

## Note of last Community Wellbeing Board meeting

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**Title:** Community Wellbeing Board  
**Date:** Thursday 26 March 2020  
**Venue:** Virtual meeting

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### Attendance

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

Item	Decisions and actions	Action
1	<b>Welcome, apologies and declarations of interest</b>  There were no apologies and no declarations of interest.	
2	<b>Update from the Office for Veterans' Affairs (OVA) on the Armed Forces Covenant</b>  The Chairman welcomed Damian Paterson, Deputy Director of the OVA, to the meeting and invited him to give his presentation.  Damian thanked the Board for the opportunity to come and speak to them and he began by thanking local councils for everything they did to support the armed forces community, and veterans in particular. He said that they were a key partner and the OVA would be looking to work with them closely in the future.  Damian explained that the OVA was a new unit in the Cabinet Office set up in October 2019 to improve the coordination of veteran services and advice. He said that moving the oversight of veterans' affairs from the Ministry of Defence to the Cabinet Office would enable a more co-ordinated approach to the support veterans and their families needed, drawing on all parts of Government to ensure improved delivery and support.  Damian said that the OVA had taken on responsibility for the UK Government's Strategy for our Veterans and its associated <a href="#">Action Plan</a> , published in January 2020 and had been tasked by the Prime Minister to tackle two specific challenges – namely, changing perceptions about veterans in society and tackling negative stereotypes; and ensuring that veterans and their families know where to find information to support them should they need it. He added that the overall aim was to not just ensure that veterans were not disadvantaged in society compared to other citizens but to consciously provide them with positive advantages.  Damian went on to talk about the OVA's work programme as set out in the report and said that unfortunately, Covid-19 would undoubtedly have an impact on the timescales for its delivery. However, he did say that the	

OVA were still hoping to be able to launch the veterans' railcard on Armistice Day in November 2020.

Damian finished by asking Board members to consider how local government could best work with the OVA to ensure the best possible outcome for veterans and to address some of the specific questions in his report.

Following Damian's introduction, there followed a discussion during which the following points were raised:

- It was considered that there were definitely challenges for councils around supporting veterans but good practice was out there and needed to be shared more widely. Having the link with the MoD in Johnny Mercer MP was considered important.
- There were many CVS groups working with the armed forces and veterans providing valuable support and this would benefit from greater central coordination.
- OVA had an opportunity to form much clearer partnerships with the voluntary sector, which would improve awareness of the local offer and help to identify gaps in support that could be plugged.
- It was considered that transition remained a key issue. Whilst the vast majority of veterans did not experience significant problems, a minority would need coordinated support from a variety of partners. There was an opportunity to get better at predicting which veterans will have the greatest needs. The work of the Defence Transition Service was noted. There was important work going on for example around giving veterans priority for social housing and the MHCLG was currently evaluating how effective this had been.
- Could the LGA arrange regional meetings of Veterans' Champions to help share best practice?
- There was considered to be an opportunity for more linkages to be made with local authority Health & Wellbeing Boards.
- Most councils had veterans' champions, but they were not always given the necessary profile and status to get things done.
- Could a live database be set up with the LGA and OVA in order to better disseminate information, coordination and best practice?
- It was considered important to better understand local veteran communities so that support could be targeted – for example, places with Gurkha communities.
- Lead members asked for information about which areas

they had settled in? Damian said he would circulate a map with this information. He added that the 2021 census would include a question on veterans which should help to give a better picture of their locations and needs.

- Birmingham set up a sub-group of its HWB to look at veterans' needs which reported back into the main HWB. This was considered to be a good model for integrating local and national issues.
- There was a welcome for the OVA's intention to move from not disadvantaging veterans over the rest of society to positively 'advantaging' them.

### **Decision**

Members of the Community Wellbeing Board noted the update.

## **3 COVID-19**

The Chairman invited Mark Norris, Principal Policy Adviser, to introduce the update.

Mark highlighted 3 key areas that the Government expected councils to work on:

- Supporting the NHS in preparing for the expected increase in Covid-19 victims needing hospital treatment. This would involve freeing up 30,000 beds in English hospitals to accommodate Covid-19 patients.
- Supporting the 1.5 million most at risk people identified by Government who needed to self-isolate for 12 weeks. Councils should now have received guidance from MHCLG on this. Delivery of medicines would be taken care of by the NHS and community pharmacies. Out of the 1.5 million, there were likely to be 300,000 who would not be able to rely on friends, family or online deliveries to get food. These people would get parcels delivered to their doors under a national contract with a food wholesaler. 132 hubs had been set up to hold food and deliver to those who would run short of food before doorstep deliveries could be made. Physical space would be needed to store this food. Supermarkets were not in a position to ramp up the number of home deliveries at this stage. In the longer-term DEFRA was exploring greater use of 'click and collect', possibly through an App buddying people up with a volunteer to collect on their behalf. Homeless people would also need to be helped with accommodation and support services.
- Supporting local businesses and the local economy.

Paul Ogden, Senior Adviser, updated Members on the public health situation:

- 100,000 people now tested, 9,529 tested positive – likely to pass 10,000 today (26/3/20). 459 deaths so far – likely to pass

500 today.

- London had 4 times more cases than any other region.
- There were likely to be many more cases as people were not being routinely tested in the community.
- Mortality rate was not accurately known and depended on population characteristics of individual countries but likely to be between 1-2 per cent in UK.
- 81 per cent of those infected so far had mild symptoms. 14 per cent had more serious symptoms and 5 per cent became critically ill.
- 70 per cent of cases were men, and smokers were significantly more vulnerable.
- Now in 'suppression' phase of Government's 4 phase strategy – lockdown aimed at flattening the curve of cases and taking strain off NHS. The success of this would not be seen for 2-3 weeks.
- The peak of the epidemic was predicted to be mid-June and the outbreak could last 18 months in total. This may require 'adaptive suppression' – i.e. periodically lifting and then re-imposing lockdown restrictions.

Alyson Morley, Senior Adviser, updated Members on volunteering and stated that there were 2 specific groups of volunteers:

- The national appeal for 'help your NHS' volunteers to register with the NHS Volunteer Responders scheme had now got over 400,000 people signed up. It should have been made clear when launching the appeal that it was for health *and* social care. LGA was now working with officials to try and establish a system to connect some of these volunteers to the local hubs and LRFs that needed them and to highlight that the scheme was also for adult social care.
- Appeal for qualified NHS and adult social care staff who had left the sector to return to the profession temporarily. The Coronavirus Bill provided for these people to take limited periods of unpaid leave from their current jobs to undertake health and social care roles voluntarily and to be reimbursed by Government. The LGA was working with the DHSC to set up a process of certifying and checking these people to make sure they were fit and proper to do the job being asked of them.
- LGA officers were also working with DHSC, providers and the voluntary and community sector to develop guidance which distinguished between care and support tasks that could be done with minimal training and those that could only be done by fully-trained adult social care professionals.

In the discussion that ensued, the following questions and comments were raised:

- Although money was starting to come into councils from

Government this wouldn't be enough. Could councils apply for more funding? The Chairman said that there was a commitment from the Prime Minister and the Secretary of State that funding would be made available. He said that councils should spend what they needed and Government would sort out the funding later. He suggested contacting MHCLG if councils were in this position.

- More testing was needed and fast. The Chairman said that testing was being ramped up every day.
- Was training for people to use equipment, such as ventilators, being provided? Alyson said that this would normally be down to councils but with such large numbers needing refresher training, help may need to be brought in, for example through organisations such as 'Skills for Care'.
- What could the LGA do to retain volunteers and their good will once the crisis was over? Alyson said that this would be a challenge for councils and their VCS partners. Sustaining the initial wave of enthusiasm over what may be a long period would be difficult. Important that there was a swift response to give volunteers meaningful tasks or they would drift away.
- Slough had almost run out of PPE. The Chairman said that Clinical Commissioning Groups and Local Resilience Forums should be identifying where hotspots were and getting PPE in.
- In Bristol it was reported that residential and nursing homes were not taking in new clients due to threat of infection which could cause serious problems. The Chairman said that the Government was aware of this.
- What were the legal/HR implications for workers taking advantage of the 'furlough' scheme whereby Government covers 80 per cent of salary? The Chairman said that the LGA had pressed for more detail on this and also on what support was available for the self-employed.
- Government needed to be issuing clearer information. The Chairman said that the Government recognised difficulties in communication in such a fast-changing environment and were trying to improve.
- Apart from the 1.5 million people identified by Government, there was another group of people who were also very vulnerable and who were in danger of slipping through the net. How could they be helped? Alyson said that this was where very local neighbourhood and mutual aid groups were vital. However, there were concerns that a small minority of people may exploit the situation by targeting isolated and lonely people. Alyson said that officers would work with DHSC and the community and voluntary sector to ensure that the balance between safeguarding and supporting the vulnerable was maintained.
- The biggest stumbling block for local mutual aid groups was

considered to be logistical issues with money, as many elderly people only used cash and cheques. Could the LGA press the Government to get supermarkets to be more flexible? Alyson said that there was no simple answer to this and that there were also concerns around possible financial exploitation of vulnerable people. It was suggested that money could be funnelled through established organisations such as Age UK? Mark agreed to refer this issue on to the LGA's coronavirus enquiry hub and respond as soon as possible.

- What could the LGA do to ensure that councillors got accurate and trustworthy information that they could then cascade to residents and community groups? The Chairman said that the LGA's Chairman's and Chief Executive's briefings were extremely useful. Could something similar be produced for public consumption for councillors to cascade? Mark said that there could be an issue with staff capacity in producing an entirely new briefing but adapting the Chairman's briefing could be looked at. He agreed to take it back to fellow officers.
- Now was the time when politicians should see what a vital role ASC plays – could the LGA take advantage of this and collate some of the good practice that was happening to help argue the case for funding in the future? The Chairman agreed that ASC was still not getting the national plaudits that the NHS was currently receiving.

Laura Caton, Senior Adviser, said that mental health and suicide prevention were going to be key issues moving forward as people continued to self-isolate and have limited social contact. There was an urgent need to determine what role councils could play.

Matthew Hibberd, Senior Adviser reported that he had just received communication about developing Government thinking around whether there needed to be a temporary national fee rate for care providers to ensure they had the resources they needed in the current crisis. Matthew said that there were a range of risks associated with this and there were different options for providing assurance to providers. He said that the emerging preference from LGA/ADASS officers was to keep local determination but to have an uplift to account for the new and additional pressures providers were facing. Lead members agreed with this option in principle but asked to see the paper before making a final decision. Matthew said he would circulate this but would need a decision by the weekend.

### **Decision**

Members of the Community Wellbeing Board noted the update.

### **Actions**

- Alyson Morley to report issue of cash and inability of some residents to make card payments for food on the LGA Covid-19

log.

- Mark Norris/Alyson Morley to investigate practicality of producing an information bulletin for members to circulate to local community groups.
- Matthew Hibberd to circulate paper on care providers fee rate to Lead Members and Lead Members to make comments by the weekend.

#### **4 Confidential note from the previous meeting**

The confidential minutes of the previous meeting held on 29 January were agreed.

#### **5 Update on Housing and Social Care**

Lead members agreed to have a separate meeting in a few weeks to discuss items 5 and 6 which they couldn't do justice to in the time available.

Ahead of the follow-on meeting, Alyson reported that the DHSC's 'every day is different' scheme had been relaunched in light of the Covid-19 crisis. In the same vein, Naomi Cooke said that all the unsuccessful applicants for the LGA's Return to Social Work Programme had been contacted to offer training and recruitment with a view to them being employed in the sector.

#### **Decision**

Lead members agreed to have a separate meeting to discuss items 5 and 6.

#### **Action**

Officers to arrange additional meeting date.

#### **6 Workforce Team activity around the social care workforce**

#### **7 Leading Healthier Places 2020/21**

#### **Decision**

Members of the Community Wellbeing Board noted the update.

#### **8 Any other business**

No other business was raised.

**Appendix A -Attendance**

Position/Role	Councillor	Authority
Chairman	CLlr Ian Hudspeth	Oxfordshire County Council
Vice-Chair	CLlr Paulette Hamilton	Birmingham City Council
Deputy-chair	CLlr Richard Kemp CBE	Liverpool City Council
Deputy-chair	CLlr Claire Wright	Devon County Council
In Attendance	Damian Paterson (for Item 2)	OVA
LGA Officers	Mark Norris Alyson Morley Paul Ogden Laura Caton Matthew Hibberd Naomi Cooke Jonathan Bryant	