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## **Community Wellbeing Board Priorities 2020/21**

### **Purpose**

For discussion.

### **Summary**

This report outlines proposals for the Board's priorities and key areas of work, set against the available resources for 2020/21. The proposals are based on both corporate LGA priorities and options for broader work based on a combination of areas of interest previously indicated by Board members, ongoing work and recent policy announcements by Government. Subject to members' views, officers will develop a work programme to deliver these priorities.

### **Recommendation**

Board Members are asked to discuss and agree the Board's priorities for 2020/21.

### **Action**

Officers to take forward as directed by members.

**Contact officer:** Mark Norris  
**Position:** Principle Policy Adviser  
**Phone no:** 020 7664 3241  
**Email:** [mark.norris@local.gov.uk](mailto:mark.norris@local.gov.uk)

## **Community Wellbeing Board Priorities 2020/21**

### **Background**

1. At this first meeting of the Community Wellbeing Board, members are asked to consider the policy priorities for the work programme for the coming year. In making these decisions, members are asked to consider two issues:
  - 1.1. The corporate priorities set out in the LGA's business plan.
  - 1.2. Specific policy priorities based on the remit of this Board.
2. This report sets out a suggested work programme for the Board which will help deliver the LGA's Business Plan priorities, for Members' discussion and decision.

### **LGA corporate priorities**

3. The LGA's business plan for 2019-2022 sets out a range of cross-cutting LGA priorities which Boards are asked to incorporate within their work programmes:
  - 3.1. Funding for local government
  - 3.2. Adult social care, health and wellbeing
  - 3.3. Children, education and schools
  - 3.4. Places to live and work
  - 3.5. Strong local democracy
  - 3.6. Sustainability and climate action
4. The Board's priorities will contribute in the main to the LGA's work around adult social care, health and wellbeing, but will also link in with other areas such as those around places to live and work, and our programme of activity around mental health links in with work to support children and young people. In addition the Board's work to date on supported housing has implications for the wider LGA housing agenda.

### **Specific work of relevance to this Board's remit**

#### *Adult social care – funding*

5. Last year's report proposed Board priorities for adult social care on funding and reform. This year, the priorities remain the same but are obviously proposed within the completely unique context created by Covid-19. Many of the challenges facing social care that have been exposed by the pandemic are, of course, not new to those of us in local government. Historic underfunding of adult social care (combined with only incremental and temporary solutions to funding challenges) has impacted on the care workforce, the stability and sustainability of the provider market, quality and access to care, unmet and under-met need, unpaid carers and, most importantly, people using care services. These challenges have been compounded by Covid-19 but have also been placed more firmly in the public spotlight. As with care and support reform (see below), we therefore have an opportunity to try and capitalise on this moment of 'profile' for social care and ensure the service has what it needs over the coming year and beyond.

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6. The LGA's recent submission to the Comprehensive Spending Review (CSR) makes clear the scale of the financial challenge facing local government overall. Analysis by the Institute for Fiscal Studies (IFS), and commissioned by the LGA for the CSR, shows an estimate of the funding gap facing councils of £5.3 billion by 2023/24. The IFS estimate this could rise to £9.8 billion due to the uncertainty resulting from the continuing impact of Covid-19.
7. Overall, the LGA is calling on the Government to provide an additional £10.1 billion in core funding by 2023/24, comprising: the £5.3 billion funding gap to sustain 2019/20 service levels; £1.9 billion to deal with other quantifiable pressures to stabilise the sector; and £2.9 billion of other core funding requirements to help councils improve their core offer (which includes funding to increase care worker pay).
8. Given adult social care constitutes such a high proportion of councils' budgets (for those with social care responsibilities), sustainable funding for social care is essential to the sustainability of funding for local government overall. We will therefore continue our policy, public affairs and media work (lobbying and influencing) on this crucial subject, working closely with colleagues in the Care and Health Improvement Programme to ensure our work reflects the issues facing councils on the ground. As we set out in our CSR submission, we want action on three fronts:
  - 8.1. Additional funding to shore up social care ahead of winter and a likely second wave of the virus, with a look to this continuing in future years;
  - 8.2. Additional funding for the medium term to help address the long-standing challenges that have faced social care, many of which have been exacerbated by the pandemic; and
  - 8.3. Use of the above funding as a 'down-payment on reform' and to pave the way for changes that will finally put the funding of social care on a sustainable footing for the long-term.

#### *Adult social care – reform*

9. Our work on social care reform remains high profile and well received. Since we launched our green paper, *The Lives We Want To Lead*, in July 2018, we have published:
  - 9.1. (November 2018) A follow up report to our consultation setting out key findings, implications and recommendations for a way forward, based on the consultation responses we received.
  - 9.2. (July 2019) A report to mark 'one year on' since our green paper setting out the consequences of further delay from the perspective of experts across the care and support sector
  - 9.3. (March 2020) A report re-stating the case for change, the issues that need to be addressed and some of the options for action
  - 9.4. (July 2020) Seven principles for reform that we believe should underpin reform of care and support in light of Covid-19, signed by more than 30 prominent national organisations across the health and care sector
10. As with social care funding, the profile of social care reform has risen over the last few months as the public have seen the essential value of care and support in its own right in

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helping people to live the lives they want to lead. We have been clear that, after decades of attempts, the legacy of Covid-19 for social care must be lasting reform so that people are supported to live their best life. Throughout this work, and as with the work to date, we will seek to work with key partners at every opportunity and continue to stress the importance of working nationally on a cross-party basis.

## **Integration**

### *The NHS Long Term Plan*

11. In January 2019 NHS England published its 10-year plan to outline how it would improve the quality, safety, sustainability and outcomes of health services. Work to transform health and care systems set out in local implementation plans by the 44 Sustainability and Transformation Partnerships (STPs) was put on hold while the NHS responded to the Covid-19 crisis. However, Phase 3 of the Long Term Plan, published in September 2020, sets out ambitious targets for the NHS getting back on track with system transformation. In particular, by April 2021, all STPs will become Integrated Care Systems (ICS), with the integration of health and social care being a major objective.
12. We will work hard to ensure that local government is recognised and valued as a key planning and delivery partner for the NHS plan, both at national and local level. The LGA will:
  - 12.1. Work with NHSEI and other national partners to ensure that councils and, in particular, health and wellbeing boards, are meaningfully engaged in the development of integrated care systems and system implementation plans.
  - 12.2. Work with NHSEI to increase understanding of and commitment to planning and delivery at place level by ICS leadership and to build on existing place-based partnerships and strategies.
  - 12.3. Support councils to work effectively with their local NHS partners to ensure local delivery plans build on existing priorities to improve population health and wellbeing and are subject to democratic oversight and challenge.

### *The Future of Integration*

13. The Covid-19 pandemic has highlighted even more starkly the importance of joining up care and support to ensure that people get the right care in the right place at the right time. In many areas barriers between health and care have been broken as local health and care leaders have had the flexibility to develop their own solutions. The LGA will work with partners to ensure to build on the positive changes. We will:
  - 13.1. Identify action that needs to be taken at local, strategic and national level to address barriers to more effective joined up working;
  - 13.2. Work with the Care and Health Improvement Programme to identify and promote good practice and evidence of how joined up care and support can improve outcomes;
  - 13.3. Continue to press for greater democratic accountability of the planning and delivery of integrated services, with a stronger role of health and wellbeing boards in leading and overseeing local plans for integration;

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- 13.4. Ensure that local government concerns and priorities are reflected in all stages of the parliamentary process when the NHS Integrated Care Bill is reintroduced to Parliament; and
- 13.5. Work with partners to press for a single outcomes framework for the health and care system and a system of performance management, which is light touch and locally driven.

*The future of the Better Care Fund (BCF)*

14. The CWB has continued to support local health and care leaders to ensure that the BCF protects the NHS transfer to support adult social care funding, supports community-based preventative services to improve outcomes for people and reduce pressure on the NHS. The future of BCF, beyond the current spending round, is uncertain. The LGA will continue to press for the continuation of arrangements to incentivise joining up health and care services, but with more local control and less national direction and performance management. We will work to ensure that BCF remains true to its original objectives of local health and political leaders working together to agree shared plans for joined up community and preventative services (including adult social care) to keep people well and independent, and reduce pressure on acute services.

*Models of integrated planning and delivery*

15. We will continue to work with NHS England and other partners to ensure that integrated care systems and integrated care providers and any other models of joined up planning and provision of care and support are based on the values, principles and evidence in our refresh of the shared vision for integration that the LGA developed in partnership with NHS Confederation, NHS Clinical Commissioners, NHS Providers, ADASS and ADPH. We will provide support for effective system leadership by clinical and political leaders. We will continue to work with colleagues in the Care and Health Improvement Programme (CHIP), the NHS Confederation and other partner organisations to develop and refine our systemwide leadership support offer.

**Public Health**

*Make the case for sustainable prevention funding*

16. Councils continue to face significant spending challenges to their public health budgets despite the pandemic having shown that investing more in prevention would have led to better outcomes. We will continue to make the case for a prevention transformation fund and a reversal of the £700 million reduction in the public health grant.

*Strengthen the position of councils as public health leaders*

17. The pandemic has highlighted the value of local knowledge, supported by national coordination and resources, when responding to a health crisis of this size and scale. This local-first approach should be at the forefront of how we confront the public health challenges ahead. Councils remain best placed to deliver value for money and strong outcomes and this is backed up by [The Kings Fund independent assessment](#) in January 2020 which found responsibility for public health within local councils to be the right one.

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We will also lobby for increased powers and oversight for councils in the future arrangements for PHE's health improvement functions.

18. We will work with Government and partners to ensure that future arrangements for the Health Improvement functions of Public Health England (PHE), work to support and enhance local systems. PHE have provided vital expertise, guidance and other support to councils. It is essential that there is a seamless transition to the new system, which builds on existing expertise and partnerships with councils, alongside extra investment to help improve services and keep people healthy. It is essential that this relationship is built upon and strengthened further when the new National Institute for Health Protection comes into force

*Reduce health inequalities*

19. There is clear evidence that some groups have been disproportionately affected by the virus, with obesity, poor mental health, socio-economic status and ethnicity and disability all increasing the likelihood of COVID-19 being fatal. This is extremely worrying and underlines the need for a strong commitment to tackling health inequalities. We will continue to develop tools which help councils to address health inequalities directly, especially tools to mitigate the ongoing impact of Covid-19 and lockdown on Black, Asian and Minority Ethnic Groups. We will also continue to make the case that local government is best placed to lead on the 'levelling up' and health inequalities agenda if given the right resources. We will continue to make to highlight the impact social and economic factors have on the long-term ill health and premature death rates for the most deprived.

*Support councils to evaluate the public health impact of Covid-19 on their communities and respond effectively*

20. Emerging data will show the impact of lockdown on everything from rates of problem drinking, exercise, mental health, smoking cessation to breastfeeding. We will work with national partners and councils to support place-based strategies to mitigate the negative public health impacts of Covid-19 as well as capitalising on any positive trends – such as the reduction in smoking levels.

*Respond to Covid-19*

21. With increasing infection rates it is clear that for the first part of the Board's 2020/21 cycle supporting local authorities in their response to Covid-19 will be a significant strand of work for the Board and the LGA. We will:
  - 21.1. Highlight the constraints in the testing system have on councils' ability to successfully manage local outbreaks, and continue to make the case for a local by default approach to test, trace and outbreak management.
  - 21.2. Lobby government to ensure that councils have the resources and information they need to trace those who might have been exposed to Covid-19 at a local level.
  - 21.3. Assist councils in supporting the clinically extremely vulnerable who need to be shielded from Covid-19.
  - 21.4. Lobby for councils to be given the powers and tools they need to ensure business and communities adhere to social distancing requirements.

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- 21.5. Work with government and councils to implement the system to financially support those on benefits and low incomes who need to self-isolate.
- 21.6. Press for greater engagement of local authorities in the planning, development and then delivery of the Covid-19 vaccination campaign.
- 21.7. Develop and deliver a sector-led improvement support offer to councils to share good practice and help councils respond to local outbreaks.
- 21.8. Make the case for councils to receive the funding and other resources they need to manage local outbreaks, and to work with Whitehall departments to address the winter capacity issues councils and the social care system face.

#### *Ongoing Priorities*

- 22. Alongside Covid-19 related priorities we will continue our commitment to improve national and local level policy across all public health services, specifically: substance misuse services, sexual and reproductive health services and smoking cessation services. We will also continue to support measures to increase immunisation rates, reduce childhood tooth decay and improve air quality measures.

#### **Child Health Priorities**

##### *Develop an integrated early years and child health policy position*

- 23. Develop good practice guidance on integrating educational, social and health services to improve outcomes in 0-5s. This will include commissioning work to evaluate joint commissioning practices and build the evidence-base for effective joint commissioning.

##### *Support Councils to improve outcomes in the Healthy Child Programme*

- 24. Make the case for reform and investment in the Healthy Child Programme to continue whilst the future of Public Health England and oversight for the programme is decided. This will include supporting councils to move towards an integrated 0-19/25 service, improving capability and skill-mix in delivery team and improving outcomes in the high impact areas i.e. breastfeeding and school readiness.

##### *Healthy Child Programme workforce*

- 25. Work with the Government, NHS and partners to rebuild the Healthy Child Programme workforce to ensure children and families are supported, unmet need is identified and work begins to address the adverse impact COVID-19 is predicted to have had on children and health inequalities. Undertake media work to highlight the role of public health nurses during Covid-19, to ensure equal reward and investment in public health nurses working outside of the NHS.

##### *Reduce childhood obesity*

- 26. Ensure learning is shared from the Childhood Obesity Trailblazer Programme and continue to lobby for increased powers for local authorities to tackle issues such as junk-food advertising around schools and nurseries.

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**People in vulnerable circumstances**

*Mental Health, mental capacity, wellbeing and suicide prevention*

27. Argue for recurrent local funding for children and adult services to invest in mental health services that meet existing, new and unmet demand that has built up during the pandemic; for councils' public health grant to increase so that councils can provide tailored support that promotes wellbeing and prevents the escalation of need; and for the voluntary and community sector to be sustainably funded as an important provider of preventative, advocacy and crisis mental health support.
28. Support councils' mental health and wellbeing response to COVID-19, providing practical support to local leaders and shaping Government advice and resources. Further targeted mental health and wellbeing support will likely be needed as a result of local and/or national restrictions. This will be especially important for people most likely to experience the adverse mental health impacts from COVID-19, including unpaid carers, young people and people with existing mental health challenges.
29. Influence Government's cross-departmental mental health COVID-19 recovery work so that Ministers recognise that the mental health recovery is best led locally by councils with their partners and for government departments to adopt a coordinated approach that complements locally led action.
30. Develop practical support for councillors in their leadership roles that will help to strengthen how the whole council supports the mental wellbeing of young people aged 14 to 25 as part of an all ages / whole household approach to residents' mental health.
31. With the Care and Health Improvement Programme and ADASS, raise the profile of social care mental health with portfolio holders and provide practical support on transforming community mental health services through a webinar with NHSE/I portfolio holders, champions, Directors of Adult of Social Care. Linked to this, continue to strengthen NHSE/I's understanding of local government's roles in relation to mental health and wellbeing.
32. Work with ADASS and DHSC to continue to prepare Mental Health Act reform and implementation of Professor Sir Simon Wessely's independent review, including securing New Burdens funding for councils. We strongly support the reforms, but they will impact upon already stretched Approved Mental Health Professionals and local advocacy services.
33. Work with government and national partners to support transition to, implementation and funding of the Liberty Protection Safeguards to replace the Deprivation of Liberty Safeguards, including working with national partners on proposals for a cross system programme of sector led support.
34. With ADPH deliver year 2 of the suicide prevention sector led improvement programme which will provide further practical support to strengthen local approaches to suicide prevention and share good practice. Seek agreement from DHSC that year 3 (2021/22) covers public mental health rather than to solely focus on suicide prevention. This would bring our national approach to supporting councils on suicide prevention in line with local



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approaches that seek to prevent suicide through addressing the wider social, economic and environmental factors that affect people's mental wellbeing and can increase the risk of severe mental illness and suicide.

35. The Community Wellbeing Board actions will be taken forward in partnership with the Children and Young People's Board who leads on children and young people's mental health, the Resources Board who leads on workforce mental health, and the cross-LGA Emotional Wellbeing Steering Group.

#### *Dementia*

36. With ADASS, help councils to protect and support people with dementia and their carers during the COVID-19 pandemic. Promote the benefits to councils of dementia friendly communities. Highlight to central government and others how councils support people with dementia and their carers in the community - both at home and in care homes and continue to work as a partner on the Prime Ministers Dementia Challenge 2020 programme. Support councils to promote prevention and risk reduction of dementia, especially vascular dementia, through public health and social care policy.

#### *Carers*

37. With ADASS, provide practical advice and examples to councils about supporting carers during the COVID-19 pandemic, for example, access to respite care and day services, employer support and mental health support. Support councils to respond to carers' additional needs, for example carers who are asked to shield or self-isolate. Represent local government's interests on the Ministerial Unpaid Carers' Taskforce that is overseeing the implementation of the Government's Carers' Action Plan. Continue to work with the CYP Board to ensure that the pressures facing young carers, such as mental health stress and boundaries to education, are addressed in our policy and improvement work.

#### *Learning Disability and Autism*

38. Together with the CYP Board, feed into the new all ages DHSC national autism strategy and the related action plan that will be launched later this year. Ensure that any new burdens are identified and fully funded. Publicise the plan to councils and identify any support needs arising. 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. Continue to reflect the needs of working age adults with a learning disability and/or autism in our social care reform work.

#### *Loneliness and social isolation*

39. With ADPH, support a strong locally led response to loneliness and social isolation, including impacts arising during the pandemic, sharing good practice and positive public health local approaches and messages. Represent local government's interests on the national Let's Talk About Loneliness Coalition, and the Government's National Loneliness Strategy and associated action plan. Promote councils' leadership role in addressing and preventing loneliness and social isolation and the role of public health, social care and

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wider council services such as libraries and open spaces. Highlight the importance of tackling loneliness and social isolation as part of a whole-place approach to preventing ill health and inequalities.

#### *End of life Care*

40. Continue to promote councils' role and responsibilities in end of life care through the national Ambitions End of Life Partnership and membership of the new NHS Palliative and End of Life Care Programme Board. Share good practice in end of life care and support, including during the pandemic, building upon our forthcoming practical guide joint with ADASS.

#### *Personalisation*

41. Personalisation is a theme running throughout the LGA's work. Specifically, we will continue to promote personalised care, coproduction and user/carer engagement to councils. We will continue to be an active member of the Think Local Act Personal Partnership in order to shape policy and practice in self-directed support.

#### *Housing and social care*

42. We will work with the Environment, Economy, Housing and Transport Board to:
- 41.1 Make the case for capital funding to boost supply of supported housing for people in vulnerable circumstances, including older people (extra care housing) and working age adults (specialised supported housing).
  - 41.2 Continue to make the case for the housing and support revenue costs of supported housing to be fully and sustainably funded.
  - 41.3 Argue for a locally led and fully funded approach to improving oversight of support housing as the best way to improve quality and value for money.
  - 41.4 Press for a further increase of the Disabled Facilities Grant to adapt existing housing stock to help older and disabled people live independently in their own homes for longer and prevent escalation of need and hospital admissions.
  - 41.5 Respond to the Government's current consultation on raising the accessibility standards of new homes.

#### *Armed Forces Covenant*

43. We will continue to support councils to meet their obligations under the Armed Forces Covenant, which every council has signed, so that serving personnel, veterans and their families receive good quality, co-ordinated and person centred support and advice. Through the LGA's national network of Armed Forces Covenant officers, we will continue to influence the development of the Ministry of Defence's new statutory duty on public authorities to have 'due regard' to the Armed Forces Covenant, and press Government to fully fund the New Burdens on councils.

#### *Sleep-ins in social care*

44. At the time of writing, we are still 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. Our

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long-standing position is that we support fair pay for care workers, and whatever the outcome of the Unison Appeal, there is a need to ensure that social care staff are paid fairly for their valuable work. We will continue to work with the Children and Young People's Board, the Resources Board, ADASS and ADCS to prepare for the judgment and support councils to understand and respond to the implications.

### **Asylum, Refugee and Migration**

45. The LGA Asylum, Refugee and Migration Task Group also reports to both the Community Wellbeing Board and the Children and Young People's Board. The Task Group will continue to push for clearer alignment between and sustainable funding for all the programmes that resettle asylum seekers and refugee, with regular updates to be provided to the Board.

### **Financial implications**

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

### **Next steps**

47. Following the Board's discussion, officers will prepare a detailed work programme to manage the day to day work. The priorities agreed by the Board will also be reported back to the LGA Executive, which oversees the work of the policy Boards and includes the Community Wellbeing Board Chairman as part of its membership.