



Community Wellbeing Board

Agenda

Wednesday, 12 July 2023
11.00 am

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

Community Wellbeing Board
Wednesday, 12 July 2023

There will be a meeting of the Community Wellbeing Board at **11.00 am on Wednesday, 12 July 2023** Beecham Room, 7th Floor, 18 Smith Square, London, SW1P 3HZ.

LGA Hybrid Meetings

All of our meetings are available to join in person at [18 Smith Square](#) or remotely via videoconference as part of our hybrid approach. We will ask you to confirm in advance if you will be joining each meeting in person or remotely so we can plan accordingly, if you wish to attend the meeting in person, please also remember to confirm whether you have any dietary/accessibility requirements. 18 Smith Square is a Covid-19 secure venue and measures are in place to keep you safe when you attend a meeting or visit the building in person.

[Please see guidance for Members and Visitors to 18 Smith Square here](#)

Catering and Refreshments:

If the meeting is scheduled to take place at lunchtime, a sandwich lunch will be available.

Political Group meetings and pre-meetings for Lead Members:

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

Attendance:

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

LGA Contact:

Amy Haldane
07867 514938 / amy.haldane@local.gov.uk

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.

Community Wellbeing Board – Membership

[Click here for accessible information on membership](#)

Councillor	Authority
Conservative (7)	
Cllr David Fothergill (Chairman)	Somerset Council
Cllr Wayne Fitzgerald	Peterborough City Council
Cllr Angela Macpherson	Buckinghamshire Council
Cllr Tim Oliver	Surrey County Council
Cllr Jonathan Owen	East Riding of Yorkshire Council
Cllr Sue Woolley	Lincolnshire County Council
Cllr Beccy Hopfensperger	Suffolk County Council
Substitutes	
Cllr Carl Maynard	East Sussex County Council
Cllr Paul Singh	Wolverhampton City Council
Labour (7)	
Cllr David Baines (Vice-Chair)	St Helens Borough Council
Cllr Karen Kilgour	Newcastle upon Tyne City Council
Cllr Timothy Swift MBE	Calderdale Metropolitan Borough Council
Cllr Kaya Comer-Schwartz	Islington London Borough
Cllr Rachel Blake	Tower Hamlets Council
Cllr Joanne Harding	Trafford Metropolitan Borough Council
Cllr Chris McEwan	Darlington Borough Council
Substitutes	
Cllr Jim Beall	Stockton-on-Tees 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 Patricia Patterson-Vanegas (Deputy Chair)	Wealden District Council
Cllr James Giles	Royal Borough of Kingston upon Thames
Substitutes	
Cllr Kevin Etheridge	Caerphilly County Borough Council

Agenda

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Wednesday, 12 July 2023

11.00 am

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

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1. Welcome, Apologies and Declarations of Interest	
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Date of Next Meeting: Tuesday, 19 September 2023, 10.00 am, Hybrid Meeting - 18 Smith Square and Online

Minutes of last Community Wellbeing Board meeting

Community Wellbeing Board

Wednesday, 17 May 2023

18 Smith Square, London SW1P 3HZ

Attendance

An attendance list is attached as [Appendix A](#)

Item	Decisions and actions
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1	Welcome, Apologies and Declarations of Interest
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The Chairman welcomed members to the meeting and noted apologies for absence from councillors David Baines, Angela MacPherson, Joanne Harding, Rachel Blake and Tim Swift. Cllr Jim Beall was in attendance as a substitute.

Cllr Fothergill congratulated Cllr Mike Bell who had become Leader of North Somerset Council following the May 2023 Local Elections.

There were no apologies or declarations of interest.

2	Decisions and actions from the previous meeting
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The minutes of the Community Wellbeing Board meeting held on Wednesday 1 March 2023 were agreed as an accurate record.

3	Update paper
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Kevin Halden gave an update on the Right Person, Right Care plan which would see changes to police involvement in incidents of people experiencing mental health episodes. The LGA had raised concerns about the new burdens this would place on other public services.

Members asked officers to seek clarity on how this would affect those under 18.

Members agreed that a local government perspective was needed. Concern was raised that mental health and social services were already in crisis that this approach would exacerbate and that a whole system approach was needed.

Further dialogue on what this would mean for local government and the rest of the public sector was ongoing

Cllr Fothergill fed back that he had attended two veterans board meetings

at the Cabinet Office with Johnny Mercer, a winter capacity expert group meeting with Stephen Chandler and an APPG meeting on leasehold reform in relation to older people's housing and accommodation.

Decision

The Community Wellbeing Board **agreed** to note the report.

4 Achieving Smokefree 2030 – Cutting smoking and stopping underage vaping

Cllr Fothergill welcomed Richard Boden, Head of Tobacco Control and Gambling at the Office for Health Improvement and Disparities (OHID) to the meeting. Richard gave an update on the policy announcement made in April 2023 which was in response to the Khan review published in June 2022. This included action to fulfil the Government's commitment for England to be Smokefree by 2030 (5% or less) and action to tackle youth vaping.

Richard explained that the proportion of 11–15-year-olds using e-cigarettes had increased from 6% in 2018 to 9% in 2021. The increase was particularly large amongst girls (5% in 2018 to 10% in 2021). The increase of vaping amongst young people was attributed to the growth of a new class of “disposable” vapes. The call for evidence on Youth Vaping would last for 8 weeks. Government's aim was to identify opportunities to reduce the number of children accessing and using vapes, exploring issues such as regulatory compliance, the marketing and promotion of vape products, environmental impact of disposable vapes.

Richard also highlighted the ‘swap to stop’ scheme which aimed to help 1 million smokers to quit, enforcement to stop illicit tobacco, a financial incentive scheme for pregnant smokers and a consultation on pack inserts.

Paul Ogden, Senior Adviser, added that the LGA is supportive of vaping as a tool to quit smoking though concerns remain, especially those raised by the Environment, Economy, Housing and Transport Board regarding waste (recycling and disposal) and environmental issues. Paul confirmed that work was being carried out in partnership with the with Safer and Stronger Communities Board to submit a response to the call for evidence by the 6 June deadline. Though extra funding is welcome, the cut to public health grants which delivers smoking cessation services would have an impact on local governments ability to assist with the delivery of the strategy's associated programmes.

Members raised the following points:

- Concern that the ‘swap to stop scheme’ would give non-smokers the false impression that vaping isn't dangerous.
- Concern that vapes were clearly advertised and marketed to children using cartoons, brands, colours, flavours etc which Government had not legislated against.
- Pocket money prices and a loophole allowing vapes to be given away for free/to minors was concerning.

- vaping causes addiction and environmental issues that didn't exist 10 years ago, 'swap to stop' will make both problems worse by 2030.
- Menthol cigarettes were banned – why have flavoured e-cigarettes been allowed? It is all flavoured nicotine designed to create addiction.
- Environmental issue is at point of extraction, not just disposal.
- Reputational risk for councils encouraging people to vape – long term health effects of vaping unknown and could be disastrous (as with smoking).
- Cross cutting issue that touches on the work of the Community Wellbeing, Community Safety (licencing), Environment and Children and Young People boards.
- Queried the government's appetite for vaping to be available on prescription only.

Richard responded that a tricky balance was needed as the regulatory system was not fit for purpose – a medicinally licenced product was not available in the UK and the consumer market was the route for smokers to access vapes to quit. He continued to say that although there was very little evidence to suggest that the gateway goes the other way, vaping was not a silver bullet, not replace Nicotine Replacement Therapy and that the strategy would support people to quit vaping too. Vaping was substantially less harmful than smoking. An education piece for schools on how to tackle vaping how be available from July 2023.

Action: Share the LGA's submission to the call for evidence. Specific research on why girls vape more and how to target this.

5 The Government's plans for adult social care reform

The Chairman welcomed Michelle Dyson, Director General of Adult Social Care (ASC) at the Department of Health and Social Care (DHSC) to the meeting. Michelle gave a presentation on the Government's recently published 'Next steps to put people at the heart of care' plan outlining the Government's aspirations for care and support.

Michelle summarised DHSC action on workforce, housing, technology and integration, data and assurance, innovation and improvement and unpaid carers. This included an older people's housing task force, recently launched with DHSC and DLUHC which would target 80% of care homes using digital records by 2024.

Michelle defended the unallocated £6 million, not as a cut but as unallocated funding, most likely to be spent on ASC workforce and acknowledged local authority concerns about CQC assurance but didn't view this as a major issue.

In the discussion, Members made the following comments:

- Government needed to take a wider economic view on ASC. Without sufficient ASC and support, it will impact on wider workforce such as

- unpaid carers giving up work.
- Disappointment expressed at the £250m reduction for ASC training and development.
- Concern about regulatory framework and one-word assessments especially given current criticisms of Ofsted one-word assessments, urging Government to think again.
- The demoralising effect on workforce when poor rating is due to inadequate resources.
- Local authorities will struggle to be compliant due to lack of funding and ASC will fail without adequate funding and a proper workforce to deliver care.

In response Michelle explained that the £250m for training had been removed because of concerns that it wouldn't be spent. She did not comment on the Government's future use of single word assessments and challenged the view that consensus on next steps for ASC had been received as overwhelmingly negative by the sector. Technology would provide some of the solution to the challenges facing ASC.

Decision:

The Community Wellbeing Board agreed to note the contents of the report.

6 Major Conditions Strategy

The Chairman welcomed Jennifer Benjamin, Deputy Director for Policy Provision and Accountability at the Department for Health and Social Care (DHSC) as well as Lead Members of the Children and Young People Board to the meeting. Jennifer gave a progress report on the Major Conditions Strategy (MCS) summarising the context for the change in strategy, scale of the challenge and burden on health and care systems.

Jennifer highlighted the burden on individuals and the interaction between conditions saying the strategy would focus on the impact of deprivation and health disparities on a cluster of conditions, the key objectives being to increase life expectancy by 5 years, narrow the gap and reduce pressure on health and care services. Integrated Care Systems (ICSs) would have a major role in MCS with the autonomy to act

During the discussion, Members made the following comments:

- Questioned the need for more evidence rather than considering the overwhelming existing evidence of the impact of poverty on health outcomes.
- Disappointment MCS had not included plans for support for carers.
- Causes of ill-health are socio-economic, cultural etc., health and social care alone cannot overcome these factors.
- Concern the strategy will focus on NHS and clinical interventions rather than on primary prevention.
- Concern that there will be a delay and dilution off the 10-year Mental Health Strategy and whether the link between mental and physical health has truly been considered.

Decision

The Community Wellbeing Board **agreed** the proposed initial policy lines in the report.

Action

Invite to be circulated to Board members and DHSC to the 'one year on' event in Cheshire West and Chester on their being a Marmot area.

Appendix A -Attendance

Position/Role	Councillor	Authority
Chairman	Cllr David Fothergill	Somerset County Council
Vice-Chairman		
Deputy-chairman	Cllr Sarah Osborne Cllr Patricia Patterson- Vanegas	East Sussex County Council Wealden District Council
Members	Cllr Wayne Fitzgerald Cllr Tim Oliver Cllr Jonathan Owen Cllr Sue Woolley Cllr Beccy Hopfensperger Cllr Karen Kilgour Cllr Kaya Comer- Schwartz Cllr Chris McEwan Cllr Mike Bell Cllr James Giles	Peterborough City Council Surrey County Council East Riding of Yorkshire Council Lincolnshire County Council Suffolk County Council Newcastle upon Tyne City Council Islington London Borough Darlington Borough Council North Somerset Council Royal Borough of Kingston upon Thames
Apologies	Cllr Angela Macpherson Cllr David Baines Cllr Timothy Swift MBE Cllr Rachel Blake Cllr Joanne Harding	Buckinghamshire Council St Helens Borough Council Calderdale Metropolitan Borough Council Tower Hamlets Council Trafford Metropolitan Borough Council

End of Year Report 2022/23

Purpose of Report

For direction.

Summary

This paper sets out the Community Wellbeing Board's end of year report for the 2022-2023 meeting cycle. It also sets out draft proposals for the 2023/24 work plan.

LGA Plan Theme: **Putting people first**

Recommendation

That the Community Wellbeing Board:

- (a) Notes the end of year report; and
- (b) Considers the Board's work priorities for 2023/24.

Contact details

Contact officer: Mark Norris

Position: Principal Policy Advisor

Phone no: 020 7664 3241

Email: mark.norris@local.gov.uk

End of Year Report

Background

1. At its meeting in October 2021 the Board considered its priorities for 2022/23 and agreed a substantive programme covering the following areas of work:
 - 1.1 Adult social care funding and reform
 - 1.2 Integration
 - 1.3 Public Health
 - 1.4 Child Health Priorities
 - 1.5 People in vulnerable circumstances.
2. This paper provides an overview of the achievements delivered against these themes. It also seeks an initial steer from the Board on its priorities for 2023/24. Members' comments will be used to inform the development of a full paper for consideration at the first meeting of the 2023/24 Board cycle.

Adult social care funding and reform

Funding

3. We have continued to highlight the serious pressures facing adult social care and their many consequences for people, services, the workforce and communities. Our calls for additional funding to ease these pressures were acted on in the 2022 Autumn Statement, which announced new investment for adult social care totalling up to £2.8 billion in 2023/24 and up to £4.7 billion in 2024/25.
4. Whilst welcome, our response highlighted the gap between the funding announced and our well-established call for £13 billion to address all pressures and enable councils to meet all of their legal duties under the Care Act. We have also done a lot of work to counter the Government narrative that adult social care now has what it needs in terms of funding. Of particular note, we produced a thorough briefing with the NHS Confederation on the Autumn Statement monies, which set out that the total allocation: assumes councils will use all of their council tax flexibilities; includes funding for children's as well as adult services; and includes funding that is ringfenced specifically for addressing delayed discharge. This has proved a very popular briefing.

Delayed discharge

5. Delayed discharge has been a considerable focus for the Government over the last year, particularly over winter. In January, we wrote publicly to the Secretary of State, jointly with ADASS and Solace, setting out our concerns with the way Government was portraying adult social care as being to blame for delayed discharges. We also used the letter to push for greater Government engagement with local government on the issue,

as well as setting out our views on the short- and medium-term steps that should be taken to address delayed discharges. The aforementioned briefing with NHS Confederation also covered shared thinking on how best to tackle the issue.

6. We organised two (December and January) meetings for council chief executives and directors of adult services to hear from Ministers at the Department of Health and Social Care (DHSC) and the Department of Levelling Up, Housing and Communities (DLUHC) on delayed discharge. These were excellent opportunities for senior council officers to share their views, including their concerns and frustrations, as well as actions that would really make a difference on the ground.

Assurance

7. We have done a significant amount of work on adult social care assurance over the last year. Through weekly meetings with the Care Quality Commission (CQC), ADASS and DHSC we have set out councils' concerns with assurance, including single word ratings, the financial context councils are operating in and the capacity challenge that assurance poses. We formally put these concerns on record through correspondence to the Minister. Some of these concerns are reflected in CQC's assurance operational framework, as well as the draft framework for intervention and support.
8. Due to the troubling lack of communication from the Department and the regulator to councils on the subject, we have held a series of webinars where senior figures from DHSC, CQC and the Government have given updates to council colleagues. These have been extremely well-attended, with around 1,000 Members and officers attending.
9. Officers from the Community Wellbeing Team and Partners In Care And Health (PCH) have also worked closely on a number of products to help support councils in their preparations for assurance. This includes a 'top tips' document and a comprehensive self-assessment workbook. Officers have also worked closely with a small group of council chief executives to test out our thinking and better understand the concerns of senior colleagues. This has been invaluable and has helped shape our policy positions.
10. With 5 pilot sites now undergoing assurance, we will be working with the Lead Members of those councils to understand how they are finding the experience. Again, this will help inform and shape our ongoing lobbying work in this area.

Reform: Government

11. Following discussions at a previous Community Wellbeing Board, we wrote to the Secretary of State calling for a short 6-month deferral to elements of the Government's charging reforms. Given the fragile state of the provider sector, we argued that work on 'fair cost of care' should continue. But to ease capacity pressures, we suggested the Government should defer implementation of the care cost cap, changes to the financial

means test thresholds and implementation of 18(3) of the Care Act, which would enable self-funders to access care at the council-funded rate. We argued this would ease capacity pressures on councils, allow more time to learn from the reform Trailblazer sites, and also allow more time to ensure appropriate and necessary systems were up and running to deal with the expected increase in assessments. In its Autumn Statement, the Government pushed the implementation of these elements of its reform agenda back to October 2025.

12. In April, the Government published its long-awaited update on its December 2021 white paper on wider system reform. This was widely perceived to be a downgrading of funding and ambition and the LGA responded by expressing its disappointment at the plan, particularly the reduction in funding for measures to support the development and wellbeing of the care workforce. The Board had an opportunity to articulate its concerns directly to Michelle Dyson, Director General for adult social care at DHSC at its May Board.

Reform: wider sector

13. There have been a number of interesting and important publications from partners on the future of adult social care over the last year. These include the Archbishops' Commission on Reimagining Care, the House of Lords inquiry on adult social care which culminated in its report, 'Gloriously Ordinary Lives', and the Fabian Society report, 'Support Guaranteed: The Roadmap To A National Care Services'. LGA officers submitted evidence to these three initiatives and had meetings with their senior leads. Many of the findings and recommendations from these projects aligned closely with what the LGA has said on the future of care and support.
14. As part of our own work on wider reform, we ran a very well-attended Smith Square Debate on the subject in January. Chaired by the BBC's Alison Holt, and with senior speakers including Dr Anna Dixon MBE (co-chair of the aforementioned Archbishops' Commission) and Miriam Levin (programme director for Engage Britain), the debate considered what the future should hold for adult social care and how best to deliver that vision.

Flagship conferences

15. Between April and June this year, we worked closely with the Health Foundation, NHS Confederation and NHS England to develop and deliver an 'adult social care feature zone' at NHS Confederation's annual 'Expo' conference. This was seen as an important opportunity for senior NHS leaders to learn more about the value of adult social care both in its own right and in terms of the role it plays in helping to mitigate demand pressures facing the health service. Colleagues from across the LGA and PCH worked with councils and sector partners to deliver three stands in the exhibition and five workshop sessions covering topics ranging from coproduction and involving the voice of

lived experience, to collaborative working between system and place. Colleagues will be meeting in the coming weeks to reflect on the experience and consider whether to do something similar next year.

16. As ever, colleagues from LGA, PCH, ADASS and ADCS worked closely again to develop and deliver a successful National Children and Adult Services Conference in 2022. Planning is already well underway for this year's NCAS Conference. Key issues facing the sector will also be covered as part of our ongoing leadership development offer for Lead Members.

Delegations

17. Over the last year, officers from the LGA have hosted separate delegations from Norway, Sweden and Israel. These international colleagues contacted us as they were keen to learn more about different aspects of the way in which English councils support people of all ages to live independently and the structures and systems used.

Partnership working

18. Officers have continued to work closely with a range of partners from across the wider adult social care sector. Of particular note, the LGA has remained an active contributor to the National Adult Social Care Leaders Group, comprising organisations including ADASS, Skills for Care, Social Care Institute for Excellence, the Care Provider Alliance, Think Local Act Personal and Social Care Future. The group continues to be a helpful forum for sharing updates and intelligence and considering joint messaging and policy development work, particularly on the care workforce.

Priorities for 2023/24

19. Given the breadth of activity in this area of the Board's work, it is difficult to list every suggested priority and action. The following are therefore broad heading areas under which would sit a range of activity and work.
- 19.1 Continue to evidence the scale of pressures facing social care (and their consequences) and make those well-known publicly and privately to Ministers, senior officials, partners and the public as part of continued calls for additional investment.
 - 19.2 Continue to represent councils' interests in adult social care assurance including learning from the pilot sites as assurance rolls out more widely.
 - 19.3 Continue to work with the full range of the LGA's national partners to identify areas of shared interest for joint lobbying and influencing.
 - 19.4 Support councils, and manage public perceptions, around winter pressures and delayed discharge
 - 19.5 Further push the LGA's priorities for adult social care reform, possibly to include a major new publication reflecting on the 10 year anniversary of the Care Act

receiving Royal Assent.

Integration and System Reform

Integrated Care Systems

20. Integration continues to be a key priority for the LGA, the Government and the NHS since the Health and Care Act gained Royal Assent in April 2022. It required the development of new statutory guidance to support the establishment of integrated care boards (ICBs) and integrated care partnerships (ICPs) and significant revision of existing statutory guidance affecting the NHS, local government and Government functions. This year has seen a period of intense engagement with the Department of Health and Social Care, to ensure that new and revised guidance reflected the concerns and perspective of local government.
21. We have also worked closely with other national membership organisations, in particular NHS Confederation, to build a strong relationship with ICBs and ICPs to support them to embed and develop as effective and collaborative system leaders. Our colleagues in the Partnerships for Care and Health Team also work closely with the DHSC, NHS England, ADASS and the NHS Confederation to support the development of effective leadership at place, health and wellbeing and ICS level.

Commons Health and Social Care Committee review of Integrated Care Systems

22. Forty-two Integrated Care Systems (ICSs) covering all of England were established on a statutory footing on 1 July 2022. The Commons Health and Social Care Committee carried out an inquiry into the accountability and autonomy of ICSs between November 2022 and February 2023. It published its [Seventh report - Integrated care systems: autonomy and accountability](#) on 30 March 2023. The LGA provided written evidence to the inquiry and Cllr David Fothergill addressed the Committee at an oral evidence session in November 2022.
23. The final report of the Committee reflected our key messages on the need DHSC and NHS England to move away from its command and control approach and give ICSs the time and space to focus on the priorities that will have the biggest impact on health outcomes and health inequalities.

Hewitt Review of ICS autonomy and accountability

24. In November 2022, the Government commissioned the Rt Hon Patricia Hewitt to undertake a review of the autonomy and accountability of ICSs. The LGA was closely involved in the review with local government representation – a mixture of LGA officers and senior elected members – on each of the workstreams. We also submitted our own evidence: <https://www.local.gov.uk/parliament/briefings-and-responses/lga-response-hewitt-review-ics-accountability-and-autonomy> which broadly supported the development

of ICSs but emphasised the need for them to work collaboratively with health and wellbeing boards at place level and to build on existing partnerships. We also emphasised the need for a reduction in nationally determined targets and priorities so that ICSs can focus on the priorities for their own populations.

25. The final report of the Hewitt Review, published in April 2023, reflected many of the LGA's key messages.
26. On 14 June, the Government responded to the House of Commons Committee report and the Hewitt Review with a largely positive response which restated their commitment to ICSs working collaboratively to improve population health and tackle inequalities. We were, however, disappointed that the Government has rejected the Hewitt Review suggestion to grow the proportion of funding spent on prevention by one per cent per year. That said, we broadly support the Government's response to those two significant inquiries, in particular their recognition of the importance of place based partnerships and of collaboration between the NHS and local government.

ICS national network

27. Throughout 2022/23 we have worked closely with the NHS Confederation to provide sector-led support to the new leaders in integrated care systems – in particular the Chairs of ICBs and ICPs. The ICB and ICB Chairs Forums each provide an independent space for Chairs to exchange ideas, develop solution and shape policy development. We have been particularly closely involved in the agenda setting, support and action arising from the ICP Chairs Forum, co-chaired by Cllr Tim Oliver and Cllr Tim Swift who are both ICP chairs. In June 2023, the Lead Members of the CWB agreed an MOU with NHS Confederation to formalise this joint working so that the LGA is now formally a joint sponsor of the ICP Chairs Network, with the CWB being represented at meetings.

Health and Social Care Sounding Board

28. Since it was set up by the LGA and DHSC in May 2021, the Sounding Board has continued to act as an informal advisory group to ensure that local government has early influence on the development of health and care policy. It is 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.

Health Devolution

29. The CWB continues to co-sponsor the Health Devolution Commission (HDC), an independent cross-party and cross-sector forum to promote health devolution and integration across England, alongside other organisations, including the NHS Confederation, Mencap, Barnado's, the British Association of Counselling and

Psychotherapy, London Councils, Greater Manchester Health and Social Care Partnership and the West Yorkshire Health and Care Partnership.

30. In 2023, the HDC is focusing on identifying, capturing and disseminating good practice from integrated care systems on a range of issues, including the integration of health and social care and the role of ICSs in supporting social and economic development.
31. The LGA is also co-sponsor of the Health and Devolution Working Group with NHS Confederation. The working group brings together experts from local government devolution, the NHS, academia and national membership organisations to understand the priorities, opportunities and challenges for leaders in local government devolution areas and ICSs in bringing together health and local government devolution. The Working Group has been endorsed by the CWB, the City Regions Board and the People and Places Board who each have a representative at meetings of the Working Group.
32. The LGA and Confederation will be publishing a report of the findings of the Health and Devolution Working Group in the Autumn at a joint conference.

Major Conditions Strategy

33. In January, the Secretary of State for Health announced the development of a Major Conditions Strategy, covering the six conditions which contribute to the burden of disease on England. The CWB has given their views to senior DHSC officials and will be submitting evidence to the Review.

Priorities for 2023/24

34. 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.
35. Support councils to make an effective contribution to integrated care boards, integrated care partnerships and place-based partnerships.
36. Work with government and national agencies such as NHS England and CQC to ensure that the views and concerns are local government are addressed in the developing policy agenda for integration.

Public health

Funding

37. In March, DHSC wrote to councils to explain that they would be expected to use existing budgets to pay for NHS pay increases for commissioned community services (e.g. health visiting, school nursing). The LGA argued that this could push stretched budgets to the

limit and put services at risk. In response to our lobbying, it was agreed that councils should not expect additional in-year costs related to the NHS pay award to be passed on to them. This is a win for the LGA, but clarity on non-NHS staff commissioned to deliver public health activity needs to be resolved.

38. In February, the government announced that councils across England will receive an additional £421 million funding through to 2025 to improve drug and alcohol addiction treatment and recovery. This includes support for children and young people affected by substance misuse. This additional funding was announced as part of the Government's drug strategy, '[From harm to hope: a 10-year drugs plan to cut crime and save lives' \(2022\)](#).

Covid Inquiry

39. In September, the Covid19 Inquiry was formally launched to examine the UK's response to and impact of the COVID-19 pandemic and learn lessons for the future. The LGA and the Welsh LGA have been granted core participant status in the Inquiry, this involves co-ordinating evidence and responses on a range of issues. The LGA will be providing evidence, expert witness account and relevant supporting documentation in relation to the issues being considered by the Inquiry and will support councils to the extent that we can in doing so. We will also support the timely implementation of recommendations.

Dental Health

40. In October, we published new analysis that revealed a growing number of "dental deserts" across the country with more deprived or rural local authority areas having fewer NHS dentists than those in more affluent urban areas.

Monkeypox

41. Throughout 2022/23, the LGA worked closely with the UK Health Security Agency (UKHSA) and others to tackle a very small number of cases of Monkeypox in local communities. The outbreak has highlighted the important health protection work of local authority commissioned sexual health services. We worked with our commissioners throughout this outbreak to ensure the best response to both monkeypox infections and minimise disruption to other important sexual health services.

Sexual Health

42. In November, we published '*Breaking point: Securing the future of sexual health services*'. The LGA and English HIV and Sexual Health Commissioners' Group (EHSHCG) produced this report focusing on demand and funding pressures. The report delves into the trends since local authorities took responsibility for sexual health services in 2013, looking at the social and economic context in which they occur.

Economic Inactivity

43. Economic Inactivity is an increasingly high-profile issue nationally. The underlying causes of economic inactivity are often multi-faceted – mixing factors such as family context, mental and physical health conditions, with compounding barriers to do with loss of confidence or self-esteem, or practical factors such as access to transport. In December, the LGA commissioned Shared Intelligence to undertake two parallel streams of work about economic inactivity 1) To research the range of national programmes available to support economically inactive people into work. 2) To review the range of action taken at a local level and understand the opportunities and challenges associated with addressing economic inactivity at place level. Our report will be published this summer.

Directors of Public Health

44. To mark the 175th anniversary of the first Medical Officer of Health (now known as a Director of Public Health), we commissioned a series of interviews with the Association of Directors of Public Health (ADPH), exploring the varied and invaluable role of a Director of Public Health. We wanted to mark this important milestone by recognising the rich heritage and community of which directors are an important part and acknowledge the important role they continue to play in contributing to the future of protecting and improving the public's health.
45. Over the last 12 months we have published a series of case studies covering a diverse range of subjects such as women's health hubs, stop smoking services, sexual health services and Health and Wellbeing Services. We delivered over a dozen webinars, with strong online attendance at each one.

Public health annual conference 2023

46. The eleventh LGA Annual Public Health Conference was held across three mornings on 21 – 23 March 2023. It was organised in partnership in partnership with the Association of Directors of Public Health (ADPH) and the Faculty of Public Health (FPH). To coincide with the conference, the LGA launched the 2023 annual public health report, along with an animation for social media celebrating all that councils have achieved in the last decade.
47. The conference included a total of nine bitesize sessions on a huge variety of key public health topics, including community development, mental health, devolution and the future of public health. The conference had a record almost 1,300 delegates register to join for the conference across the three mornings and a total of 43 speakers and chairs participated.

Children's health

Start for Life and Family Hubs

48. We are pleased to see the development from policy into practice of the Early Years Healthy Development Review into the Start for Life and Family Hubs programme, where 75 councils were given a share of £300m over three years to establish and develop a network of family hubs in their local areas.
49. We have engaged closely with government officials throughout the policy development and implementation of the Start for Life and Family Hubs programme. We have worked with councils to understand the challenges and benefits they are experiencing on the programme and worked with officials to address these, while also emphasising to the Government the challenges around providing funding to only half of councils.
50. We will continue to work with DHSC, DfE and partners to ensure "Start for Life" is a collaborative and strength-based programme which empowers councils to improve services and ensure local flexibility and leadership rather than a one-size fits all approach. We will work with DfE and the Centre for Family Hubs to ensure sector input into the continued roll out of Family Hubs.
51. We commissioned a series of case studies exploring various elements of Family Hubs delivery within councils. Three of the councils featured have received additional funding as part of the Family Hubs programme, whilst three councils have not. The case studies will be published in July.

Increases in the cost of living

52. The LGA has been working closely with Government on issues surrounding the rising cost of living and the impact on children's health and wellbeing. This has included calling for the Government to urgently review the Healthy Start scheme and Free School Meals (FSM), and making long-term increases to local public health funding, which can go to support children and young people in communities who need it most.
53. As part of this, we have organised two webinars with councils and leading food campaigning organisations (Feeding Britain, the Food Foundation) showcasing ways in which councils have been addressing food insecurity affecting children and building local partnerships to improve health and wellbeing.
54. We have engaged closely with the Healthy Start scheme team at the Department of Health and Social Care (DHSC) and continue to call for the scheme to be expanded to all families receiving Universal Credit and for the scheme to shift from an "opt in" to an

“opt out” registration system through an automated process, to help remove any barriers families face when applying online.

55. We ran a plenary event at the LGA’s annual Public Health conference in March 2023 where a number of experts (from the Royal College of Paediatricians and Child Health, Barnardo’s, Action for Children and the Director of Public Health for Liverpool) discussed the impact of the cost-of-living crisis upon children’s health.

56. We have extensively made the case that funding and capacity are mission critical issues affecting local public health teams’ ability to deliver essential health promoting services for children and young people in their local areas.

Vaping

57. We have successfully called for more enforcement to halt the rise of youth vaping, including government announcing fines for shops selling illicit vapes and £3m funding for Trading Standards to support enforcement. This follows successful LGA lobbying for government to close a loophole that allows the vaping industry to give free samples to children. Through a cross-board approach, the LGA is currently considering several options on its future policy direction on youth vaping and disposable vapes.

Health Disparities

58. We were disappointed that the Government announced that they would be abandoning the long-awaited Health Disparities White Paper. We have continued to push for much-needed action to tackle entrenched and growing child health inequalities, particularly within the upcoming Major Conditions Strategy.

59. In our response to the call for evidence for the Major Conditions Strategy, we emphasised that the strategy should have an equal focus on children and adults, calling for a greater focus on prevention than treatment.

ICBs

60. We have continued to work with partners across the system to strengthen the position of children’s health in Integrated Care Boards/Partnerships. This has included jointly inputting on the [recently published guidance around executive lead roles](#) within integrated care boards, including the executive lead role for children and young people.

NHS Children and Young People’s Transformation Board

61. We will continue to work with the NHS Children and Young People’s Transformation Board to influence their actions on the elective recovery of children and young people’s health services, including on waiting times.

Work with other LGA Boards

62. The Board will also work jointly with the Children and Young People's Board on cross-cutting issues such as childhood obesity, mental health, Family Hubs and support for children, such as Free School Meals and Healthy Start Vouchers. We will seek member direction on continuing the joint Lead Member CYP/CWB meetings in the new meeting cycle in September.

Adults with Care and Support Needs

Supported and Exempt Housing

63. The Supported Housing (Regulatory Oversight) Bill achieved royal assent in June following close consultation throughout the parliamentary stages with the LGA and [several public affairs responses](#). We successfully lobbied that councils should have better oversight of supported exempt accommodation in their area and are now playing a co-ordinating and convening role alongside councils and DLUHC officials to ensure successful implementation. We have so far held two roundtables with DLUHC officials and the newly formed LGA Supported Housing Network which is comprised of officers across a diverse range of teams and regions in England.

64. A priority in the coming year will be to ensure the new legislation works for councils, makes as much positive change as possible to residents, and considers service, capacity, and budget pressures.

65. The funding of non-statutory housing support also continues to be an area of concern for council officers working in homelessness and adult social care. Supported housing plays a crucial role in preventing homelessness, delayed hospital discharges and placements into care homes. With councils facing considerable budgetary pressures alongside a stricter regulatory landscape for non-commissioned services, it will be important to consider the unintended consequences.

Older People's/Adapted/Extra Care Housing

66. In September 2022 we published the report [Housing our ageing population](#). The report makes a number of recommendations to Government on how we can best meet the needs of people in later life with case studies demonstrating how councils are addressing the housing needs of an ageing population. This year, we've seen the launch of the Older People's Housing Taskforce which will create a strategy for England to create the range of housing options and opportunities required to meet the housing needs of an ageing population. This should lead to stronger local strategies that are well embedded and evidenced in local plans. We would also like the taskforce to produce guidelines that clarify the different housing models/typologies for older people with recommendations on how planning can help address local need.

67. We continue to highlight the importance of housing for people in vulnerable circumstances. In August 2022, we made a submission to the government consultation on Improving disabled people's access to let residential premises.
68. In January 2023 the LGA provided comments on the [Safe Care at Home review](#) led by the Home Office and Department of Health and Social Care. The review was published in June 2023.
69. LGA Workforce team recently examined the health and wellbeing climate experienced by non-registered social care professionals (e.g., occupational therapists) via a survey with results to be published imminently. In the coming year, we'll be working with the Workforce team, and networks such as the Principal OT National Network to help promote a better environment to attract, develop and retain professional, compassionate and engaged staff who deliver high quality social care. We will also be considering what broader work can be done around the role of councils in adapting homes to enable people to live independently and safely.
70. Our priorities in this area will be to further develop messaging on the links between health and housing, including preventative approaches that can reduce the likelihood of being admitted to long term care in future.

Suicide Prevention

71. In 2019, the Government pledged extra funding for the ADPH and LGA Sector Led Improvement programme to support local authorities to strengthen suicide prevention plans, under a range of measures aimed at improving support for mental health. This SLI work came to an end in December 2022 and identified lots of areas of innovation, challenge, and future considerations for local authority's suicide prevention plans. The final report is due to be published imminently.
72. In February 2023, Cllr David Fothergill and Professor Louis Appleby (Chair of the National Suicide Prevention Advisory Group) published a blog on ['Breaking the link between financial difficulty and suicide'](#) to highlight the importance of prioritising suicide prevention during financially difficult times.
73. The priorities for the coming year will be to help secure continued funding for local authorities following the end of the three-year funding delivered as part of the NHS Long Term Plan. This year will also see the publication of Government's new Suicide Prevention Strategy and subsequent guidance for council's local plans which will likely require us to update the LGA guidance. We will also continue to attempt to highlight the important of public health and local authority teams in the prevention of suicide.

Veterans and Armed Forces Community

74. Last year we worked with government on the implementation of 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. New guidance for local authorities was published in November 2022 which provided further guidance around existing partnerships and good practice and allows local flexibility to deliver Covenant pledges and supports innovative approaches.
75. In February 2023, Cllr David Fothergill chaired a LGA webinar on 'No Homeless Veterans'. The event was to help councils identify and respond effectively to the needs of homeless veterans.
76. This year we will be focused on reinstating and utilising the Armed Forces Covenant network to further embed the covenant by identifying gaps in guidance, showcasing good practice and asking the network officers to provide direction with regards to developing policy lines.

Mental Health

77. We continue to engage with government and partners about the reform of the Mental Health Act.
78. In November 2022, at the National Children and Adults Conference we held a workshop on Mental Health Act reform.
79. In January 2023, the Community Wellbeing Board Lead members agreed publication of a LGA ['Get in on the act' briefing](#) on the new Mental Health Act.

Joint Inquiry Committee

80. In October 2022 the LGA and the Association of Directors of Adult Social Services (ADASS) [submitted a response to the Joint Committee Inquiry on the Mental Health Act](#). We stated that the Act will require a clear implementation programme with funding to ensure the workforce is prepared effectively and to support development of community mental health services as alternatives to detention. The Committee published their report and made a number of recommendations to strengthen the Act. The LGA were pleased to see that the Committee say that proper resourcing of the Bill will be crucial. We are awaiting the Government response to the Committees recommendations.

Public Accounts Committee

81. In March 2023 the LGA Chair of the Community Wellbeing Board and Chair of the Children and Young People Board [wrote to Meg Hillier MP Chair of the Public Accounts Committee](#) in response to their call for evidence on Improving mental health services.

We highlighted councils roles and responsibilities in mental health and that they should be considered an equal stakeholder when looking into improving mental health services. We highlighted that Local government mental health services need sufficient funding to meet current, unmet and new demand for mental health support, including preventative mental wellbeing work that may stop the escalation of mental health needs so that more costly NHS treatment is avoided. We are awaiting the Public Accounts Committee

Right Care, Right Person – National Partnership Agreement (NPA) on mental health and policing

82. DHSC are developing ‘Right Care, Right person’ a agreement on mental health and policing. This will be signed by Government, NHS England, the National Police Chiefs Council and the Association of Police and Crime Commissioners. The agreement aims to clarify the role of Police in responding to mental health crises. Concerns have been raised by the LGA, ADASS and other partners including as follows:

- 82.1 Concern that this model would be rolled out too quickly, with inadequate local engagement and partnership working, meaning that other agencies are unable to pick up demand. The Metropolitan Police have announced they will introduce it in August 2023.
- 82.2 Risks that police cease engaging in cases where their involvement remained appropriate, leading to dangerous situations for patients and staff.
- 82.3 Concerns that the agreement will have financial impact on local authorities – we have raised this as a potential new burden.

83. In July 2023 we wrote a joint LGA, ADASS and ADCS signed letter to a number of government ministers outlining our concerns.

Learning Disabilities and Autistic People

84. We continue to promote the role of councils in meeting the needs of autistic people and people with learning disabilities. We are members of the national Autism Strategy implementation group, and we highlight resource needs in delivery of the strategy plan.

85. In November 2022, at the National Children and Adults Conference we held workshops on ‘Flourishing environments: considering and meeting the sensory needs of autistic people’ and ‘Building the Right support’.

86. In December 2022, the Community Wellbeing Board Lead Members agreed publication of a joint LGA/NHSE guidance ‘Quick guide on accommodation based mental health, learning disability and autism support in adult community, crisis and acute services’.

87. In July 2022, the LGA held ‘Beautifully Ordinary lives’ an event that was an informal and interactive opportunity to meet with people with a learning disability, autistic people and

family carers to hear from them about them living ordinary lives as citizens in their local communities and their aspirations for their future.

88. In October 2022, the LGA made a [submission to the government consultation on the Down Syndrome Act Guidance](#). Key asks are that the guidance should clearly set out any specific recommendations for councils. Also, that any new requirements arising from the Act will be new burdens for councils and will need to be funded accordingly. We will continue to work with DHSC to ensure successful implementation of the Act.
89. In June 2023, we provided the Buckland review of Autism employment with Local Supported Employment examples.
90. In 2022 the Oliver McGowan Mandatory Training for learning disability and autism for health and social care provider staff was introduced as part of the new Health and Care Act. The government is currently planning a consultation on the Code of Practice. The LGA will feed into the Code of Practice and identify any new financial burdens that may result.

Implications for Wales

91. Health and adult social care are devolved matters.

Financial Implications

92. None

Equalities implications

93. There are a range of Equalities Implications across the Board's work which will be taken into consideration when planning work for the 2023/24

Next steps

94. Members' comments will be used to inform the draft priorities paper brought to the first meeting of the Board in the 2023/24 cycle.

Update Paper

Purpose of Report

For information.

Summary

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

LGA Plan Theme: Putting people first

Recommendation(s)

That Members of the Community Wellbeing Board are asked to:

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 Note the updates contained in the report.

Contact details

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Update Paper

Vaping and disposable vapes

1. The LGA strongly believes that vapes should only be used as an aid to quit smoking. Many councils have effectively used vapes as a means of encouraging people to quit smoking, alongside a range of public health measures and stop smoking services.
2. Due to the wide-ranging impacts of vaping, a cross-board policy approach is being taken on this important policy issue.
3. While research has shown vaping poses a small fraction of the risks of smoking, it is deeply worrying that more and more children – who have never smoked – are starting vaping. The LGA welcomes work by the Office for Health Improvement and Disparities (OHID) on tackling youth vaping. We endorse the advice from England’s Chief Medical Officer, Sir Chris Whitty: “If you smoke, vaping is much safer. If you don’t smoke, don’t vape.”
4. An area of growing concern in relation to vaping is the effect on the environment, particularly “disposable” vapes. In the UK, [1.3 million single-use vapes thrown away every week](#), amounting to 167.5 million per year. Single use vapes include brands such as Elf bars, Lost Mary and Juul.
5. Single use vapes are designed as one unit so batteries cannot be separated from the plastic, making them almost impossible to recycle. Councils report they are experiencing pollution from vapes in the form of plastic materials, electronic waste and hazardous chemicals. In particular, the lithium batteries inside the plastic can sharply increase in temperature if crushed (for example in a waste collection vehicle) and can become flammable. This all comes at a cost to the council taxpayer through fire damage to equipment and the specialist treatment needed to deal with hazardous waste.
6. Vapes come under the WEEE producer responsibility scheme for electrical items. Vapes are classified with toys and other battery-operated items and the producer fee does not reflect the environmental risk from the item or the true cost of recycling. [Recent research has found](#) that more than 90% of smaller UK vape and vape juice producers are not registered under waste electrical and electronic equipment (WEEE) regulations.
7. If retailers sell less than £100,000 of electrical and electronic items per year, they are not required to provide takeback/return facilities on their own premises. Instead they can discharge their duty by paying money to the distributor takeback scheme.

8. At the time of writing, we are aware of calls from councils in England and Scotland calling for a complete country-wide ban on the sale of disposable vapes, for the sake of the environment and protecting young people's health. Examples from England include the [Champs Public Health Collaborative](#), led by the nine Directors of Public Health in Cheshire and Merseyside, whilst examples from Scotland include [Argyll and Bute Council](#), [South Lanarkshire Council](#) and [West Lothian Council](#).
9. Many local areas have noted an increase in shops selling vapes to young people, and subsequently have stepped up enforcement activity to deal with the issue. Councils are especially concerned by the marketing of vapes with designs and flavours that could appeal to children, in particular those with fruity and bubble gum flavours, and colourful child-friendly packaging. Strict new measures to regulate the display and marketing of vaping products in the same way as tobacco are needed.
10. The LGA strongly believes that vapes should only be used as an aid to quit smoking. The LGA has welcomed work by the Office for Health Improvement and Disparities (OHID) on tackling youth vaping.
11. The LGA believes that vapes should be in standardised packaging and kept out-of-sight behind the counter to restrict the appeal of youth vaping. Additionally, the Department of Health and Social Care (DHSC) should liaise with other government departments dealing with other age-restricted products and align their policies/messages to stop confusion amongst consumers and businesses.
12. The LGA has called for the Environment Agency to proactively enforce retailer duties on paying into a producer compliance scheme and reform of the producer responsibility scheme. The LGA has also argued that the government should also look at ways to encourage take-back of vapes through a deposit return scheme funded by producers. The LGA believes that the 'polluter pays' principle should apply, and that e-cigarette manufacturers and vendors should be required to do more to ensure consumers dispose of their waste in a more environmentally friendly way.
13. Sanctions need to be reviewed and more robust measures should be introduced to tackle the significant number of retailers who persistently sell vapes to under-age children. Councils should be able to issue fixed penalty notices as prosecutions can be resource intensive, and consideration should be given to being able to issue fines on a scale in accordance with the issues identified, for example number of under-age sales, age of recipient, and the number of times the retailer broke the rules.
14. It is welcome that the Government is providing £3 million in new funding to trading standards, but to support trading standards teams in the long term, [the LGA continues to call on the Government](#) to boost the future pipeline of qualified trading standards officers

through a dedicated apprenticeship fund, investing in regional support networks, and enabling councils to recover more of the costs of running regulatory services.

15. The LGA has produced an options paper on disposable vapes which is currently being deliberated by Lead Members of the Community Wellbeing Board (CWB), Children and Young People's (CYP) Board, the Environment, Economy, Housing and Transport (EEHT) Board and the Safer and Stronger Communities Board (SSCB). This will determine the LGA's future policy direction on disposable vapes.

Veterans and Armed Forces

16. The Armed Forces Covenant Network will be reinstated imminently with the first meeting themed on housing. The network will discuss the implementation of the Ministry of Defence guidance published in November 2022, local progress of Op Fortitude, and updates from the Royal British Legion and the Armed Forces Covenant Trust (AFCT). There's also been some discussion around how local authorities are working with small charities in their area and whether there is some scope to work better with the AFCT when it comes to grant funding meeting the needs of local plans.

Older people's Housing

17. The Older People's Housing Taskforce had its inaugural meeting in May which was chaired by Professor Julianne Meyer and attended by Cllr James Jamieson. Our priorities for this taskforce which is due to last one year is for the taskforce to launch a strategy for England to create the range of housing options and opportunities required to meet the housing needs of an ageing population. This should lead to stronger local strategies that are well embedded and evidenced in local plans. We would also like the taskforce to produce guidelines that clarify the different housing models/typologies for older people with recommendations on how planning can help address local need.

Right Care, Right Person – National Partnership Agreement (NPA) on mental health and policing

18. DHSC are developing 'Right Care, Right person' a agreement on mental health and policing. The agreement aims to clarify the role of Police in responding to mental health crises. The Metropolitan Police recently announced that they will not respond to mental health crises after 31st August 2023.
19. To reflect concerns received from the sector in July 2023 the Community Wellbeing Board and Children and Young Peoples Board Lead Members have agreed a joint LGA, ADASS and ADCS letter to be sent to Maria Caulfield, Parliamentary Under Secretary of State (Minister for Mental Health), Claire Coutinho, Parliamentary Under Secretary of State (Minister for Children, Families and Wellbeing) and Chris Philp, Minister of State (Minister for Crime, Policing and Fire). The letter will shortly be sent and will ask to delay

the introduction of the National Policing Agreement until further evidence of its impact is established - in particular its impact on community services.

Social Care

20. Last month, the Association of Directors of Adult Social Services (ADASS) published their annual survey on the state of adult social care (<https://www.adass.org.uk/media/9751/adass-spring-survey-2023-final-web-version.pdf>).
21. As in previous years, the survey contains a wealth of valuable insights and information. Key findings from this year's survey include the following:
- 19.1 care markets remain unstable with more people being impacted by provider closures.
 - 19.2 directors are becoming less confident that their budgets are sufficient to meet all of their legal duties.
 - 19.3 unpaid carers are coming forward with increased levels of need, to the detriment of their own wellbeing.
 - 19.4 fewer people are now waiting for an assessment of their needs or a package of care (or direct payment) to begin, but the number remains high at more than 430,000.
 - 19.5 directors are planning savings of £806 million for 2023/24, up from £597 million in 2022/23.
22. We are hoping that a senior member of the ADASS Presidential Team will attend the Board's awayday in September, where we would expect the findings of the survey to be discussed in more detail.

Major Conditions Strategy

23. The LGA has submitted evidence to the Major Conditions Strategy: <https://www.local.gov.uk/parliament/briefings-and-responses/lga-evidence-major-conditions-strategy>. The Government will publish an interim report in the next few weeks and the final report by the end of 2023.

Hewitt Review

24. The Government have published their response to the **House of Commons Health and Social Care Committee and the Hewitt Review** enquiries into the autonomy and accountability of Integrated Care Systems: <https://www.gov.uk/government/publications/government-response-to-the-hscc-report-and-the-hewitt-review-on-integrated-care-systems>. The report is largely positive with the



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Government accepting many of the recommendations from both of the enquiries, though they rejected call for a 1 per cent increase in ICS spending on prevention. The Government's response to the call for a national peer led approach to improvement support for ICSs is also disappointing.

Supported Housing Bill

Purpose of Report

For direction.

Summary

The Supported Housing Bill has now achieved Royal Assent. We are beginning to understand what the implications will be for local authorities and are in a crucial moment for influence as the government seeks pre-consultation views. This is a good opportunity to review the LGA stance on the supported housing sector as a whole – both local authority commissioned and non-commissioned services.

LGA Plan Theme: Putting people first

Recommendation

That the Board support updated policy lines on supported housing which aim to influence not only the implementation of the bill and regulation of non-commissioned accommodation, but also address the future funding and commissioning of supported housing in line with local strategies.

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Supported Housing Bill

Background

1. Supported housing is accommodation provided alongside support, supervision, or care to help people live as independently as possible in the community. Supported housing is available to groups such as:
 - 1.1. older people
 - 1.2. people with a learning disability
 - 1.3. people with a physical disability
 - 1.4. autistic people
 - 1.5. individuals and families at risk of or who have experienced homelessness
 - 1.6. people recovering from drug or alcohol dependence
 - 1.7. people with experience of the criminal justice system
 - 1.8. young people with a support need (such as care leavers or teenage parents)
 - 1.9. people with mental ill health
 - 1.10. people fleeing domestic abuse and their children

2. There isn't currently any reliable data on how many units of supported housing there are in England or how many people use or need supported housing. The homelessness charity Crisis estimated in a Freedom of Information request that in May 2021 there were 153,701 households in Great Britain in exempt accommodation: a 62% increase from 2016 to 2021. However, the lack of national central government data means it is impossible to validate that figure.

3. Supported accommodation is also difficult to define. The [National Audit Office found](#) that there are multiple definitions of supported housing, which are used interchangeably. There is a general understanding that more than minimal care, support or supervision must be provided, in addition to housing. A local authority assesses if care, support, or supervision is more than minimal but there are currently no specified national standards. Where other definitions exist, some are based on the people who live there, and others are based on Housing Benefit regulations. In practice, definitions are often used interchangeably. In particular, the term 'supported housing' is often used for a specific subset of supported housing known as 'exempt accommodation' and vice versa. The Department for Levelling Up, Housing & Communities (DLUHC) uses three categories of supported housing
 - 3.1. transitional or short-term (for example, hostels);
 - 3.2. specialised supported housing (long-term housing designed for people who need a high level of care);

- 3.3. sheltered housing and sheltered extra care (long-term housing mainly for older people with minimal or extra care needs)
4. The purpose of the new [Supported Housing \(Regulatory Oversight\) Bill](#) is to improve the regulation and oversight of 'supported exempt' housing. Supported exempt housing is a subset of supported housing which is exempt from the benefit cap and housing benefit limits in welfare regulations. Councils have been concerned for some time that an increasing number of exempt accommodation providers are falling short in providing good quality, personalised support for people in vulnerable circumstances. Issues have been identified with providers who deliver supported housing that is not commissioned or approved by a local authority as there are no contractual mechanisms for councils to quality assure and monitor standards.
5. The bill had its third reading in the House of Lords on June 16th and achieved royal assent on 29th June. The new bill will:
 - 5.1 require local authorities in England to review supported housing and develop local supported housing strategies
 - 5.2 create a national expert advisory panel to advise on matters related to supported housing
 - 5.3 introduce new national supported housing standards which define care, support and supervision
 - 5.4 give local authorities powers to create local licensing schemes for exempt accommodation
6. While we [welcome the measures](#) in the Bill which will improve conditions for residents with care and support needs, we have significant concerns about the capacity of councils' housing teams to undertake all the new responsibilities that are proposed. It will be vital for Government to fully fund the measures for them to be effective. The requirement to produce a Local Supported Housing Strategy, to gather and share information, and to operate licensing schemes will count as new burdens and will need to be funded as such. The government is currently suggesting that licensing schemes will be able to pay for themselves utilising license fees from providers and are only currently considering one off new burdens funding to implement the bill in 2025.
7. After speaking with local authorities, there are also some concerns around the seemingly discretionary nature of the licensing schemes in terms of an inconsistent approach nationally. A mandatory national scheme would ensure all councils could be adequately funded and supported to set up new teams and would stop poor providers from moving into unlicensed areas.

8. The bill proposes planning reform be considered after three years. Introducing a requirement for planning permission for exempt supported accommodation would help to further strengthen local oversight of new accommodation in an area by enabling a local planning authority to consider the need for supported exempt accommodation (as outlined in its supported housing strategy) when deciding whether to grant planning permission. We are concerned that these measures are not being considered sooner.
9. In anticipation of the new bill, the LGA have set up a Supported Housing Network comprised of more than 50 local authority experts from a range of regions and teams. The network has met twice with DLUHC to discuss the two most onerous elements of the bill (Local Supported Housing Strategies and the licensing of supported housing) and has already presented some questions and challenges directly to Government. This network will be a crucial source of information going forward.
10. While the bill addresses issues which have arisen with providers that are not commissioned by local authorities, it does not address the wider issues of funding within the sector which have contributed to the current landscape. Supported housing faces growing challenges and financial insecurity as local authorities are forced to consistently decrease their funding for non-statutory housing related support due to budget pressures. The distinction between commissioned and non-commissioned services are also becoming increasingly blurred as providers develop their own move-on pathways and deliver schemes that were previously commissioned by local authorities.
11. [According to new National Housing Federation research](#), if funding mechanisms for supported housing collapse or are withdrawn, the impact on rough sleeping, demand for residential care, psychiatric in-patient and prison places would be wholly unmanageable, especially as these services are already over-stretched. Therefore, as well as considering how supported accommodation can be better regulated, there is an opportunity to also consider how it should be funded.

Proposal

12. **Support a policy line around ring-fence funding for housing-related support to ensure spending at least matches the £1.6bn per year allocated to local authorities in England in 2010.** The new legislation will ensure local authorities will have a better understanding of the supported housing needs and provision in their area through the new requirement for Local Supported Housing Strategies. The bill, however, does not address the structural issues in the sector which have arisen from non-commissioned services flooding the market to fill gaps left by a reduction in funding for crucial housing support. New policy lines and a lobbying campaign around a “funding renaissance” for supported housing in the new climate could be timely. The LGA could

commission research conducted with local authorities that brings together the implications of the new bill with the possibility of saving money and delivering better services by renewing the focus on commissioning as opposed to becoming reliant on licensing. It is a better use of local authority resources to focus on commissioning services that meet local needs with regards to strategies, than to license non-commissioned services which adhere to national standards of care, support, and supervision.

- 13. Support specific policy lines around implementation of the Supported Housing Bill.** We also propose utilisation of the new LGA Supported Housing Network to inform consultation around implementation of the bill which are subject to change alongside further engagement, but which currently include elements such as:
- 13.1 Encouraging mandatory national licensing as opposed to just giving local authority powers
 - 13.2 Considering revenue funding for administrative purposes so that local authorities are not dependent on licensing fees which may provide incentive to license as opposed to commission
 - 13.3 Considering planning reform earlier than the three-year mark to give local authorities greater control over spread of supported housing and ensure it meets local need as outlined in strategy
 - 13.4 Incorporating supported housing strategies into existing plans (e.g., housing strategy) to ease the administrative burden and ensure various plans are aligned
 - 13.5 Passporting licensing for commissioned services and considering a “hierarchy” of licensing e.g., if a young persons’ scheme has passed an OFSTED inspection, it does not require a supported housing license
14. It would be useful for the Board to discuss anything else they believe we should be considering to ensure the bill is implemented in a way that works for councils, makes as much positive change as possible to residents, and considers service, capacity, and budget pressures.

Implications for Wales

15. No implications for Wales – applicable to England only.

Financial Implications

16. So far there are no financial implications for the LGA as all work up until now has been achieved in house through the work of policy officers. There may be an opportunity in the future to produce guidance and share best practice which may require procurement and commissioning. Depending on the conversations at board, we may decide there is

a gap in research for showing the benefits of properly funded supported housing for local authority budgets and outcomes.

17. The financial implications for councils are potentially significant. Spending on temporary accommodation has [increased by 61%](#) in the last five years (a total of £1.6billion nationally last year) and will continue to increase if the supported accommodation sector - both commissioned and non-commissioned – is squeezed due to a combination of new legislation and insufficient funding. The loss of the £300million Housing Transformation Fund is also a significant concern for councils who intended to use this money to strengthen partnerships between housing and social care to lessen the impact on already stretched social care services.

Equalities implications

18. Supported accommodation serves many marginalised and vulnerable groups and is crucial for preventing them from becoming homeless, being hospitalised, institutionalised, dependent on care, or a victim of violence. Without an adequately funded, regulated, and supported sector there is a significant risk to adults and families who require care or support with housing attached. Good quality supported housing can increase an individual's quality of life exponentially by helping them towards independence in a way that is planned and meets their specific needs. Without this safety net, households may find themselves in crisis, having to rely on emergency accommodation, housing that isn't suitable for their age-related medical needs, longer stays in hospital or even street homelessness.

Next steps

19. Utilise the pre-consultation engagement period to influence the implementation of the bill and ensure it meets council, provider, and resident needs without further compromising capacity and resources.
20. Consider the future of supported accommodation and how LGA can best contribute towards a funding landscape that doesn't increase numbers in temporary accommodation, hospitals, prisons, care homes etc.

Right Care, Right Person

Purpose of Report

For direction.

Summary

To update the Board on the 'Right Care, Right Person' National Partnership Agreement.

LGA Plan Theme: Putting people first

Recommendation

That the Board:

- (a) Notes the lobbying actions taken by the LGA in relation to the National Policing Agreement to date: and**
- (b) Considers what other steps the LGA may take to highlight the concerns of councils over the summer.**

Contact details

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Right Care, Right Person

Background

1. The Department of Health and Social Care (DHSC) are developing 'Right Care, Right person' a National Partnership Agreement (NPA) on mental health and policing. This will be signed by Government, NHS England, the National Police Chiefs Council and the Association of Police and Crime Commissioners.
2. The intended aim of the NPA is to improve outcomes and the experience for people who need mental health support, improve accessibility to suitable places of safety, and to act as a catalyst for removing the focus on police being a primary responder to mental health.
3. Prior to introduction of the NPA the Metropolitan Police have already stated that they will not respond to mental health crises from August 30th 2023. We have also heard that other police forces may be considering introducing the approach in advance of the NPA being finalised.
4. Concerns have been raised by the LGA, the Association of Directors of Adult Social Services (ADASS), the Association of Directors of Children's Services (ADCS) and other partners:
 - 4.1. That this model would be rolled out too quickly, with inadequate local engagement and partnership working, meaning that other agencies are unable to pick up demand.
 - 4.2. About how it will work in practice. Risks that police cease engaging in cases where their involvement remained appropriate, leading to dangerous situations for patients and staff. The DHSC had proposed a NPA supporting toolkit and pilot sites to trial the approach.
 - 4.3. That the agreement will have financial impact on local authorities – we have raised this as a potential new burden. Mental Health services provided by councils are funded from their social care budgets which are under great pressure. The Agreement if implemented by all police services without additional resourcing or planning will put extraordinary pressures on councils and health partners.
 - 4.4. To ensure its success, alternative community services to support people of all ages who find themselves in mental health crisis need to be funded and in place. We are concerned that if the agreement is implemented without strong engagement from councils and other partners, as in Humberside, together with sustainable funding of social care then it will not be successful in improving outcomes for people in mental health crisis.

- 4.5. Furthermore, Councils are also preparing for the implementation of a revised Mental Health Act (subject to legislation). During consultation the LGA and ADASS highlighted that to meet the ambitions of the Act to reduce inpatient detentions alternative community mental health services will need to be established or developed. The need for additional appropriate service provision was also a recommendation of the recent Joint Committee Inquiry into the Mental Health Act.
 - 4.6. Children's services have not been meaningfully involved in the development of the National Agreement to date and members of the LGA, ADASS and ADCS have highlighted safeguarding concerns for younger children living in a household with an adult in crisis and for older children who themselves maybe in crisis, particularly children in care or 16- and 17-year-olds transitioning to independence.
 - 4.7. We have not seen the final Partnership Agreement and are concerned that it does not outline in detail how the new approach is expected to work in practice. Recent drafts have had little focus on children and young people's rights and interests. The draft Agreement outlines 'How we will work together' as a set of principles, but not a clear practice approach. We understand that two Police service pilots are in the process of being established to trial the approach and that there will be supporting guidance and a toolkit. The findings from the pilots and the supporting resources should be published before the model is introduced more widely.
 - 4.8. Undertaking such a radical change in delivery without appropriate resourcing, planning or established networks could increase the risk for people already vulnerable because of mental health crisis.
 - 4.9. We are calling on the government to develop a clear implementation plan to ensure the Agreement works effectively for individuals and communities.
5. The LGA will continue to work with DHSC to identify implications of the Right Care, Right Person for local government and cost any new burdens.
 6. We have written a joint letter with ADASS and ADCS to Ministers responsible for Mental Health, Social Care, Children and Young People and Criminal Justice expressing our concerns and asking for further discussions and a delay in implementation to establish what the impact of the approach.

Proposal

7. It would be helpful for members to consider what other steps the LGA may take to highlight the concerns of councils over the summer. Members may consider it useful for the LGA to engage with key stakeholders such as the National Police Chiefs Council

and Association of Police and Crime Commissioners. Members may also consider it useful for the LGA to continue to work with ADASS and ADCS to gather views and information from member authorities about the impact of the proposed changes.

Implications for Wales

8. The health system and local government are devolved responsibilities of the Welsh Government, and it has implemented a similar approach to that outlined in the National Agreement in its Six Goals for Urgent and Emergency Care – right care, right place, first time.

Financial Implications

9. There will likely be financial implications for councils, but no formal impact assessment has been undertaken.

Equalities implications

10. There are clear implications in having the Agreement in place for people experiencing mental health crisis, with the potential to improve multi-agency responses, but there could also be worse outcomes if individual agencies press ahead with their own decisions instead of working with other local partners.

Next steps

11. Officers will use the steer provided by members to progress the LGA's lobbying around the National Partnership Agreement over the summer.

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