 3241
mark.norris@local.gov.uk

Update on other board business

Integration

1. Sarah Pickup, Deputy Chief Executive spoke at two sessions at the NHS Expo in Liverpool in June: the first on local authority and NHS partnerships within integrated care systems and the second on the importance of place based leaderships in the new health and care landscape.
2. At the LGA annual conference on 28 June, Cllr David Fothergill joined a panel discussion on amplifying the voice of local government in integrated care systems. It was a lively and well-attended session with plenty of contributions from the audience. The session was chaired by health and care journalist, David Brindle, and Cllr Fothergill was joined on the panel by Lord Adebowale, LGA Vice-President and Chair of the NHS Confederation, Philippa Baker, Deputy Director of the DHSC Legislation Programme Team and Mark Cubbon, Chief Delivery Officer at NHS England.

Health and Social Care Select Committee

3. On 24 May, Simon Williams, the LGA's Director of Social Care Improvement, gave oral evidence to the Health and Social Care Select Committee as part of their inquiry on the health and social care workforce. Simon outlined the pressures facing adult social care and the challenges around recruitment and retention, particularly the issue of care worker pay.

Lead Member survey on the Government's adult social care reforms

4. Between 6 and 23 June, we conducted a survey of all Lead/Cabinet Members for adult social care to gather their views on the Government's reform agenda. Despite a shorter-than-usual window for completion, we had a solid 80 responses. Two of the survey's findings formed the basis of a proactive media release that we put out just before our Annual Conference and which enjoyed national and trade media coverage. The findings in question were that: 98 per cent of respondents were 'not very' or 'not at all' confident in the sufficiency of funding Government has earmarked for the reforms; and 75 per cent of respondents were 'not very' or 'not at all' confident that they have the required frontline capacity to deliver the reforms. These are clear expressions of concern, which were relayed directly to the Minister of State for Care, Gillian Keegan MP, at our Annual Conference. Further media work is planned on other findings from the survey.

Annual Conference 2022, 28-30 June

5. The Community Wellbeing Team arranged several popular and successful sessions at this year's Annual Conference, including:
 - 5.1. A parallel plenary on adult social care funding and reform, chaired by Board Member Cllr Louise McKinlay, and which included contributions from the Minister of State for Care, Gillian Keegan, and the new President of ADASS, Sarah McClinton.
 - 5.2. A workshop on adult social care assurance, which included contributions from Mary Cridge, director of adult social care policy at CQC and Kate Sibthorp, a member of Think Local Act Personal's National Coproduction Advisory Group.

Next steps for COVID-19 vaccination

6. NHS England and NHS Improvement [have written to council Chief Executives and Directors of Public Health](#) to offer their thanks to councils and NHS partners for delivering a successful vaccination programme over the last two years. The letter also outlines plans for an autumn booster programme to augment population immunity and protection against severe COVID-19 disease, hospitalisation and death over the winter. The letter also highlights ambitions for a new approach to vaccination, and NHS England and NHS Improvement are developing an integrated vaccination and immunisation strategy which will build on the learning from COVID-19 and other immunisation programmes.

Note of last Community Wellbeing Board meeting

Title: Community Wellbeing Board
Date: Wednesday 25 July 2022
Venue: Beecham Room, 7th Floor, 18 Smith Square, London, SW1P 3HZ

Attendance

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

Item Decisions and actions

1 Welcome, apologies for absence and declarations of interest

Apologies for absence were received from **Councillor Jonathan Owen**, **Councillor James Moyies** was in attendance as substitute.

Apologies were also received from Alyson Morley, Senior Adviser.

There were no declarations of interest.

PART B (CONFIDENTIAL)

2 Future commissioning arrangements for the Care and Improvement Programme

The chairman introduced **Andy Hughes**, Director of Health and Wellbeing System Improvement, to update the Board on the future commissioning arrangements for the Care and Health Improvement Programme.

3 LGA Workforce update

The Chairman welcomed **Naomi Cooke**, Head of Workforce, to the meeting. Naomi updated the board on the relevant work being undertaken by the LGA's Workforce Team and discussed issues relating to the National Living Wage.

PART A

The Chairman closed the confidential session and welcomed members of the Press to the meeting.

4 Mental Health and Wellbeing Plan

The Chairman introduced **Kevin Halden**, Adviser, who introduced the LGA's response to the new cross-government 10-year plan for mental health and wellbeing in England.

In the subsequent discussion members suggested that the following points be addressed in the LGA's response:

- Low educational achievement and aspirations for low-income children.
- The link between poverty and poor mental health.
- Reference to the prevention concordat for better mental health and the future of digital mental health assistance.
- More emphasis on problem debt and the associated suicide risk.
- Informal carers, such as children of parents with mental health problems.
- The link between physical activity and mental health.
- Funding available to support this work is reliant on patchy funding frameworks, a more coherent commissioning framework is crucial.
- Define what good mental health is.
- Importance of green spaces.
- Co-production and design of local services - people who use services should be invited to participate.
- More emphasis on suicide prevention.
- Importance of prevention and early intervention.

It was also suggested that the Community Wellbeing Board works with other LGA policy Boards on this area.

Decision

The Community Wellbeing Board agreed to note the report.

5 Health and Care Act update verbal update

The Chairman welcomed **Mark Norris**, Principal Policy Adviser to give the verbal update on the Health and Care Act.

The Health and Care Bill had received royal ascent and the LGA had published a 'get in on the act' publication, a broad guide of what is in the act of relevance to local government. The act itself only provides a framework; secondary legislation to underpins the act will follow.

Action

A discussion on Integrated Care Systems will be taken at the July 2022 meeting of the Community Wellbeing Board.

6 Disparities white paper and Khan Review on Smoking 2020 verbal update

The Chairman welcomed **Paul Ogden**, Senior Adviser, to the meeting.

Paul gave a verbal update on the progress of the Disparities white paper which was due to be published in July 2022. It was expected that the paper would focus on prevention and disparities by ethnicity, socio-economic background and geography and address factors that effect people's health. There would be three major strands; obesity, alcohol and

smoking. The Government had also announced its intention to establish a health promotion taskforce to co-ordinate cross government efforts to improve the nation's health. The Levelling Up white paper also set the mission to narrow the gap in healthy life expectancy by 2030 and to give 5 extra healthy life years by 2035.

Following the 2020 Khan Review on Smoking, Government has announced its ambition to be smoke free (5 percent or less) by 2030. The yet to be published report was expected to state government's intention to raise the age of sale from 18 to 21, introduce a 'polluter pays' levy and licensing regime for tobacco products.

7 **Update Paper on Other Board Business**

Mark Norris, Principal Policy Adviser, introduced the other board business paper setting out other updates relevant to the Board, and not included elsewhere on the agenda.

A view was expressed that the Community Wellbeing Board should progress work on tackling childhood obesity.

Decision

The Community Wellbeing Board agreed to note the Update Paper on Other Board Business.

8 **Beautifully ordinary lives**

The Chairman welcomed **Fazeela Hafejee**, Care and Health Improvement Senior Advisor, to the meeting.

Fazeela explained that following the next meeting of the Community Wellbeing Board on Wednesday 13 July 2022, members of the Board were invited to an event called Beautifully Ordinary Lives which would showcase people's lived experience of care.

Members noted that this would be an in person only meeting to encourage support and good turnout for the Beautifully Ordinary Lives event.

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

The Community Wellbeing Board noted the decisions and actions from the previous meeting held on 25 May 2022.

Appendix A -Attendance

Position/Role	Councillor	Authority
Chairman	Cllr David Fothergill	Somerset County Council
	Cllr Louise Gittins	Cheshire West and Chester Council
Deputy Chair	Cllr Sarah Osborne	East Sussex County Council
Deputy Chair	Cllr Rosemary Sexton	Solihull MBC
Members	Cllr Wayne Fitzgerald	Peterborough City Council
	Cllr Angela Macpherson	Buckinghamshire Council
	Cllr Louise McKinlay	Essex County Council
	Cllr Judith Wallace	North Tyneside Council
	Cllr Sue Woolley	Lincolnshire County Council
	Cllr James Moyies	Southend on Sea
	Cllr Karen Kilgour	Newcastle upon Tyne City Council
	Cllr Joanne Harding	Trafford Metropolitan Borough Council
	Cllr Natasa Pantelic	Slough Borough Council
	Cllr Rachel Blake	Tower Hamlets Council
	Cllr Timothy Swift MBE	Calderdale Metropolitan Borough Council
	Cllr Mike Bell	North Somerset Council
	Cllr Chris McEwan	Darlington
	Cllr Sue Baxter	Bromsgrove District Council
Apologies	Cllr Jonathan Owen	East Riding of Yorkshire Council
In Attendance		
LGA Officers	Mark Norris	Principal Policy Adviser
	Paul Ogden	Senior Adviser
	Laura Caton	Senior Adviser
	Kevin Halden	Adviser
	Emily Hackett	Adviser
	Gill Leng	National Public Health Adviser
	Laura Johnson	Public Affairs Support Adviser
	Sophia Page	Digital, Campaigns and Marketing Adviser

Integrated care systems (ICSs) – update on progress

Purpose of report

To update the Community Wellbeing Board (CWB) and representatives of the City Regions Board (CRB) on the progress of integrated care systems.

To give CWB and CRB members an opportunity to discuss and agree the LGA policy lines on the role and purpose of local government in ICSs.

Summary

This report updates Community Wellbeing Board and City Regions Board members on the progress on the development of ICSs since the last CWB meeting on 25 May 2022.

Recommendations

The Board is requested to:

note the progress on ICSs so far

note the LGA policy lines on the role and purpose of local authorities and ICSs

identify any further action required in promoting the LGA's message

note the current support offer to local authorities with regard to ICSs.

Action

By officers, as appropriate.

Contact officer: Alyson Morley
Position: Senior Policy Adviser
Phone no: 07554 765 130
Email: alyson.morley@local.gov.uk

Integrated care systems (ICSs) – update on progress

Introduction and background

1. The Health and Care Act received Royal Assent on 28 April 2022. The Act establishes 42 integrated care boards (ICBs) covering all parts of England as statutory NHS bodies. It also requires each ICB and each upper-tier local authority within an ICS to establish an integrated care partnership (ICP) as a statutory committee of the ICB.
2. The LGA has published *Get in on the Act: Health and Care Act 2022*: <https://www.local.gov.uk/publications/get-act-health-and-care-act-2022> summarising the main provisions of the Act of most relevance to local government. It includes a summary of the statutory powers and duties of ICBs and ICPs.
3. The LGA has worked closely with the Department of Health and Social Care and NHS England in the development of the Health and Care Bill and supporting guidance. We have continued to push for a strong role for local government in ICBs and ICPs.
4. One notable win for local government is in relation to ICB board membership. Though not on the face of the Act, through NHS England guidance, councillors were initially excluded from ICB board membership, in line with the previous exclusion of councillors from the boards of clinical commissioning groups. The LGA and other stakeholders were successful in arguing that this exclusion was against the spirit of the Health and Care Bill and it was subsequently removed.

Progress so far

5. Integrated Care Systems: design framework, published by NHS England in June 2021ⁱ, set out the expectations for ICSs, in terms of agreeing their governance arrangements, relationship with partners and forward plans. It also sets out the extensive planning required for each ICS to take on the responsibility for the NHS by July 2022, while still allowing flexibility and local determination. The key components expected to be in developed throughout 2021/22 are summarised below:
 - 5.1. **Ensuring the safe transfer of CCG functions and duties** – including the transfer of staff, arranging for the provision of health services, putting contracts in place and working with providers to prepare for the transition.
 - 5.2. **The integrated care partnership** – throughout 2021/22 the ICB and all local authorities within the ICS footprint will be required to work together to develop governance arrangements for the ICP, including the chairs and ICP members. They will also be expected to begin to develop an integrated care strategy for improving population health, to which the ICB and all relevant local authorities will be required to 'have regard' in their own strategies and plans.

- 5.3. **The integrated care board** - will establish governance arrangements, including appointing a chair designate, agreeing all statutory and additional board members, appointing ICS executive officers and submitting a constitution for approval by NHS England. The ICB will be expected to develop a five year forward plan to meet the health needs of their population, and which must 'have regard' to the ICP integrated care strategy.
 - 5.4. **Developing other plans and strategies** – including a People Plan to develop and support system-wide workforce planning, plans for system-wide action on digital and data, and agree how allocated resources will be spent across the system.
 - 5.5. **Place based partnerships** – establish the boundaries of and support place based partnerships, expected to reflect existing recognised 'places'.
6. NHS England has conducted regular 'readiness to operate' checks over the past year in order to ensure that all ICSs are ready to 'go live' on 1 July 2022.

Local government experiences of ICSs

7. Over the past year, the LGA has worked closely with councils to maintain a broad oversight of the development of ICSs to promote good practice and to identify any concerns that require national action to address.
8. It is important to note that this is a fast-moving change agenda and there is a wide variation of council experiences in relation to the development of ICBs and ICPs – ranging from close collaborative working between local government and NHS partners to a more directive NHS-dominated approach with limited local government involvement. The 1 July 'go live' date was significant in that ICBs became NHS statutory bodies, taking on the statutory responsibilities of CCGs and some from NHS England but it is not the end of the development of ICSs. They will continue to develop and mature over the next year, as will the role of local authorities within ICSs.
9. In general, most local authorities see the creation and development of ICSs as not just another NHS reorganisation. They see it as a real opportunity to develop a culture of collaboration and equal partnership – between the NHS, local government, the community and voluntary sector (CVS), wider stakeholders and communities themselves - focused on achieving better care and support and better health outcomes for their populations.
10. Most councils also welcome the flexible approach that allows ICSs to develop their own governance structures and plans to act on local health and care priorities.
11. However, some councils have expressed concerns that flexible and equal partnerships that developed during the pandemic and allowed the NHS, local authorities and CVS to find their own solutions are being undermined by the development of ICSs. They have been largely excluded from the development of ICBs and ICPs, with the NHS dominating.

12. For some councils, the footprint of ICSs is an ongoing barrier to effective integration, especially the larger ICSs that include several local authorities and in areas where the ICS footprint cuts across local authority boundaries meaning that they come under two or more ICSs. It is important that ICS footprints are kept under review so that any intractable boundary issues can be addressed in the future.
13. There is also concern that national priorities to increase the capacity of acute hospitals to address the backlog of demand caused by Covid-19 will detract from and undermine the stated commitment for ICSs to develop their own priorities for improving health and care services, improving population health and addressing health inequalities.
14. The relationship between the ICB and ICP is still developing in all areas and will continue to do so over the next year. It is crucial that there is parity between the ICB and ICP. In some areas, councils are confident that this will be the case with the ICP integrated care strategy setting the overall priorities and vision for the ICB and local authorities. However, other areas are concerned that the real power will rest with the ICB while the ICP becomes little more than a talking shop for wider partners.
15. The role and contribution health and wellbeing boards (HWBs) as leaders of place is another source of concern. In some areas, ICSs are committed to working closely with HWBs to ensure that they remain leaders at place level. In other areas, there is concern that HWBs will be bypassed and undermined by ICSs and their place-based partnerships.
16. Several councils are concerned about the lack of national guidance and good practice, especially the revised statutory guidance on health and wellbeing boards and new statutory guidance on integrated care strategies. However, many areas are getting on with their plans, building on existing non-statutory guidance and their own plans and arrangements. We understand that the Department of Health and Social Care (DHSC) intend to publish revised guidance on HWBs and new guidance on integrated care strategies before the summer recess.
17. The development of ICBs and ICPs are just two components of an increasingly complex transformation agenda for health and care. The cumulative impact of the health and care reform agenda presents significant challenges to local government, NHS and ASC providers. It includes the funding reforms of adult social care, preparing for the Care Quality Commission (CQC) assurance, reviewing and refreshing existing place based partners, involvement in integrated care boards and integrated care partnerships and responding to the government's integration white paper. The wide-ranging nature of the reforms, the depths of the changes required, and the tight timescales combine to make implementation very difficult. They are taking place when demand for support and services is high and growing, workforce capacity is severely stretched, and the impact of growing costs for councils and care providers.

LGA policy messages on ICSs

18. The following policy messages have been agreed by the Community Wellbeing Board and the Executive Advisory Board of the LGA:

- 18.1. **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 ICS Health and Care Partnership (ICP) as a partnership of equals with a duty to 'produce a plan for health, social care and public health services'.
- 18.2. **Parity between the ICS Board and ICS Health and Care Partnership** - 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.
- 18.3. **A clear commitment to addressing health inequalities** - The reform agenda, including ICSs, has a strong theme of the need for collective action to address and reduce health inequalities which have been exacerbated by the pandemic. We strongly support this commitment.
- 18.4. **A population health approach** – The LGA supports the focus on improving population health outcomes. 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.
- 18.5. **Primacy of place and subsidiarity** – The governance within each ICS – at system, place and neighbourhood levels – must be underpinned by subsidiarity. ICSs will need support to ensure that decisions will be taken at the most local appropriate level. 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.
- 18.6. **Accountability** - Accountability mechanisms within ICSs between the ICS NHS Board and the ICS Health and Care Partnership, 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.
- 18.7. **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.

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

LGA support

19. The LGA has a well-established support and improvement offer for health and social care known as the Care and Health Improvement Programme. A key part of this programme focuses on integration at system and place level. In partnership with the NHS Confederation and NHS Providers, we have developed a range of free, bespoke support for local health and care systems to strengthen health and care leadership to drive integration at system, place and neighbourhood levels.

20. The peer-led support offer includes:

- 20.1. Peer-facilitated workshops to support leaders to reflect on current leadership challenges, development needs and action planning
- 20.2. Peer reviews to support learning and development
- 20.3. Events to disseminate good practice on system transformation and to share opportunities, challenges, ideas and insights
- 20.4. One-to-one peer mentoring.

21. We also provide support specifically to health and wellbeing boards to assess their place in the new health and care landscape, specifically focusing on their role within ICSs. We provide free tailored and flexible support including workshops and peer challenge activity. We co-design bespoke support or draw upon our tested tools and use expert peer from across health and local government to deliver the support and will source the best match your HWB.

Implications for Wales

22. Health is a devolved function. The provisions of the Health and Care Act 2022 relate to England only and, therefore, there are no implication for Welsh local authorities.

Financial Implications

23. There may be financial implications for councils with adult social care and public health responsibilities in relation to ICBs and ICPs. 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.

Recommendations

24. The Board is requested to:

- 24.1. note the progress on ICSs so far
- 24.2. note the LGA policy lines on the role and purpose of local authorities and ICSs
- 24.3. identify any further action required in promoting the LGA's message



24.4. note the current support offer to local authorities with regard to ICSs.

Action

25. By officers, as appropriate.

ⁱ ICS Design Framework, June 2021: <https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf>

