Update on Other Board Business

**Purpose of report**

For information and comment.

**Summary**

Members to note the following updates:

1. Sleep-ins
2. NHS Long Term Plan
3. Partnership working between LGA and NHSCC
4. Armed Forces Covenant
5. Inside Government conference on Quality, Integrated Health and Social Care
6. Prime Ministers challenge on dementia 2020

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| **Recommendations**  Members of the Community Wellbeing Board are asked to:   1. **Provide oral updates** on any other outside bodies / external meetings they may have attended on behalf of the Community Wellbeing Board since the last meeting; and   2. **Note** the updates contained in the report.  **Action**  As directed by members. |

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Update on Other Board Business

**Sleep-ins**

1. On 9 April officers met learning disability sector providers to discuss latest developments regarding sleep-in payments for overnight carers and to identify opportunities for joint working. We share a commitment to paying care workers a fair wage for their valuable work, but are concerned that the budget pressures facing social care services, coupled with the possibility of further legal change as a result of Unison’s Supreme Court appeal, make this extremely difficult. We agreed a number of actions which will help to keep up the pressure on Ministers to ensure that councils and providers are not left out of pocket in the event of further changes to the law and to work towards a sustainable funding solution for the social care workforce.

**NHS Long Term Plan**

1. On 23 April, Sarah Pickup, LGA Deputy Chief Executive gave evidence to the Health and Social Care Committee on their inquiry considering the NHS proposals for legislative reform to implement the NHS Long Term Plan. In the session, she emphasised the importance of ensuring that existing legal powers and duties on the NHS and local government to collaborate and integrated are preserved and built upon. She also highlighted the crucial role of health and wellbeing boards in providing clinical, political and community leadership of integration, and much needed local accountability of health and care services.

**Partnership working between LGA and NHSCC**

1. On 29 April the Lead Members of the Community Wellbeing Board met key senior members of NHS Clinical Commissioners to provide Board level oversight and direction of the strong partnership working between LGA and NHSCC that has developed over the past few years.  At the meeting we agreed several actions to increase our joint influence and voice on the future of health, care and wellbeing.

**Armed Forces Covenant**

1. On 30 April Cllr Izzie Seccombe OBE, LGA Deputy Chairman, spoke at the Ministry of Defence’s Covenant in the Community Annual Conference. This was an opportunity to highlight the vital role of councils supporting the Armed Forces Community and a number of councils showcased projects at the event. We have [published](https://www.local.gov.uk/topics/communities/armed-forces-covenant) the Shared Intelligence report about how 10 councils and groups of councils have used Covenant Funding to further improve local delivery of the Armed Forces Covenant.  As well as helping to spread good practice, the publication will add weight to our call for the Ministry of Defence to make more funding available to councils, especially those places that haven’t so far benefitted from the Covenant Fund.

**Inside Government conference on Quality, Integrated Health and Social Care**

1. On 6 June, Cllr Paulette Hamilton gave the keynote address to at a conference on Quality, Integrated Health and Social Care organised by Inside Government.

**Prime Ministers challenge on dementia 2020**

1. The LGA is a member of the Prime Ministers challenge on dementia 2020 Programme Board. The Board is currently looking at the post 2020 commitments of the LGA in the challenge Implementation Plan. We have proposed that our new commitments will focus on influencing and encouraging councils to improve dementia care and develop dementia friendly communities.  Many of these commitments are shared with ADASS. The DHSC have acknowledged that the commitments in the plan are difficult to measure and we are currently discussing with them how to best capture progress.