



Community Wellbeing Board

Agenda

Tuesday, 27 February 2024
11.00 am

Westminster Room, 8th Floor, 18 Smith
Square, London, SW1P 3HZ

There will be a meeting of the Community Wellbeing Board at **11.00 am on Tuesday, 27 February 2024** Westminster Room, 8th 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:

Alexander Saul
02076 643273 / alexander.saul@local.gov.uk

Carers' Allowance

As part of the LGA Members' Allowances Scheme, a Carer's Allowance of National Living Wage and/or 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 2023/24

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

Councillor	Authority
Conservative (6)	
Cllr David Fothergill (Chairman)	Somerset Council
Cllr Wayne Fitzgerald	Peterborough City Council
Cllr Beccy Hopfensperger	Suffolk County Council
Cllr Angela Macpherson	Buckinghamshire Council
Cllr Rebecca Poulsen	Bradford City Council
Cllr Adrian Hardman	Worcestershire County Council
Substitutes	
Cllr Rowena Bass	Kingston-upon-Thames Royal Borough
Cllr Lois Samuel	Devon County Council
Cllr Wendy Dalton	Wolverhampton City Council
Labour (7)	
Cllr Kaya Comer-Schwartz (Vice-Chair)	Islington London Borough Council
Cllr Teresa Murray	Medway Council
Cllr Timothy Swift MBE	Calderdale Metropolitan Borough Council
Cllr Russ Bowden	Warrington Council
Cllr Anntoinette Bramble	Hackney London Borough Council
Cllr Joanne Harding	Trafford Metropolitan Borough Council
Cllr Arooj Shah	Oldham Metropolitan Borough Council
Substitutes	
Cllr Asma Begum	Tower Hamlets Council
Cllr Lorna Fielker	Southampton City Council
Liberal Democrat (3)	
Cllr Sarah Osborne (Deputy Chair)	East Sussex County Council
Cllr Mike Bell	North Somerset Council
Cllr Dr Wendy Taylor	Newcastle City Council
Substitutes	
Cllr Stewart Golton	Leeds City Council
Independent (2)	
Cllr Gillian Ford (Deputy Chair)	Havering London Borough Council
Cllr Patricia Patterson-Vanegas	Wealden District Council
Substitutes	
Cllr Patrick Nicholson	Plymouth City Council
Cllr Sally Howell	Huntingdonshire District Council
Cllr Jake Lodge	Barnsley Metropolitan Borough Council
Cllr Laura Manston	Sevenoaks District Council
Cllr Francis Purdue-Horan	Nottinghamshire County Council

Agenda

Community Wellbeing Board

Tuesday, 27 February 2024

11.00 am

Westminster Room, 8th Floor, 18 Smith Square, London, SW1P 3HZ

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Date of Next Meeting: Tuesday, 21 May 2024, 11.00 am, Westminster Room,
8th Floor, 18 Smith Square, London, SW1P 3HZ

Smokefree generation and vaping consultation

Purpose of Report

For information.

Is this report confidential? No

Summary

This update on the *Smokefree generation and vaping consultation* announced on 12 October 2023.

LGA Plan Theme: Putting people first

Recommendation

That the Community Wellbeing Board note the contents of this update report.

Contact details

Contact officer: Paul Ogden

Position: Senior Adviser

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Smokefree generation and vaping consultation

Background

1. On 4 October 2023, the Department of Health and Social Care (DHSC) published a command paper [Stopping the start: our new plan to create a smokefree generation](#) setting out proposed action to protect future generations from the harms of smoking by creating the first smokefree generation, which the UK Government and devolved administrations consulted on.
2. The government has consulted on plans to raise the legal age for buying cigarettes in England by one year every year, so that children who turn 14 this year will never legally be sold a cigarette. Proposed new legislation will make it an offence for anyone born from 1 January 2009 to be sold tobacco products—effectively raising the legal smoking age by a year each year until it applies to the whole population. The consultation also consulted on enforcement and plans to tackle youth vaping.
3. In December [the LGA responded](#) to the Government's smokefree consultation, this was published on the LGA's website and letters were sent out to our Vice Presidents and members of the health and social care committee. Letters outlining our policy position were also sent out to Health and Social Care Secretary Victoria Atkins and Public Health Minister, Andrea Leadsom MP, who has since asked for a meeting with the LGA.
4. The consultation was open for 8 weeks from 12 October to 6 December 2023. In total, 118,756 responses to the consultation were received. Of these, 90,835 were unambiguously identified as having been submitted by automated programmes, commonly known as bots, and so deemed to be fraudulent.
5. 27,921 responses were analysed from 896 organisations, and 27,025 individuals in both personal and professional capacities. Of the organisations or individuals in professional capacities, 148 also submitted further evidence as attachments.
6. The consultation asked questions in 3 areas:
 - 6.1. creating a smokefree generation
 - 6.2. tackling youth vaping
 - 6.3. enforcement
7. The large majority of responses supported the government proposal to create a smokefree generation. Respondents were mostly in favour of the proposed measures to tackle youth vaping, particularly restricting point of sale displays and restricting packaging. There was also support for extending these regulations to

cover non-nicotine vapes as well as to other consumer nicotine products, such as nicotine pouches, to avoid loopholes and support stronger enforcement.

8. Respondents were strongly in favour of introducing a ban on the sale and supply of disposable vaping products.
9. There was significant support for enforcement across the tobacco and vaping measures including introducing new fixed penalty notices (FPNs) in England.
10. The government will now bring forward legislation at the earliest opportunity that will take measures to:
 - 10.1. Change the age of sale for all tobacco products, cigarette papers and herbal smoking products whereby anyone born on or after 1 January 2009 will never legally be sold tobacco products alongside prohibiting proxy sales, and change warning notices
 - 10.2. Introduce regulation making powers to restrict flavours, point of sale and packaging for vaping products (nicotine and non-nicotine) as well as other consumer nicotine products
 - 10.3. Introduce new Fixed Penalty Notices (FPNs) for England and Wales with a penalty of £100 where it is believed an offence has been committed in relation to age of sale and free distribution legislation for tobacco and vapes (nicotine and non-nicotine) and regulate to extend these provisions to other consumer nicotine products
11. Separately, the UK Government, the Scottish Government and the Welsh Government intend to introduce legislation to implement a ban on the sale and supply of disposable vapes. The UK Government will work with the devolved administrations to explore an import ban.
12. The UK Government thinks there is a strong case to take action to reduce the affordability of vapes and is continuing to consider options, including a new duty, to achieve this. The Government and devolved administrations will work together to ensure as far as possible that recommendations are adopted in a consistent manner across the UK, to ensure regulatory alignment.
13. We anticipate that the Bill for raising the age of sale and for vaping will be announced after parliamentary recess.
14. We're delighted that the government has listened to the longstanding concerns of the LGA and councils and is taking decisive action to ban single-use vapes. Disposable vapes are inherently unsustainable products, meaning an outright ban remains the most effective solution to this problem. We look forward to working with the government and others to enforce this ban as well as ensure plans for a smokefree generation are a success.

Implications for Wales

15. The consultation is UK Government and devolved administrations.

Financial Implications

16. Bolstering efforts to phase out smoking, £70m has been allocated by the government for local stop smoking services and support in every local authority in England. This is more than double the current funding available for these services. £30m has been allocated to enforcement.

Equalities implications

17. Smoking is the single largest driver of health inequalities in England. Smoking is far more common among people with lower incomes. The more disadvantaged someone is, the more likely they are to smoke and to suffer from smoking-related disease and premature death.

Next steps

18. Members' views will inform the LGA's ongoing lobbying and influencing work as the Bill progresses through Parliament.

Right Care, Right Person

Purpose of Report

For direction.

Is this report confidential? No

Summary

In July 2023, the Department of Health and Social Care (DHSC) launched the [National Partnership Agreement \(NPA\): Right Care Right Person](#). The NPA sets out a collective national agreement to work towards ending the inappropriate and avoidable involvement of police in responding to people in mental health distress at a pace that maintains safety. It is expected to be adopted by all police forces by 2025.

LGA Plan Theme: Putting people first

Recommendation(s)

That the Community Wellbeing Board provide a steer to continue to guide LGA activity around Right Care, Right Person.

Contact details

Contact officer: Kevin Halden

Position: Adviser

Phone no: 020 7665 3879

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Right Care, Right Person

Background

1. Right Care, Right Person' (RCRP) is an approach developed originally by Humberside Police.
2. The aim of RCRP is for people to receive support from the right person, with the right skills, training, and experience to best meet their needs. For people experiencing mental health distress, this is often not the police. Instead, people should receive support from a mental health professional at the earliest opportunity. Its aim is to remove the focus on police being a primary responder to mental health.
3. In July 2023, the Department of Health and Social Care (DHSC) launched the [National Partnership Agreement \(NPA\): Right Care Right Person](#). The NPA was signed by Government, the National Police Chiefs Council, the Association of Police and Crime Commissioners, the College of Policing and NHS England.
4. The NPA sets out a collective national agreement to work towards ending the inappropriate and avoidable involvement of police in responding to people in mental health distress at a pace that maintains safety. It is expected to be adopted by all police forces by 2025.
5. Important to note that the Police also say that RCRP applies to non-mental health welfare checks. It applies to calls to the police about:
 - 5.1. concern for the welfare of a person
 - 5.2. people who have walked out of a healthcare setting
 - 5.3. people who are absent without leave (AWOL) from mental health services
 - 5.4. medical incidents
6. As set out in the NPA, the threshold for police response to a mental health-related incident (referred to as the 'RCRP threshold') is:
 - 6.1. to investigate a crime that has occurred or is occurring; or
 - 6.2. to protect people, when there is a real and immediate risk to the life of a person, or of a person being subject to or at risk of serious harm.
7. Police will continue to respond where their involvement is warranted and where they have a legal duty to do so. They state that RCRP does not change the existing powers and duties, including safeguarding duties, of the police as set out in legislation.

Activity

8. The LGA, ADASS and ADCS wrote a joint letter to ministers in the summer to highlight the importance of joint working and planning its introduction locally. Ministers were supportive of that but said introduction was an independent matter for police forces.
9. Since then, we have had conversations including with the National Police Chiefs Councils and the Association of Police and Crime Commissioners and DHSC. And these have been constructive. We are members of the DHSC RCRP Oversight Group, the Children and safeguarding group attended by DfE and the Police Tactical delivery

Group.

10. We are contributing to Social Care Guidance that is being developed by DHSC, and have also provided comments to the Police on their Force Control Guidance. The NHS has shared their guidance also.
11. In January 2024, the LGA hosted a roundtable on RCRP with the NHS confederation, chaired by the LGA Chairman. This meeting was non-government focused and attended by a range of partners including the National Police Chiefs Council, representatives from Yorkshire and Humber NHS foundation Trust, the Approved Mental Health Professionals network, Association of Ambulance CEOs, Association for Police and Crime Commissioners, MIND, NHS England, Association of Directors of Childrens Services, the Royal College of Psychiatrists and the Royal College of Emergency Medicine.
12. Issues from the Roundtable included:
 - 12.1. The impact of the programme on under-18s and a call to pause the policy for under 18's.
 - 12.2. Need to understand context of resources and impact of RCRP on other services. The ambulance service has reported a marked increase in calls.
 - 12.3. Nationally need to agree RCRP approach – have a unified approach amongst partners, there is variation on its application locally. Also a consistent planned approach to implementation locally.
 - 12.4. The need to involve ICBs in discussions around implementation and resources.
 - 12.5. Introduction of '111' telephone calls and 'Mental Health' choice – this may present challenge/increased demand for a lot of organisations.
 - 12.6. Importance of funding for partners - including supporting an NHSE funding bid in the spring budget.
 - 12.7. Assessment of outcomes and evidence of impact of the policy on individuals and services was also identified as a key need.
13. Following the Roundtable, the LGA Chair and NHS Confederation, Chief Executive for Mental Health, Sean Duggan wrote three joint letters. One to the RCRP Directors Board outlining a list of issues for them to action or be aware off. Also, a letter to the National Police Chiefs Council to highlight the roundtable request to pause RCRP for under-18s and to ensure Police Forces introduce RCRP in a planned way with partners. And finally, a letter to the Chief Coroner's Office asking for any issues that may have arisen related to RCRP.
14. The Chief Coroner's Office replied in February 2024 to identify three recent cases under the 'Prevention of death' category where RCRP is mentioned as a potential issue.
15. A joint LGA CWB and CYP lead Members meeting in February 2024 discussed RCRP. Issues identified include:
 - 15.1. Triaging of cases – concerns how this is being done by call handlers. Referrals being made to services inappropriately.
 - 15.2. Need clarity on case on what situation they will respond to – such as vulnerable adult with dementia.
 - 15.3. Lack of capacity in community services to meet referrals.

15.4. Issue of top-down policy needs to be led locally.

15.5. Concerns about how policy supports under-18s and children's safeguarding duties.

LGA View

16. The LGA agrees that the needs of people experiencing mental health crisis should be addressed by the most appropriate service, and that this may not always be the Police.

17. However, there are some **areas of concern** for the LGA. These include:

17.1. **How it is working in practice.** There are risks that the police cease engaging in cases where their involvement remained appropriate, leading to dangerous situations for patients and staff. We have heard examples where the police have refused to attend a situation, where it appears RCRP should not have applied, and this has led to a negative outcome.

17.2. We have heard reports in some areas of confusion about which agency is responsible to respond to an individual situation. Also, of difficulty of providing an alternative service response for people who are assessed as not meeting the threshold for police attendance. And cases where referral has been made by police to local services that might not be appropriate.

17.3. More information on its impact in practice would be helpful. The LGA and ADASS are collating some practice examples and DHSC are planning an evaluation and possible metrics to measure impact.

17.4. **Childrens safeguarding.** Children and Under-18s are currently included as coming under RCRP Policy. However, the LGA, ADASS (Association of Directors of Adult Social Services) and ADCS (Association of Directors of Childrens Services) 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.

17.5. The LGA have written to the National Police Chiefs Council to ask if they would consider to pause RCRP applying to under 18s, whilst the RCRP Children and Young People safeguarding working group explores how it applies and clarifies it links with statutory duties.

17.6. **Partnership.** We are concerned that some Police forces are introducing the approach without having agreed a process with local partners and understood the implications for councils, Councils, health services and the Police have statutory responsibilities to people experiencing mental health crisis and in relation to safeguarding.

17.7. RCRP needs to be implemented in partnership in a managed way to allow partners to plan for its introduction and minimise the risk to members of the community. Successful Implementation requires strong multi arrangements, good communication and agreed processes across partners - including clear escalation processes where there is a dispute.

17.8. **Resources of local authorities to implement need to be mapped.** No resourcing was given to local authorities of other partners to implement RCRP. We have heard of areas where the ICB has provided resources to help implement RCRP. The LGA have made a case to DLUHC for RCRP as a new burden, but we

need clearer evidence of costs.

Implications for Wales

18. RCRP does apply to Wales. However, as in England, the speed of implementation and collaboration will vary according to Police Forces. The need for partnership between agencies will also apply. The LGA is speaking with the Welsh LGA to share lessons learnt.

Financial Implications

19. There will likely be financial implications for councils, but no formal impact assessment has been undertaken. However, LGA have raised the policy with DULHC as a potential new burden and are awaiting the results of the DHSC survey that addressed resources.
20. Potential areas of additional resource pressures could be establishing new governance structures, workforce, commissioning of alternative community services and collecting data.

Equalities implications

21. RCRP presents an opportunity to ensure that people in mental health crisis or distress receive an appropriate response. Many of these people are vulnerable and at high risk. There are also significant existing health inequalities for people from black, minority and ethnic communities within mental health system. Local understanding of the impact of the policy on different communities and individuals is essential.

Next steps

22. Officers will use any steer provided by members to continue to guide LGA activity around Right Care, Right Person.

Appendix one

What is 'Right care, Right Person' National Partnership Agreement?

- 'Right Care, Right Person' (RCRP) is an approach developed originally by Humberside Police.
- The aim of RCRP 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.
- In July 2023, the Department of Health and Social Care (DHSC) launched the [National Partnership Agreement \(NPA\): Right Care Right Person](#). The NPA was signed by Government, the National Police Chiefs Council, the Association of Police and Crime Commissioners the College of Policing and NHS England.
- It is expected to be adopted by all police forces at various times. The Metropolitan police introduced the policy in November 2023.
- The NPA sets out a collective national agreement to work towards ending the inappropriate and avoidable involvement of police in responding to people in mental health distress at a pace that maintains safety.
- The aim of RCRP is for people to receive support from the right person, with the right skills, training and experience to best meet their needs. For people experiencing mental health distress, this is often not the police. Instead, people should receive support from a mental health professional at the earliest opportunity.
- As set out in the NPA, the threshold for police response to a mental health-related incident (referred to as the 'RCRP threshold') is:
 - a. to investigate a crime that has occurred or is occurring; or
 - b. to protect people, when there is a real and immediate risk to the life of a person, or of a person being subject to or at risk of serious harm
- The police will continue to respond where their involvement is warranted and where they have a legal duty to do so. RCRP does not change the existing powers and duties, including safeguarding duties, of the police as set out in legislation.
- For local systems to work together to implement RCRP for mental health, the NPA sets out a series of mental health related areas where local systems are encouraged to work together to reduce inappropriate police involvement, at a pace that maintains safety. These areas are:
 - a. Welfare checks for someone experiencing mental health distress
 - b. Walkouts of someone experiencing mental health distress from health and care settings
 - c. Initial response to someone experiencing mental health distress
 - d. Conveyance of someone in mental health distress
 - e. Handovers, where someone is in mental health distress, from the police to health and social care partners

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:

Contact officer: Mark Norris

Position: Principal Policy Adviser

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Update Paper

Public Health

1. On 13 February, Cllr Fothergill co-chaired a webinar called "Measles cases on the rise: Information for local government officers and councillors with Cllr Louise Gittins, Chair of the CYP Board. Over 500 delegates attended the webinar. Speakers included Dr Thom Waite, Deputy CMO, Dr Vanessa Saliba, Consultant Epidemiologist, UKHSA, Ruth Tennant, DPH of Solihull Council and Michelle Kane, NHSE.

Media

2. Since we previously reported to the Community Wellbeing Board we have made the following media statements:
 - 2.1. [Councils need support and funding for adult social care assurance process](#)
 - 2.2. [LGA on Smokefree 2030 Consultation](#)
 - 2.3. [LGA on Lancet cancer survival study](#)
 - 2.4. [Councils warn of rise in synthetic opioid use](#)
 - 2.5. [LGA urges Family Hub extension](#)
 - 2.6. [LGA responds to Care Workforce Pathway](#)
 - 2.7. [LGA responds to UKHSA HIV survey](#)
 - 2.8. [STI surge: Sexual health services at breaking point due to rising demand](#)
 - 2.9. [Councils urge parents to take up MMR vaccine in light of outbreaks](#)
 - 2.10. [LGA responds to new Childhood obesity figures](#)
 - 2.11. [Councils hail ban on single-use vapes](#)
 - 2.12. [Councils ramp up the pace as the Daily Mile reaches significant milestone](#)
 - 2.13. [LGA on public health grant allocations](#)
 - 2.14. [LGA responds to Government dental access plan](#)
 - 2.15. [Nearly 119 operations a day to remove rotten teeth in children](#)
 - 2.16. [LGA on PAC drug misuse report](#)
 - 2.17. [Further urgent investment needed in social care – LGA on King’s Fund report](#)
 - 2.18. [Suicide prevention funding end could have ‘life or death consequences’](#)

Minutes of last Community Wellbeing Board meeting

Community Wellbeing Board

Tuesday, 5 December 2023

Smith Square 1&2, Ground Floor, 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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Apologies were received from Cllr Timothy Swift, with Cllr Lorna Fielker attending as his substitute.

Cllr Wendy Dalton, Cllr Sally Howell and Cllr Rowena Bass attended to observe the meeting.

2	Adult Social Care funding
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John Jackson, Care and Health Improvement Adviser (National Finance Lead), gave a presentation on adult social care funding. In particular he explored current financial pressures including the significant increase in spending in the previous year, and overspend this year of £515 million and the huge pressures on the care sector. John took the Community Wellbeing Board through the data behind these issues and pressures on social care.

In the discussion that followed, the following points were made:

- In response to a query John explained that the figures he gave did not include self-funders, and that he estimated that would be additional 200,000 people.
- Members requested to share these points with the Minister as a part of a constructive letter.
- A view was expressed that as a part of a letter to the Minister sustainable longer-term funding.
- A view was expressed that a national budget for younger peoples social care could be explored as some local areas will be faced with extremely challenging budgets for this service.

Decision

The Community Wellbeing Board noted the presentation.

Action

Officers to draft a letter to the Minister emphasising the data and findings of the presentation and asking for sustainable longer-term.

3 King's Speech

Mark Norris, Principal Adviser, introduced the report on The King's Speech that occurred the previous month setting out the government's legislative programme for the new Parliamentary session. He also raised that the Community Wellbeing Board may want to reflect on what it felt was missing from The King's Speech giving further news on mental health as an example.

Decision

The Community Wellbeing Board:

- (a) Noted the inclusion of the Tobacco and Vapes Bill in the King's Speech; and
- (b) Agreed the proposed high profile engagement prioritisation of the Tobacco and Vapes Bill within the LGA's lobbying activity over the coming Parliamentary session.

4 LGA's Local Government White Paper

Mark Norris, Principal Adviser, introduced the item on the LGA White Paper explaining this was currently an internal piece of work on all LGA Boards to develop proposals for inclusion in the LGA's Local Government White Paper. This paper sets out proposals on what the Board might suggest under the key areas the LGA has identified.

The following points were made in the discussion that followed:

- Members expressed views that there should be more emphasis on the importance of ICBs.
- The importance of Leadership in health was raised, in particular raising if leadership in ICBs requires reviewing.
- Members asked the LGA raise with Government that public health officers be given greater weight in particular in meetings of ICBs and that local authorities should have greater involvement in ICBs.
- Views were expressed that conferences, such as the recent ICS conference, need to be more joined up with the local government sector and that this should be explored.
- Members raised that Health and Wellbeing Boards are a good example of a body that is successful while having a wider membership.
- A Member emphasised the importance in an increased emphasis on using research findings on the wider determinants of health to ensure that local public health innovations are always evidence based.

Decision

That the Community Wellbeing Board:

- (a) Noted the key areas set out in paragraph 5 of interest to the LGA as well as the emerging themes in paragraph 6; and
- (b) Commented on the proposed approaches set out in paragraphs 8 to 19 and that these are then submitted by the Board as its contribution to the Local Government White Paper.

Action

Alyson Morley, Senior Adviser, will prepare a set of words regarding Members views and comments on ICBs which will be cleared by the Lead Members of the Community Wellbeing Board.

5 National Childrens and Adult Services Conference 2023 - update

Cllr David Fothergill, Chairman of the Community Wellbeing Board, gave an update on the recent National Childrens and Adult Services Conference that had been held in Bournemouth. In particular he raised the following as key issues that had emerged:

- The financial and capacity crisis in adults and children's services had been a focus of the event, and the huge disappointment of the Autumn Statement.
- The growing cost and demands of SEND and children and young people's mental health services was raised throughout.
- Workforce had been a key priority.
- The importance of co-designing care and support with people with lived experience, in order to ensure services are fit for purpose.
- Concerns were raised regarding the CQC assessment of local authority adult social care commissioning. In particular, the burden on local government and the introduction of one-word judgements.
- There was a strong emphasis on co-production and the inclusion of voices of lived experience in service design, including housing.
- The role of advice and assistance in early prevention.

In the discussion which followed, Members also raised:

- Attendance was a positive mix of both Members and Officers.
- It had been good to see attendees agreeing the importance of a patient centred approach.
- The Chairman raised that it was unfortunate that some Councils had been unable to afford their Directors of Adult Services attending NCASC and that he would raise this at the Executive Advisory Board.
- Views were expressed that there had been important messaging around the wider determinants of health emerging from challenges faced in some Local Authorities.
- Members expressed their thanks to Emma Jenkins, Adviser, and all other colleagues involved in arranging NCASC.

6 Smokefree generation and vaping consultation

The Community Wellbeing Board received a presentation from Richard Boden, Head of Tobacco Control and Gambling, Office for Health Improvement and Disparities (OHID), updating them regarding the *Smokefree generation and vaping consultation* announced on 12 October 2023. At the time of the meeting the consultation was still live. In particular he stated that under the proposed approach children younger than 14 would never be able to buy tobacco and the intention was for this to come into effect in 2027 to give sufficient time to embed legislation. He also raised that there

was additional funding available to stop smoking services.

In the discussion that followed, the following points were made:

- Richard explained that consultation was especially needed as to whether the ban on the purchase of tobacco for future generations needed to be extended to non-nicotine vapes.
- Richard stated that so far the majority of responses had shown support for smokefree generation policy.
- The Chairman raised that both Australia and France had very recently voted to specifically ban disposable vapes and asked whether that was an option in the UK. In response, Richard explained that it was a decision point the Government will be making.
- In response to a concern raised Richard confirmed that regulations on packaging and retail would be explored.
- In response to a concern raised that banning tobacco would lead to an illicit market Paul Ogden, Senior Adviser, explained that although industry often claim this there is no evidence to show that this is the case. He also emphasised the importance of funding trading standards officers.
- Paul also raised that a number of tobacco companies own vape companies.
- Paul raised the environmental and waste impact of disposable vapes as around 5 million are thrown away each week and very few recycled.
- Richard emphasised that tobacco was an exceptional product as it is the only product that kills two thirds of its users.
- Members expressed a view that Councils should do what they can to ensure vape shops are not set up near schools.
- Members raised concerns that vaping cafes were being opened across the Country and asked officers to explore the legislation that impacts these to return to the Community Wellbeing Board for discussion.

Decision

The Community Wellbeing Board noted the contents of this report by way of background to the Board's discussion with Richard Boden.

7 Adult social care assurance

Simon Williams, Director of Adult Social Care Improvement, Partners in Care and Health, introduced the report on adult social care assurance. He emphasised that the Community Wellbeing Board position had throughout been that local government welcomes transparency but opposed to the concept of single ratings. Simon did raise that these ratings continue to be met regularly and the support the LGA offers is well set out.

Cllr David Fothergill, Chairman of the Community Wellbeing Board, raised that 150 Local Authorities are waiting to participate in the pilot and it would be helpful to declare which 20 Local Authorities will be the next pilots. He explained that until this was set out the 150 Local Authorities waiting would have unnecessary additional pressure.

Cllr Beccy Hopfensperger, Cabinet Member for Adult Social Care, Suffolk County Council shared her experiences of her home authority being one the five Councils to pilot assurance. She stated Suffolk County Council received an indicative rating of 'Good.' Cllr Hopfensperger explained that the pilot was overall a positive experience.

She shared that there was a short timescale between being informed the Council was going to be visited by the CQC inspection team and when the visit was due. She also expressed a view that LGA support sessions ahead of these inspections were very useful, explaining that Suffolk County Council had a peer review in January for which the self-assessments proved invaluable as the basis for the inspections. Cllr Hopfensperger emphasised the value of having a core team that acted as contacts for the CQC inspection team.

In the discussion that followed Members also raised the following points:

- Regarding point 9 of the report adult social care assurance is a new burden on Council resources if Officers need to be taken from their day job to undertake it.
- Asking questions of people with lived experience is critical to get this right.

Recommendations

That the Community Wellbeing Board notes the contents of this report as background to the verbal update.

8 National Child Measurement Programme 2022-23

Emily Hackett, Adviser, updated members of the Community Wellbeing Board (CWB) with a brief overview of national policy and LGA current policy messages related to childhood obesity. Emily also set out the most recent data release from the child measurement programme showing an encouraging decline in obesity as detailed in the report.

Emily asked members to consider LGA policy lines related to this area and opened up discussion to a steer on what next steps should be taken. In the discussion that followed, the following points were made:

- The Chairman emphasised the blip in progress on obesity occurred due to the Covid-19 pandemic and expressed a view further to this that as a society very little has been achieved on reducing childhood obesity in a long time.
- Views were expressed that the link between childhood obesity and mental health in young people needs to be explored further.
- Members requested a joint working group be established to explore this further.

Recommendations

That the Community Wellbeing Board note the update provided in the report to inform the discussion about the LGA's policy lines on this area.

Actions

Officers to note the feedback from Members.

Officers to establish a joint working group with Lead Members of both the Community Wellbeing Board and the Children and Young People's Board.

9 Update on other Board business paper

Mark Norris, Principal Policy Adviser, introduced the paper providing other Board business to Members.

Cllr Joanne Harding provided an update on the work of the National Suicide Prevention Strategy Advisory Group. She explained the NSPSAG were now looking at those bereaved by suicide as well. NSPSAGs new strategy had recently been published which although impressive did not acknowledge all the work of local authorities on suicide prevention. Cllr Harding raised a concern that the impact of this strategy on Local Suicide Prevention plans remained unclear.

Cllr Harding agreed that notes from the meeting could be circulated to the Community Wellbeing Board.

Decision

The Community Wellbeing Board noted the updates contained in the report.

10 Minutes of the previous meeting

The Minutes of the previous meeting were agreed as a correct record.

Appendix A -Attendance

Position/Role	Councillor	Authority
Chairman	Cllr David Fothergill	Somerset Council
Vice-Chairman	Cllr Kaya Comer-Schwartz	Islington London Borough Council
Deputy-chairman	Cllr Sarah Osborne Cllr Gillian Ford	East Sussex County Council Havering London Borough Council
Members	Cllr Teresa Murray Cllr Russ Bowden Cllr Anntoinette Bramble Cllr Joanne Harding Cllr Wayne Fitzgerald Cllr Beccy Hopfensperger Cllr Angela Macpherson Cllr Rebecca Poulsen Cllr Adrian Hardman Cllr Mike Bell Cllr Dr Wendy Taylor Cllr Patricia Patterson-Vanegas Cllr Lorna Fielker	Medway Council Warrington Council Hackney London Borough Council Trafford Metropolitan Borough Council Peterborough City Council Suffolk County Council Buckinghamshire Council Bradford City Council Worcestershire County Council North Somerset Council Newcastle City Council Wealden District Council Southampton City Council
Apologies	Cllr Timothy Swift MBE	Calderdale Metropolitan Borough Council



In Attendance	Cllr Rowena Bass Cllr Wendy Dalton Cllr Sally Howell Richard Boden	Kingston-upon-Thames Royal Borough Council Wolverhampton City Council Huntingdon District Council Head of Tobacco Control and Gambling, Office for Health Improvement and Disparities (OHID)
LGA Officers	Mark Norris Simon Williams John Jackson Alyson Morley Paul Ogden Emily Hackett Jonathan Bryant Alexander Saul	Principal Policy Adviser Director of Adult Social Care Improvement Care and Health Improvement Adviser Senior Policy Adviser Senior Policy Adviser Policy Adviser Member Services Officer Assistant Member Services Manager

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