

## Note of the last Community Wellbeing Board

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Title: Community Wellbeing Board

Date and time: Tuesday 9 June 2020

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### Attendance

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

Item	Decisions and actions
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#### 1. Declarations of interest

Chairman welcomed members to the Board

Apologies were received from Cllr Claire Wright and there were no declarations of interest.

#### 2. Sir Muir Gray

Cllr Ian Hudspeth welcomed Sir Muir Gray CBE, Optimal Ageing, to the meeting and invited him to introduce his presentation on LIVE LONGER BETTER.

In his presentation Sir Muir set out;

- His diagnosis of the ageing challenge facing society, which he summarised as: a future increase in the number of older people (in particular a doubling of the number of people aged over eighty in the next fifteen years); the implications of this for both local authorities and the NHS; and the absence of a similar increase in the numbers of young people employed in health and social care facilities. Sir Muir asserted that this creates both absolute and relative population ageing.
- The improved understanding of ageing, including recognition that problems previously assumed to be due to ageing are now known to be attributable to three other processes:
  - loss of fitness, usually starting from the early twenties and including mental fitness as well as physical fitness;
  - disease, much of it preventable, including dementia and frailty, and often complicated by accelerated loss of fitness.
  - wrong beliefs and attitudes.
- The impact of COVID-19 in heightening some of aforementioned challenges, particularly those linked to increased inactivity and isolation.

- Why the key to tackling isolation and inactivity must not simply be to provide 'more of the same', but to change the culture and societal mindset associated with ageing to help reduce the need for traditional social care by improving physical, cognitive and emotional activity.

Members made general comments about the importance and helpfulness of Sir Muir's presentation, particularly in highlighting the need for developing local communities that are geared towards, and support, positive ageing. This helped frame the debate in terms of building resilient communities in which different networks (eg social care, primary care, acute sector, voluntary sector) linked appropriately to provide the means for improving physical, cognitive and social wellbeing. Members made the following specific comments:

- A view was expressed that the effects of the current pandemic on vulnerable people encouraged them to stay at home, thereby reducing physical outdoor exercise. Sir Muir responded that vulnerable people can, and should, still be doing physical exercise at home and that emotional stimulation helps motivate people to continue exercising.
- That a notable part of the response to the current pandemic has been high numbers of people volunteering to provide appropriate support and assistance, and that this needs to be harnessed for the future. Sir Muir responded that altruistic volunteering can have huge benefits for people's health and wellbeing. He added that maybe consideration should be given to giving the older people objectives such as volunteering to help protect the environment or starting a business.
- A concern was raised that where councils were trying to reduce the use of care homes so older people could remain at home, thus could be difficult to achieve because acute hospitals discharged people to care homes as their first reaction, so there needed to be a change in the culture of the NHS. Sir Muir agreed there needed to be a change in approach given the loss of condition people experienced in hospital, and there needed to be a greater focus on prevention.
- A concern was raised that engagement and involvement in community or social networks is a struggle, particularly during the current pandemic, for those residents who do not have the internet and who are therefore unable to access materials online. Sir Muir responded that a specific focus was needed on deprived communities without technology and access to the internet. He added that age distribution shows rural areas are highly populated by older people and there is a challenge around deprivation in both rural and urban areas.
- Personal trainers often focussed on services for young people and there was a need to look at gentler exercise classes for older adults. More affordable services and physical activities need to be introduced, encouraging social interaction and physical activity. Sir Muir responded that "wellness" centres, rather than leisure centres, needed to be provided and this would need more leadership and funding from local authorities.
- Government advice on shielding of vulnerable people had resulted in some people being worried to leave their home and go out into the community. There was a task to help people feel confident about going out and decrease anxiety levels. Sir Muir responded that an unfortunate consequence of taking steps to minimise risk of infection has been, in some cases, a reduction in

the physical activity and resilience of some older people. He said any approach must be about the relative balance of risks and that people generally underestimate the risks associated with inactivity.

- Care homes are unaffordable for many and the crisis has proved they are not the safe places they should be. Sir Muir said that the health and social care system should therefore be moving away from the traditional care home model.
- Levels of anxiety and depression during lockdown had increased due to people missing human contact and social communication. Sir Muir responded that isolation, depression and anxiety were a major risk factor for dementia, in addition to sleep, diet and other health conditions.

Sir Muir thanked the Board for the opportunity to present and offered to run similar presentations for Members who thought this would be beneficial for their council and council colleagues. The Chairman thanked Sir Muir for his stimulating presentation and for taking the time to address the Board.

### **Decision**

Members of the Community Wellbeing Board noted the presentation.

### **3. COVID-19 Update**

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

Mark informed the Board that the report covered the LGA's activity undertaken since the last Board meeting in response to COVID-19. The focus had predominantly been around supporting people in the shielded and clinically vulnerable groups during the period of lockdown, working closely with the Department of Health and Social Care, MHCLG and DEFRA. Alongside that there had been volunteering links between local authorities and NHS responders. The LGA had also been looking at those people who were self-isolating and had difficulty accessing food, were in financial hardship and suffering from mental health problems.

Ian James, Care and Health Improvement Adviser, highlighted a key part of the LGA's role had been working with the Department of Health and Social Care (DHSC) and the Ministry of Housing, Communities and Local Government (MHCLG) alongside national partners, particularly the Association of Directors of Adult Social Services (ADASS), NHS bodies and the care provider associations, to ensure that government policy is informed by what can best support councils and local partners to help keep residents and staff safe and supported. A new social care taskforce had been set up with all local government associations, headed by David Pierson, with further details to follow in the coming weeks.

Paul Ogden, Senior Adviser, updated Members on the latest public health statistics which included:

- Overall the trend in number of deaths is reducing, within care homes and hospitals. Although, 57 per cent of deaths have occurred in care settings.
- Expected to see varied mix in local outbreaks, the disease is different from flu

and seems to cluster in specific places.

- Projection of a further 18 months to see a significant improvement in the overall situation, with the intention of pushing for vaccinations and testing.
- We are now well beyond the peak and are starting to see the number of new cases fall.
- The number of tests is increasing with over 200,000 tests per day. In total 288,000 have tested positive for COVID-19.
- R value is below 1 but there are a high level of incidents around the country.
- To date 40,597 people have sadly lost their lives in hospitals, care homes and within the wider community, but is starting to slow with 55 deaths recorded yesterday.
- BAME community are 4 times more likely to die from COVID-19.

Following the discussion, Members made the following comments:

- A concern was raised that some young people were not listening to government advice around social distancing and were putting themselves and others at risk. Paul agreed that some young people were getting bored of lockdown which poses a risk. He emphasised that the virus must be contained before the winter months, as we are still far off developing a viable vaccine.
- In response to queries around the Governments Test, Track and Trace system Paul confirmed that it needed accurate granular data to make it work and this wasn't currently available to local authorities. He added that it was difficult to provide an accurate localised R rate as it can take 1 death to skew the figure. The LGA had been lobbying for additional powers with Test, Track and Trace so we can know where the outbreaks are and help contain them.
- A concern was expressed about people having to care for family members with disabilities as with day centres being closed, many relatives were having to occupy family members who were in need of support and care.

### **Decision**

Members of the Community Wellbeing Board noted the COVID -19 update.

#### **4. End of Year Report and 2020/21 Priorities**

The Chairman invited Mark Norris to introduce the report.

Mark explained that the report set out the Community Wellbeing Board's achievements during the year and some immediate priorities across the Board's responsibilities as the UK transitions out of lockdown.

Mark highlighted that some areas of the LGA's work around COVID-19, such as death management, had seen a reduction in support needed although others, such as adult social care, public health and supporting vulnerable people would most likely continue to be priorities for the next cycle of the Board.

As there were no comments raised by members, the Chairman stated that he was happy with the direction of travel set out in the report.

### **Decision**

Members of the Community Wellbeing Board noted the End of Year Report and 2020/21 Priorities.

## **5. HWB Covid-19 Reset: rapid research with HWBs**

The Chairman invited Caroline Bosdet, Senior Adviser, to introduce the report.

Caroline began by thanking the Health & Wellbeing Board (HWB) Chairs who participated in the rapid research commissioned by the LGA's Care and Health Improvement Programme.

Caroline highlighted that since the last Board meeting, continued engagement with Chairs provided opportunities to look at the role of the Board, steer the support offer and gain feedback. The HWB reset tool designed to support HWB Chairs move into the next stage of COVID-19, would incorporate a link to Local Outbreak Plans and offer bespoke facilitated virtual peer support for members.

Following the introduction, Members made the following comments:

- The Mental Health Partnership Boards could be really effective if properly supported. However, the dynamics of the Boards is different in each local authority and strategic support from HWBs would help moving forward as would gaining feedback from partners and those that use and support the service would.
- There were growing concerns around maintaining air quality moving out of lockdown need to be considered on HWB strategy.

### **Decision**

Members of the Community Wellbeing Board noted the report and agreed the revised support offer set out in paragraph 7.

## **6. Update on other board business**

The Chairman invited Laura Caton, Senior Advisor, to provide an update on the LGA's Armed Forces Covenant work.

Laura updated the Board on the Ministry of Defence's (MoD) plans to introduce a statutory duty for public authorities to have due regard to the armed forces covenant, across health and social care, housing and education, but not employment. The current proposal considered by Lead Members and Improvement and Innovation Board set out fairly minimal requirements. Laura added that any new duties must be accompanied by new funding due to differences in local authority capacity around covenant implementation. Overall, capacity is reducing as local government funding from the armed forces covenant trust continues to decrease. A new statutory duty

proposal should also be subject to a formal 12-week consultation.

Laura said that she would update Lead Members when further information on the new duty was available from the MoD.

Members made the following comments on the report:

- There was a danger that the issue of low uptake of routine childhood immunisations would fall off the radar as a result of Covid-19 but the pandemic also gives a strong opportunity to promote the importance of vaccination to parents. Paul followed up the comment to stress the importance of childhood immunisation and the concerns parents have taking their children to the GP during the pandemic. The LGA continues to work closely with PHE and Institute of Health Visiting.
- What work is being done about GP registrations for the armed forces community, as it causes many problems for families and individuals who have to move around the country for work. Laura said that there are challenges around some GP practices and more needed to be done to raise awareness of the covenant.

### **Decision**

Members of the Community Wellbeing Board noted the update.

## **7. Note of the last meeting**

Members agreed minutes of the previous meeting held on Thursday 26 March 2020.

### **Appendix A – Attendance**

<b>Position/Role</b>	<b>Councillor</b>	<b>Authority</b>
Chairman	Cllr Ian Hudspeth	Oxfordshire County Council
Vice-Chair	Cllr Paulette Hamilton	Birmingham City Council
Deputy-chair	Cllr Richard Kemp CBE	Liverpool City Council
Committee Member	Cllr David Fothergill	Somerset County Council
Committee Member	Cllr Adrian Hardman	Worcestershire County Council
Committee Member	Cllr Colin Noble	Suffolk County Council
Committee Member	Cllr Judith Wallace	North Tyneside Council
Committee Member	Cllr Sue Woolley	Lincolnshire County Council
Committee Member	Cllr David Coppinger	The Royal Borough of Windsor and Maidenhead
Committee Member	Cllr Wayne Fitzgerald	Peterborough City Council
Committee Member	Cllr Arnold Saunders	Salford City Council
Committee Member	Cllr Helen Holland	Bristol City Council
Committee Member	Cllr Arooj Shah	Oldham MBC
Committee Member	Cllr Shabir Pandor	Kirklees Metropolitan Council

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Committee Member	Cllr Natasa Pantelic	Slough Borough Council
Committee Member	Cllr Amy Cross	Blackpool Council
Committee Member	Cllr Denise Scott-McDonald	Royal Borough of Greenwich
Committee Member	Cllr Bob Cook	Stockton-on-Tees Borough Council
Committee Member	Cllr Doreen Huddart	Newcastle upon Tyne City Council
Committee Member	Cllr Neil Burden	Cornwall Council
Committee Member	Cllr Tim Hodgson	Solihull Metropolitan Borough Council
In attendance	Sir Muir Gray	Optimal Ageing
LGA Officers	Mark Norris Alyson Morley Paul Ogden Laura Caton Matthew Hibberd Naomi Cooke Jonathan Bryant Tahmina Akther	
Apologies	Cllr Claire Wright	Devon County Council