

Update on other board business

Purpose of report

For information.

Summary

This report sets out other updates relevant to the Board, and not included elsewhere.

Recommendations

Members of the Community Wellbeing Board are asked to:

1. **Provide oral updates** on any other outside bodies / external meetings they may have attended on behalf of the Community Wellbeing Board since the last meeting; and
2. **Note** the updates contained in the report.

Action

As directed by members.

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Update on other board business

DHSC Autism Strategy and Implementation Plan

1. The publication of DHSC's new all ages autism strategy and implementation plan has been delayed until February 2021, because of COVID-19 capacity pressures for government and other partners. This also means it can take into account the Spending Review. LGA and ADASS officers are meeting DHSC officials on 26 November to discuss local government engagement and will report back to Lead Members. LGA and ADASS are represented on the Autism Executive Group, which is advising DHSC on the strategy and implementation plan.

Dementia

2. LGA officers continue to attend the national dementia programme board check in meetings. These were established when the Prime Minister's Dementia Challenge work was put on hold because of COVID-19. They are focussed on information sharing and in particular updating members about ongoing research. A update on the national dementia action plan and Prime Minister's Challenge will be presented at the next check in meeting in December. We will inform CWB members of the outcome/next steps.

Mental Health

3. Since the last Board, we have:
 - 3.1 Commissioned Centre for Mental Health to develop practical tools for councillors to support them lead whole family/household approaches to good mental health, through the lens of 14 to 25 year olds.
 - 3.2 Updated the LGA / ADPH COVID-19 public mental health and loneliness practical advice notes for councils.
 - 3.3 Held a successful mental health plenary at NCASC with contributions from Centre for Mental Health and the Association of Mental Health Providers.
 - 3.4 Supported a PHE prevention and promotion webinar as part of a wider collaborative approach to public mental health.
 - 3.5 Continue to support PHE to refresh the Prevention Concordat for public mental health.
 - 3.6 Supported improved partnership working between councils and health partners as part of the Care and Health Improvement Programme's focus on statutory mental health services. Including securing better council engagement in STP/ICS community mental health transformation plans.

Learning Disabilities

4. PHE has published a [report](#) setting out that that people with learning disabilities had a death up to 6 times higher from COVID-19 during the first wave of the pandemic than the general population. People with learning disabilities were more likely than the general population to experience health inequalities before the pandemic. The LGA's Transforming Care team works closely with ADSSS and Learning Disability England to support councils' role with health partners tackling the health inequalities faced by people with learning disabilities and their families and carers.

Loneliness

5. We continue to influence Government's plans to drive forward its National Loneliness Strategy, including through our membership of the Local Place Task and Finish Group. As part of this, we shared the Community Wellbeing Board's policy lines and asks on loneliness:
 - 5.1 Government should recognise through core funding to local government, the cost-effective contribution of council provided, and commissioned services and interventions towards tackling loneliness and social isolation
 - 5.2 Government should invest in a Prevention Transformation Fund. Investment in locally-led and funded prevention, including initiatives that address loneliness and social isolation, leads to good outcomes for people and places.
 - 5.3 Approaches to tackling loneliness should be locally led and any further government funding should be devolved to local partnerships that bring together councils, the voluntary and community sector and other relevant partners.
 - 5.4 In order to deliver a robust recovery from COVID-19 that reaches everyone, we need to acknowledge and respond to health and social inequalities.
 - 5.5 We need recurrent local funding for children and adult services to invest in effective mental health services to meet existing, new and unmet demand that has built up during the pandemic.
 - 5.6 Government should provide councils with additional funding of £500 million to invest in supporting social prescribing facilities, including leisure centres and libraries which support community activities that help to connect communities and address loneliness.
 - 5.7 Government should introduce a local, flexible £500 million Green Parks Fund to help councils deliver small scale initiatives, such as Playbuilder Plus and quality parks, with a £450 million capital element and an ongoing revenue commitment of around £50 million.
 - 5.8 Tackling loneliness via arts and culture can have a significant cost-saving in the public sector.
 - 5.9 Councils must be further supported with promoting digital connectivity.

Health reform

6. After Covid-19 led to a pause in the implementation of the NHS Long Term Plan, in the past six weeks, there has been significant activity on health and care system reform. In particular, progress towards all Sustainability and Transformation

Partnership becoming Integrated Care Systems by April 2021 has been restarted. We are also anticipating that the NHS Reform Bill, which fell when Parliament paused before the General Election in December, will be reintroduced in 2021. These developments required the LGA to agree clear policy messages, which were agreed by the CWB Chairman and the Lead Members. The LGA's policy messages on various aspect of health reform are summarised below for your information.

LGA proposals on system reform

7. **Build on and strengthen existing assets**, for example introducing a new reciprocal “**duty of collaboration to improve population health and address health inequalities**” on all NHS organisations and local authorities.
8. **Strengthen the role of HWBs as leaders of place** – and for the Government to support this by formally recognising them as the forum where political, clinical, managerial and community leaders drive forward a shared vision and strategy for improving health and wellbeing outcomes.
9. **HWBs to have a statutory duty of ‘sign off’ and veto on all ICS plans**. The Government and NHS will need to work closely with local government to ensure that this statutory duty is meaningful and that HWBs are properly supported to carry out this new duty. This goes further than sign off of final plans and involves early and ongoing engagement in the development of plans. Furthermore, ICS plans to devolve the development of place or locality plans to HWBs, based on JSNAs and joint health and wellbeing strategies.
10. **Require ICSs to ensure meaningful involvement and an equal partnership** with local government, with a ‘place by default’ approach.
11. **CCGs to continue to have a strong place-based focus**. In larger CCGs, for the CCG to ensure that they play a strong and proactive role in HWBs.
12. **ICSs must be accountable to their local communities**. This accountability should operate through existing democratic processes – the council, the HWB and health overview and scrutiny committees.

On the forthcoming NHS bill

13. We support the broad objectives of the NHS Reform Bill to remove barriers to collaborative working between NHS institutions and across the NHS and the wider system, including adult social care, public health and the voluntary and community sector.
14. However, the reforms need to strengthen and build on the components of the NHS Act that have been successful. They need to strengthen and embed a place-based approach, led by HWBs. There is a danger that putting ICSs on a statutory footing will bypass and undermine place-based integration, led by HWBs.
15. ICSs need to be accountable and inclusive of local place-based leaders. Having a solitary local authority representative on an ICS board is not sufficient to ensure full local authority involvement, especially in areas where the ICS footprint spans several councils.

16. The approach of 'system by default' with ICSs being responsible for the performance and transformation of health and care systems, needs to be balanced by an equal focus on place. We propose a 'place by default approach' with systems only responsible for what cannot be planned or delivered at place level.

On all STPs becoming ICSs by April 2021

17. We support a joined-up approach to improving population health, health and care services and use of resources. Many ICS leaders strongly underline our message that local government leaders need to be at the forefront of ICS leadership, in order to achieve their objectives of improving health outcomes, improving services, and addressing inequalities.
18. Many also support our message that most action and planning needs to be taken by place and led by HWBs as the place-based forum where political, clinical, professional and community leaders come together to drive local priorities for health improvement and addressing health inequalities.
19. There is a risk that national priorities of NHSE (eg getting on track with elective care, bringing health institutions to financial balance etc) will dominate the resources and focus of ICSs. Also, some ICSs are still strongly focused on the NHS, rather than improving population health. They will struggle to make an impact on population health improvement and health inequalities unless they have a wider and more inclusive approach.

On merger of CCGs to ICS footprints

20. Phase 3 of the NHS LTP restates the expectation that CCGs will merge onto the ICS footprint. In some areas, the merger of CCGs provides a more strategic and coherent approach to commissioning. But in other areas the ICS footprint is simply too large to reflect the needs of specific places within a system, and will create a barrier to joining up adult social care, public health and health commissioning within place.
21. This one-size-fits all approach is not appropriate. All decisions about the merger of CCGs should be taken in partnership with councils and in particular HWBs.
22. CCGs that do merge onto a larger footprint need to ensure that they are able to maintain the good relationships and partnership working they have developed with councils in place.

General LGA policy lines on local decision-making and integration

23. We support joining up care and support to improve health outcomes. In June 2019, and in collaboration with NHS Confed, NHS Providers, NHS Clinical commissioners, ADASS and ADPH, we developed joint principles for effective integrated working. These still hold true and are consistent with our principles for adult social care reform. It is important to recognise that integration is not an end in itself but a means to deliver better health and wellbeing outcomes through effective, streamlined and coordinated care and support. Whether working at national, regional, system, place or neighbourhood level, effective partnership working on health, care and wellbeing should have the following elements:

- 23.1 collaborative leadership
- 23.2 subsidiarity - decision-making as close to communities as possible
- 23.3 building on existing, successful local arrangements
- 23.4 a person-centred and co-productive approach
- 23.5 a preventative, assets-based and population-health management approach
- 23.6 achieving best value.

Test, Trace and Outbreak Management

- 24. Cllr Ian Hudspeth attended the Local Outbreak Plan Advisory Board on 20 November and will be joining all future meetings to better link the Community Wellbeing Board to these discussions. At the meeting a presentation was received from Jeanelle de Gruchy, President of the Association of Directors of Public Health, outlining proposals for a public health sector-led improvement offer developed and delivered jointly between LGA, ADPH and SOLACE. Members were broadly supportive, with some feedback given as to how best to pitch the programme as a supportive and development approach.
- 25. Dr Carolyn Wilkins OBE, Contain SRO of NHS Test & Trace, gave an update on recent progress. Most of which has since been in the Prime Ministers announcement on 23 November. She did confirm that the Joint Biosecurity Centre were working on what the criteria for each tier should be and that consideration about what support would be needed was ongoing, particularly looking into the contain management fund and those authorities that went into a very high local alert level ahead of national lockdown.
- 26. We were also joined by Cllr Abi Brown, Leader of Stoke-on-Trent Council, who gave a presentation on the Lateral Flow Testing trial they have been undertaking and Anne-Marie Pickup, Head of Local Testing at NHS Test and Trace, joined the discussion on how this was progressing.

ADASS, LGA and Skills for Care joint national workforce strategy

- 27. COVID 19 has greatly amplified the view that the health and care system is reliant on a skilled and sustainable social care workforce and that partner organisations need to work together to support recovery and reform.
- 28. In June this year, at a joint ADASS, LGA, Skills for Care workforce event, the three organisations put forward a proposal to work collaboratively on five priority areas to better support the social care workforce in these unprecedented times. It was acknowledged that each organisation would continue to progress other areas of

support outside of these five priorities and commensurate with their individual roles, however they would work jointly to help councils to support the workforce in relation to:

- 28.1 Strategic workforce planning
 - 28.2 Growing and developing the workforce to meet future demand
 - 28.3 Enhancing the use of technology
 - 28.4 Supporting wellbeing and positive mental health
 - 28.5 Building and enhancing social justice, equality, diversity and inclusion in the workforce.
29. The priorities were shared with councils, DHSC workforce leads and provider representatives before being signed off by each partner organisation. Feedback has been positive with regions welcoming the framework and support that the national strategy brings.
30. A joint implementation group was set up comprising representatives from the LGA, ADASS Workforce Network and Skills for Care regional leads. The group have developed a narrative to set the priorities in context, a communication strategy and a draft implementation plan, which is being used to facilitate further engagement with councils, nation and local partners.
31. Implementation work has progressed in several of the priority areas over the past six months. For example the Care and Health Improvement Programme (CHIP) and LGA Workforce team are supporting the NE region to develop a strategic workforce plan, building on learning from plans developed in the NW and SW regions; a workforce modelling and capacity planning project is underway in the SW and NW regions; and CHIP sit with Skills for Care on a national steering group to bring together organisations working to support the wellbeing and positive mental health of the social care workforce.
32. A series of regional events is being planned for the end of the year / early 2021 to give councils and partners an opportunity to input to the implementation plan and to ensure that it properly reflects regional strategies, to identify good practice and also any gaps in terms of the collective support on offer.