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Community Wellbeing Board - End of Year report

Background

1. At its meeting in September 2019 the Board considered its priorities for 2019/20 and agreed a substantive programme covering the following areas of work:
 - 1.1. Sustainable funding for adult social care and support
 - 1.2. Towards a reformed care and support system
 - 1.3. Making the case for prevention funding
 - 1.4. Beyond the Prevention Green Paper
 - 1.5. To raise awareness of the impact of health inequalities on local communities
 - 1.6. To raise awareness of the link between health, work and inclusive growth
 - 1.7. Creating healthy communities
 - 1.8. Air Quality
 - 1.9. The NHS Long Term Plan
 - 1.10. The future of Integration
 - 1.11. The future of the Better Care Fund
 - 1.12. Models of integrated planning and delivery
 - 1.13. Autism
 - 1.14. Mental Health and capacity
 - 1.15. Carers
 - 1.16. Dementia
 - 1.17. End of life care
 - 1.18. Suicide Prevention
 - 1.19. Transforming Care programme

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1.20.Housing

1.21.Sleep-in shifts

1.22.Loneliness

1.23.Armed Forces Covenant

2. This paper provides an overview of the achievements delivered against these themes, as well as the work the LGA has been doing around asylum, refugees and migration (which falls within the Board's areas of responsibility). It also sets out the immediate priorities for the LGA's work across the Board's areas of responsibility as the UK transitions from lockdown, and seeks an initial steer from the Board on its priorities for 2020/21. Members' comments will be used to inform the development of a full paper for consideration at the first meeting of the 2020/21 Board cycle.

Achievements and activity during 2019/20

Sustainable funding and a reformed care and support system

3. We have continued to push on social care reform through publications linked to our 2018 green paper, *The Lives We Want To Lead*. In July 2019 we published *One Year On* to mark 12 months since the publication of our green paper. Through a series of articles from experts, including people with lived experience, the publication set out the consequences of another delay to the much-needed reforms to care and support. In March 2020, and with a green paper still not forthcoming, we then published, *Towards Change, Towards Hope*. This restated the case for change and set out again the main issues at the heart of the debate about the future of care that need resolving. Both publications were covered in national media and were well received by partners.
4. We have continued to push on social care funding, particularly through fostering relationships with departmental officials and colleagues from partner organisations. For instance, in the run up to the 2019 Spending Round, we held a key roundtable on social care funding with senior officials from across Department of Health and Social Care (DHSC), the Ministry of Housing, Communities and Local Government (MHCLG) and the Treasury, plus senior colleagues from councils, provider organisations, health bodies and third sector organisations.
5. The additional £1 billion announced for adult and children's social care in September in the 2019 Spending Round, alongside confirmation that key grants including the improved Better care Fund and winter pressures funding would continue in 2020/21 were a reflection of the work done by the Board in this area.

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6. We have continued to be extremely active in the media with both proactive stories and reactive comment, and in parliament through numerous written submissions to relevant inquiries and oral evidence.
7. All achievements associated with our response to Covid-19 are likely to have been covered in the section on the 'Adult Social Care Hub' in the Covid-19 paper on the agenda, through which much of our Covid-19 work on social care takes place. In summary, we have:
 - 7.1. helped ensure an appropriate level of profile on the role of social care in the pandemic;
 - 7.2. helped secure £3.8 billion funding for local government, much of which is being used for social care;
 - 7.3. pressed the need for adequate supplies of quality personal protective equipment (PPE) for the social care workforce;
 - 7.4. worked closely with providers to understand the scale of pressures they face;
 - 7.5. supported the rapid discharge of people from hospital care at the start of the pandemic; and
 - 7.6. advised and inputted on key guidance, such as the Care Act easements.

Making the case for prevention funding

8. Our lobbying around public health resulted in the announcement of a real terms increase in public health funding in the Spending Round 2019. Following the announcement we called for clarity about public health spending in 2020/21, and for Government to provide sufficient funding beyond then, with the LGA calling on all the political parties to prioritise councils' public health services as we approached the General Election.

Beyond the Prevention Green Paper

9. We used the publication of the Government's Prevention Green Paper to highlight the role and expertise councils have in prevention and to push for the reversal of the £700 million of public health cuts we have seen over the last five years and provide a joined-up approach to prevention. Alongside this work we also called on the Government to publish their vaccination strategy and to give greater oversight and accountability to councils in order to boost vaccine uptake. To support this call we released a new LGA publication showcasing how councils are already finding innovative ways of raising immunisation levels in their communities, including reaching out to those most in need or at risk.

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To raise awareness of the impact of health inequalities on local communities

10. In order to assist councils in addressing health inequalities we commissioned research around the development of place-based approaches to health inequalities in partnership with Public Health England (PHE) and the Association of Directors of Public Health (ADPH). The research argued that access to a high quality education, a warm and loving home, and a good income matter most to us.

To raise awareness of the link between health, work and inclusive growth

11. We published *Nobody left behind: maximising the health benefits of an inclusive local economy*. This report makes explicit the links between health and the local economy, their interdependence, and the action that local authorities and their partners can take to ensure that health and wellbeing are key considerations in local and regional economic development strategies.

Creating healthy communities

12. At the 2019 NCAS Conference, we launched our new grant programme, Shaping Places for Healthier Lives, to support local cross-sector partnership action on the wider determinants of health. This was developed with the Health Foundation and aims to create the conditions for better health by enabling system-wide partnership action. Grants were awarded to five selected proposals, up to a total of £300,000 over three years.
13. In partnership with Cancer Research UK, we published a new guide explaining how councils can implement an effective tobacco control strategy, and we also highlighted councils' commitment to ensuring drug users get the right support and treatment.
14. We published a series of case studies showing how councils are working with Clinical Commissioning Groups (CCGs) and NHS England to commission integrated sexual health services. The case studies highlight the important work of councils in commissioning since the transfer of public health, and they showed examples of joint commissioning in urban and rural areas, by councils with widely varying population profiles and facing differing sexual health challenges.
15. We made the case for Government to fully fund the costs that councils will incur when rolling out the anti-HIV drug PrEP, and this resulted in the government confirming councils would be funded to cover the costs of the roll-out.
16. We worked with PHE to revise our guidance for councils' public health teams on engaging with alcohol licensing. The guidance provides practical ways that public health can input into the licensing process and includes some new local examples of how teams have made effective contributions. In November we showcased local examples of local action to support alcohol misuse. There are examples of services that provide a

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wide range of support to clients, incorporating social care and housing with training and mental health therapy.

17. The LGA collaborated with PHE to develop a practical guide and resources to support local areas to put in place a whole system approach to tackling obesity. The resource aims to support system thinking and tips for engaging key stakeholders.
18. We released publications on children's health in collaboration with PHE, including case studies and resources on tackling childhood tooth decay, childhood obesity and integrating 0-19 services to improve child health outcomes. We also secured the roll out of supervised tooth brushing schemes, as confirmed in the Government's Prevention Green Paper.

Air Quality

19. Air pollution is a public health emergency and we lobbied for funding to help councils tackle the impact that harmful emissions have on our communities in all its forms. To further tackle air pollution, we will continue to lobby the Government to give councils more powers, like the ability for them all to enforce moving traffic offences. If we're to truly tackle air pollution, we need government support to enable us to deliver effective local plans, and robust national action to help the country transition to low-emission vehicles and local economies.

The NHS Long Term Plan

20. We have continued to make the case for local government to be recognised and valued as a key planning and delivery partner in the NHS plan, and, in particular, health and wellbeing boards, to be closely involved in the development of local implementation plans of STPs and ICS. This included making these points when the Health Secretary, Matt Hancock MP attended our Community Wellbeing Board. At the Board meeting he said local government should be equal partners in reshaping the model of health and social care outlined in the NHS Long Term Plan. We also made the point that councils needed to be engaged as the NHS Tech Plan is implemented.

The future of the Better Care Fund (BCF)

21. We made the case during the last year for the BCF to be locally led with a reduction in national reporting and a lighter-touch assurance process, in particular lobbying around the shape of the BCF policy framework to ensure it was better suited to local governments' needs.

Autism and Learning Disabilities

22. We have represented the sector at the national Autism Strategy Oversight Group led by DHSC and chaired by the Minister for Care. We have influenced the priorities of the draft strategy, associated commissioning and workforce guidance. We will continue to attend

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the oversight group until the Strategy is launched. We held a well-attended and well-received session on autism at NCAS Conference 2019 'Ten years on from the Autism Act: local government's role in meeting the needs of autistic adults and children'.

Mental Health and capacity

23. We have continued to highlight and support councils' statutory and public health leadership role in delivering adult mental health services and promoting the wider mental wellbeing of communities. We have secured greater recognition of the interface between NHSE/I and local government, for example in the NHSE/I's Community Mental Health Framework. We have contributed towards the new burdens assessment on the forthcoming Mental Health Act to ensure any future costs are identified and fully funded. We have commissioned the Centre for Mental Health to produce new case studies on councils' role in preventing mental illness and promoting good mental health. This will be published over the summer with early learning from Covid-19.

Unpaid / informal carers

24. We have supported councils to meet the needs of unpaid/informal carers, including young carers, through practical guidance and case studies. We have also ensured that carers' support is highlighted in our policy and funding asks.

Dementia

25. We continue to help councils provide high quality care and support to people with dementia and their carers and to promote dementia friendly communities. We remain an active partner on the Prime Ministers Dementia Challenge 2020 programme and have helped shape the post 2020 commitments. We highlight the cost of complex care needs, including dementia, in all of our funding calls.

End of life care

26. We continue to represent and clarify local governments role in delivering end of life care in the community. We have renewed the LGA's commitment to the national Ambitions End of life Care Partnership. We have commissioned guidance and case studies supporting local governments role and responsibilities in delivering end of life care, which will be published later this year and reflect early learning from Covid-19.

Suicide prevention

27. With ADPH, we delivered a successful first year of the DHSC funded suicide prevention programme. This included regional grants to further build suicide prevention improvement capacity, a series of national tools, products and events that provided wider and easy access to good practice and learning, and bespoke support to help 14 councils or partnerships of councils who identified delivery challenges around suicide prevention. We received positive feedback across the offer, particularly the bespoke support which we hope to expand this year.

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Transforming Care Programme

28. We continue to support the Transforming Care Programme which aims to improve health and care services for people with learning disabilities and/or autism who display challenging behaviour so that they can live well and safely in their communities with the right support. We ensured local government engagement with the CQC's review of restraint, segregation and seclusion and produced practical advice for councils.

Housing

29. We have continued to support councils to provide high quality supported or adapted housing for vulnerable adults, people with a disability and older people. We responded to the government commissioned independent review of the Disabled Facilities Grant, joined the Housing Made for Everyone coalition and produced practical advice about councils' role in home adaptations, joint with Age UK and Care and Repair England. On supported housing, we continued to make the case for the importance of funding housing and support costs, a sustainably funded local oversight regime and helped councils to respond to the Social Housing Regulator's concerns about the lease-based model for Specialised Supported Housing.

Sleep-in shifts

30. Following our successful application to intervene in the Mencap Court of Appeal case about whether 'sleep-in time' should be classified as working time, and therefore be subject to the requirements of the National Minimum Wage Regulations 2015, we also intervened in Unison's subsequent appeal to the Supreme Court. We have continued to provide timely advice to councils about the potential implications of the judgment, which we are currently awaiting, and have worked closely with learning disability provider groups and ADASS. We have impressed upon Ministers that whatever the outcome of the Unison appeal, we still need to find a sustainable funding solution to attract and retain decent staff now and in the future and to enable care workers to be paid fairly for the work they carry out.

Loneliness and social isolation

31. With the National Association of Local Councils, we published practical advice and case studies to support partnerships between principal and local councils that address loneliness and social isolation. We have ensured that development of the national loneliness strategy continued to reflect councils' crucial role. In particular, bringing together partners and harnessing community assets such as parks, libraries, open spaces and schools to support the wider wellbeing of communities. In May 2020 the LGA made a submission to the All Party Parliamentary Group on Loneliness which is holding an inquiry on the impact of loneliness.

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Armed Forces Covenant

32. We have further developed our national network of local covenant officers and through the network have influenced government policy and activity, such as the revision of housing guidance, and shared good practice case studies. We secured further funding from the Armed Forces Covenant Trust to support local government capacity to lead the local implementation of the Covenant. We are fully engaged with the Ministry of Defence on discussions to introduce a new statutory duty to further strengthen the legal basis of the Covenant.

Older People

33. We have further strengthened our partnership with Centre for Ageing Better, including jointly hosting an event in February 2020 on 'Preparing for later life' at which Councillor Kemp spoke. In May we commissioned expert legal advice to respond to DHSC proposed revision of the Care Act guidance – in particular to reflect its changed position on determining responsibility for Ordinary Residence.

Asylum seekers, refugees and migration:

34. We have continued to support councils around the asylum dispersal process, working closely with the Home Office, the regional partnerships, council chief executives and partner organisations. This has included looking to develop better arrangements between central and local government on access to data, the sharing of information and funding in order to manage the pressures in the dispersal process. We have also facilitated the sharing of good practice between councils around the Syrian resettlement scheme, and continued to lobby around the need to fund councils properly for unaccompanied asylum seeking children, as well as the costs of supporting those without recourse to public funds.

CWB Publications

35. The publications produced by the Board have been well received among the local government sector, with the following publications receiving significant numbers of page views:

35.1. Protecting vulnerable people during Covid-19: 15,502

35.2. Shaping Places for Healthier Lives: 3,536

35.3. Health in all policies: a manual for local government: 1,749

35.4. Shifting the centre of gravity; making place-based person-centred care a reality:
1,651

35.5. A whole systems approach to tackling childhood tooth decay: 1,481

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35.6. Whole systems approach to obesity: 1,336

35.7. The lives we want to lead – towards change, towards hope: 1,235

35.8. Increasing uptake for vaccinations: 1,148

35.9. Public health transformation seven years on: 1,112

Immediate priorities for the recovery phase of the pandemic and workplan for 2020/21

36. Although the UK is now transitioning from lockdown into the recovery phase from the pandemic, many of the work areas outlined in the separate report on the agenda on our Covid-19 work to date across health and social care are likely to continue for a number of months, and possibly a significant proportion of the 2020/21 LGA board cycle. Given this work is likely to progress at pace over the summer members views are sought on:

36.1. Whether these are the right priorities for the LGA's health and social care work ahead of the first meeting of the Community Wellbeing Board in 2020/21; and

36.2. What should be included in the Board's workplan for 2020/21. A paper will then be brought to the Board's first meeting in the 2020/21 cycle to agree priorities for the year ahead.

37. The Covid-19 outbreak has highlighted some of the LGA's key messages around the funding and reform of adult social care: the need for parity in esteem and treatment between social care and the health service; the financial pressures on the adult social care system; and the importance of finding a sustainable solution for funding it going forward.

38. The LGA's and ADASS's **Adult Social Care Hub**, which was established as part of a joint response by both organisations to the Covid-19 outbreak, has reviewed its work over the last three months, and alongside these overall themes has identified a number of workstreams that will have to continue in place as the UK moves out of lockdown. These include:

38.1. Supporting people with Learning Disability/Autism

38.2. Finance

38.3. Commissioning and providers

38.4. Personal Protective Equipment (PPE)

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38.5. Workforce

38.6. Hospital discharge

38.7. Digital

38.8. Mental Health

38.9. Safeguarding

39. It is likely that many of the issues will continue to be key issues for the weeks and months ahead. In turn these will help shape and inform policy priorities subject, of course, to Board Member input. The one priority not covered in the Adult Social Care Hub workstream which will need to be a key priority for the Board, is the continuation of our work on the **long-term reform of care and support**. This will be particularly important given the lessons that have been learned during the pandemic, not least the much higher profile of social care in public, political and media discourse.
40. The response to the Covid-19 crisis has highlighted how effective local delivery has been alongside national and regional structures in protecting and supporting communities. Joint working between local government, the NHS and the community and voluntary sector has generally worked well at place and neighbourhood level and we need to harness and **build on this to create the strategies and relationships that can be delivered at a ward or community level by GPs, councillors and other players** by building from the neighbourhood, ward and practice level up.
41. The response to Covid-19 in the health and care sectors has shown how quickly services can be delivered in different ways when needed, with a significant **shift being made to virtual interactions**. Where appropriate this should be continued, but we also need to address digital exclusion and give organisations and the communities they serve the means, resources and choice over whether they receive them digitally or by other means. It will be crucial for issues around information sharing and inter-operability between the NHS councils, providers and the voluntary and community sectors to be addressed, as well as addressing concerns over confidentiality and privacy.
42. If we are to maintain some of the benefits from the greater integration between health and social care seen during the pandemic there **needs to be local flexibility through maximum discretion within the NHS long term plan (LTP) and national contracts**. The extent to which the LTP is fit for purpose needs to be reviewed, with consideration given to whether we need a more flexible and locally led approach with a stronger emphasis on partnership and place-based leadership. Within this strengthening Health and Wellbeing Boards (HWBs) will be important. HWBs, not STPs and ICSs should lead

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local transformation and sustainability plans but these have to be for the whole of health, social care and public health – not just the NHS.

43. In addition as we move forward with the NHS LTP, we need a **new emphasis on place and neighbourhood**. System-wide plans need to build on and knit together place-based plans and neighbourhood delivery. The principle of subsidiarity is crucial – that decision-making is taken at the most locally appropriate level. NHS needs to work closely with local government to ensure this.
44. **Workforce and capacity needs to be place based rather than sector based** – and HWBs, working with STPs and ICSs have a crucial role in this. We also need to give serious consideration of recognition and rewards for ASC professionals.
45. Council public health teams have been working day and night to support national efforts to minimise the spread of the coronavirus, protect the most vulnerable, support local businesses and bring together communities. They continue to do an amazing job in hugely challenging and unprecedented circumstances. Robust emergency plans have seen councils rise to the challenge during this crisis, despite experiencing £700 million reductions in their public health budgets over the past five years.
46. In the long term, Government must commit **to sufficiently fund and reprioritise prevention**. A more robust strategy should be set out in a new Prevention Green Paper, which takes into account the long-term impact of Covid-19 on our communities.
47. There is early evidence which suggests that some of the social determinants of health, including obesity, poor mental health, and socio-economic status are contributing to higher levels of Covid-19 deaths. This is worrying and underlines the importance of having adequately resourced public health teams.
48. Following the publication of the [PHE review of disparities and risks in outcomes](#), we will also be developing work to support local authorities to tackle the disproportionate impact of Covid-19 on Black, Asian and Minority Ethnic Groups.
49. Through joint work with the Care and Health Improvement Programme, we will also be revising our offers to local leaders to reflect both these ongoing and new challenges across prevention, care and health.
50. **Sexual health, reproductive health and HIV services** have faced major disruption due to the impact of Covid-19 and have made unprecedented service provision decisions, including temporarily suspending many ‘business as usual’ functions. Public health teams are alert to the possibility of serious adverse sexual health, reproductive health and HIV outcomes for the general population, including a rise in unplanned pregnancies, sexually transmitted infections (STIs) and abortions.

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51. DHSC and PHE will need to support LAs to ensure appropriate provision for higher risk groups and groups disproportionately disadvantaged by the move to remote delivery (such as young people, commercial sex workers, people who are homeless) is prioritised and resourced sufficiently and that capacity is in place to meet the predicted increase in demand.
52. **Treatment and recovery services** have already reported an increase in referrals and we expect to see more as we move through recovery phases, partly due to meeting the needs of the homeless and rough sleeping population who are now receiving treatment, in addition to an expected increase in problem drinking in the general population.
53. Government will need to work with partners to ensure sufficient funding and capacity in the system to ensure demand can be met, especially as people with substance misuse problems are disproportionately affected by poor health, including illnesses that would categorise them as 'extremely clinically vulnerable' and put them at increased risk of contracting and being adversely affected by Covid-19.
54. **The Healthy Child Programme** workforce in local authorities has done as much as possible to support children and families through online and virtual contact and resources, as well as high priority home visits. However, a high number of specialist public health nurses (health visitors and school nurses) have been redeployed in some areas. This has reduced capacity for health visitors and school nurses to identify and support vulnerable children and parents with problems such as perinatal mental health, breastfeeding support or identifying wider safeguarding concerns. There will be a significant catch up programme needed to ensure 0-5s especially receive the support they need to thrive.
55. In addition to catching up on routine Healthy Child Programme visits, we expect to see a surge in activity and demand for support as the lockdown is eased. This will be particularly notable as children return to schools and nurseries and look to support from public health services around infection control.
56. Routine childhood immunisation programmes will also need a rigorous and extensive catch up schedule which will require oversight and resources from the Healthy Child Programme teams.
57. The LGA is keen to support urgent workforce modelling and resource analysis with Public Health England and Health Education England to ensure the Healthy Child Programme has the capacity to respond to new demands such as immunisation catch, as well as addressing the unmet health and development needs in the 0-19 population.
58. The Care and Health Improvement Programme at the LGA has a strand of work on **safeguarding adults**. Work is being undertaken with councils to understand the nature

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of the impact of Covid-19 and the lockdown on safeguarding activity. Board members will be aware of the increase in safeguarding issues during the pandemic such as domestic abuse, and financial scams. It is also expected that there will be a surge in safeguarding activity as the lockdown is eased and face to face contact resumes across adults and children's services, alongside a growing understanding of the impacts on and risks for people receiving care and support, and for the workforce supporting them. The findings will be shared with councils to inform local recovery planning and planning for any future outbreaks.

59. The LGA **Asylum, Refugee and Migration Task Group** reports to both the Community Wellbeing and the Children and Young People Boards. The LGA will be working with councils and government to ensure that there is a joint and locally led approach to both exit planning and new arrivals; that the pressures and impacts on vulnerable people, councils and communities minimised and the context around supporting other groups such as rough sleepers recognised.
60. **Mental wellbeing and mental health (adults with links to children and young people reflected below)** Covid-19 is likely to lead to an increase in mental ill health, both as a direct consequence of the virus and as a result of the measures necessary to contain it. The impact will be experienced across the life course and will affect different parts of the community differently e.g. economic impact, health and care workers, BAME, people with pre-existing mental health difficulties, carers and others in vulnerable circumstances. According to the [Centre for Mental Health](#), if the economic impact is similar to that of the post 2008 recession, then we could expect 500,000 additional people experiencing mental health problems, with depression being the most common. This impact will be greater still if there is a second wave of infections.
61. Central government must recognise that people's mental wellbeing is crucial to nearly every aspect of recovery planning – from reopening schools, to getting the country safely back to work and dealing with the economic and housing consequences of the pandemic – and that the wellbeing response is best led locally by councils who have the insight, community assets (such as parks, libraries and schools) and partnerships to identify need and target interventions.
62. In order to support people's recovery and resilience, **public mental health and statutory mental health services**, alongside the voluntary and community sector, must be urgently resourced to meet both new and unmet demand that has built up during the pandemic, to support people who are shielding or have other vulnerabilities, to invest in preventative mental wellbeing work at scale and to respond to any further turning on and off of restrictions.
63. Despite the challenging situation it is essential that vulnerable people's human rights are protected, including the rights of children and young people. Any emergency provisions

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to the **Mental Health Act** that are enacted must only be used when there are significant staff shortages, there is an immediate risk to people's safety, for the shortest length of time possible, and councils must be fully involved in the decision to use the provisions.

64. DHSC must confirm funding for year 2 of the LGA/ADPH **suicide prevention SLI** programme as a matter of urgency so that we can get on with delivering practical support to councils on suicide prevention and Covid-19.
65. As the country moves into the recovery phase, councils are ideally placed to lead and support a shift in how people think about mental health, so that it is regarded as something that we need to promote and look after in the same way as our physical health. In leading the local public mental health response, councils are seeing positive changes which with the right funding and support could be the foundation for a more preventative approach to mental wellness that aids recovery and community resilience in the long-term. For example:
 - 65.1. Public health messages about looking after yourself are being quickly understood
 - 65.2. Increased sense of neighbourliness and increased volunteering.
 - 65.3. Greater awareness about the impact of personal behaviours on mental wellbeing, such as sleep and exercise.
 - 65.4. Making the most of digital opportunities to stay connected with family and friends whilst recognising that this is not a solution for everyone
 - 65.5. More focus on the importance of workforce mental wellbeing
66. Underpinning this must be a national policy and funding commitment to move away from focusing on mental ill health to a locally-led focus on helping everyone to stay mentally well, providing community support and helping people continue with their lives.
67. The increased availability of remote support for mental health conditions has been positively received by many. These new platforms could provide an enhanced service for those with mental health issues which will allow us to better manage the anticipated increase in demand for mental health services, whilst ensuring this is the choice of the person accessing the support and not seen as a replacement for more traditional services.
68. We have asked the Centre for Mental Health to update the mental health case studies, that we commissioned before Covid-19, to share the early learning from the last two months. Alongside the wealth of research that has been commissioned by PHE, universities and others into the mental health impacts, this will give us a local

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government owned narrative that can be further developed over the coming weeks and months.

69. Our policy work is also feeding into, and being shaped by, the Care and Health Improvement Programme and the LGA/ADASS Adult Social Care Hub. In addition to the suicide prevention DHSC grant funded SLI programme (which will broaden out to public mental health next year), mental health and wellbeing is embedded in our SLI work around member training in Prevention Matters, Health in All Policies and the peer challenge offer.
70. The LGA's Workforce Team is supporting the wellbeing of staff in councils during Covid-19 and has produced a range of [resources](#) to assist with this, including in partnership with the NHS.
71. **Loneliness and social isolation** – More people of all ages will experience loneliness and social isolation due to the impact of social distancing measures and the reduction in face-to-face contact. Loneliness and social isolation leads to rates of premature mortality that are comparable to those associated with smoking and alcohol consumption – around 30 per cent higher than for the general population, and is a risk factor in developing depression. Addressing loneliness and social isolation can only be done at the local level. Councils have a key role to play in this, because they own most of the assets where community action could or should take place, such as parks, libraries and schools, with councillors creating the localised neighbourhood partnerships to deal with a range of mental and physical health issues.
72. We need to create a new relationship between the VCS, councillors, Primary Care Networks and all relevant local partners to build up a “no-one left alone” pledge and activity. The NHS Volunteer Responders scheme has successfully mobilised an army of volunteers but to fully maximise the use of this vital asset there must be better coordination between national and voluntary support. The Government and the NHS need to share data with local councils so that they can map local voluntary sector capacity.
73. Councils are best placed to lead the work with the VCS to set up / build upon existing neighbourhood schemes that will connect people and rebuild resilience, especially people in vulnerable circumstances. Local voluntary infrastructure to plan and coordinate voluntary support may also need to be strengthened. It would be funded by savings in a reduction in the number of people accessing more expensive acute medicine as a result of preventative work at scale.
74. **Supported Housing** - Covid-19 has further highlighted the important role supported housing plays providing people in vulnerable circumstances with a safe home and the right support to enable independence and to protect and sustain health and wellbeing.
75. To accelerate the availability of much-needed supported housing provision for working age adults with additional needs and older people who want to live independently with support, and to minimise delays with moving people who need support to suitable

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accommodation, we are calling on the government to work with Homes England and providers to incentivise making more stock available at affordable rent levels.

76. The Covid-19 pandemic is increasing support costs for supported housing, as people in vulnerable circumstances are affected by the direct and indirect consequences of the virus, in addition to existing mental health, care, financial, substance misuse and other practical needs. To ensure that people receive the support they need to recover and rebuild resilience, government must fully and sustainably fund housing support and care costs.
77. Now more than ever, government needs to introduce a fully funded locally-led oversight regime to help ensure that supported housing is good quality, safe, value for money and fits in with the wider local services offered in places. This will also better enable councils to work with providers and partners, including health, to build upon the positive partnerships and practice that have developed during the Covid-19 emergency.
78. Supported housing is a shared policy responsibility. The Environment, Economy, Housing and Transport Board is leading on the role of hostels in Covid-19 rough sleeping and homelessness recovery work and the Resources Board is leading on issues about the sufficiency of Housing Benefit funding and the welfare consequences of Covid-19. Operational issues around PPE and testing are being taken forward by the LGA/ADASS Adult Social Care Hub.
79. **People with a learning disability and/or autism** - Councils are key to ensuring that people with learning disabilities and/or autism, their carers and their families are independent and safe in their communities and can participate as fully as possible. Councils have a range of statutory duties and powers related to people with learning disabilities and autism for both children and young people and for adults. Before Covid-19 adults with a learning disability and/or autism were already less likely than the general population to access support for health and wellbeing concerns. Changes to day care have put enormous strain on families caring for people with challenging behaviours. Many people with autism, which is a spectrum, have found it difficult to deal with changes in their routine required by Covid-19 restrictions. For example, stopping weekly swimming trips, or different support staff.
80. We need to maintain a focus on high quality care and support to people with a learning disability and/or autism and their families and carers. Despite the pressures of Covid-19, people should be treated with dignity and continue to be supported to stay in their own homes and communities, rather than be in hospital unnecessarily, with safeguarding arrangements paramount. As inpatient beds are reduced and we rightly focus on investing in personalised, quality and timely community services for people with complex needs, a sustainable funding settlement for adult social care, which recognises the costs of Covid-19 to councils, is desperately needed.
81. To ensure that Covid-19 does not further exacerbate health inequalities, people with learning disabilities and/or autism, and their families and carers, should be fully supported to adapt to the easing of some restrictions, with reasonable adjustments being made in line with government advice. Additional support may be required to support people to re-engage with communities, for people and their families who may still be

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required to shield or to self-isolate as a result of track and trace or who are in other vulnerable circumstances, and in the event of a second wave of infections.

82. **Armed Forces Covenant statutory duty** - Councils are fully committed to honouring their commitments under the Armed Forces Covenant and are working hard to support serving personnel and veterans who have been affected by the Covid-19 outbreak. In addition, councils are working in partnership with the Armed Forces who are providing valuable practical assistance with the operational response. Councils have raised concerns with us about their capacity to engage in the detailed planning that needs to underpin the introduction of a new statutory duty on public authorities in relation to the Armed Forces Covenant. Particularly as this coincides with the ending of Covenant Trust Funding that has enabled dedicated Covenant officers to be recruited in some places.
83. Delay the introduction in Parliament of the proposed Armed Forces Covenant statutory duty from September until later in the Autumn, so that councils have the capacity in the light of the Covid-19 emergency, to fully engage in a full new burdens assessment and the detailed development of the legislation.
84. **Sleep-in shifts in adult social care** - We are awaiting the Supreme Court decision in the Unison Appeal about whether 'sleep-in time' should be classified as working time, and therefore be subject to the requirements of the National Minimum Wage Regulations 2015. We are concerned that if the Supreme Court upholds Unison's appeal in the next few weeks, the decision will place further financial pressure on an already fragile sector at this critical time. The Covid-19 outbreak is continuing to have a significant impact upon the social care workforce, including staffing costs.
85. Our long-standing position is that whilst we support fair pay for care workers, there is a need for genuinely new funding to pay for the historic liability and higher ongoing costs if the Unison appeal is upheld. Covid-19 is placing even more strain on adult social care and so the potential consequences of a further unfunded liability will be even more catastrophic for providers, care workers and the people who receive care and their families.
86. If the Supreme Court dismisses Unison's appeal, a sustainable funding solution will be required going forward to make sure that care workers are fairly paid and valued for the essential work they carry out, which the Covid-19 situation has further highlighted. This should build upon the agreements that councils have reached with providers to deal with the short-term impacts of the pandemic.
87. The funding of sleep-ins shifts is a joint policy responsibility with the Resources Board and Children and Young People's Board in terms of the potential impact on children's homes and other residential settings for children and young people.

Implications for Wales

88. Health and adult social care are devolved matters.

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Financial Implications

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

Next steps

90. Members' comments will be used to inform the LGA's health and social care work over the summer and to shape the draft priorities paper brought to the first meeting of the Board in the 2020/21 cycle.