

## Note of last Community Wellbeing Board meeting

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**Title:** Community Wellbeing Board  
**Date:** Wednesday 2 December 2020  
**Venue:** Virtual meeting

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### Attendance

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

Item	Decisions and actions	Action
1	<p><b>Welcome, apologies and declarations of interest</b></p> <p>Apologies were received from Cllr Scott MacDonald and there were no declarations of interest.</p>	
2	<p><b>Covid-19 Update</b></p> <p>Mark Norris, Principal Policy Adviser, introduced the lengthy paper attached to the item which outlined the activity of Board's work associated with the pandemic, covering the board's priorities as agreed at the away day. This included assisting councils preparing to come out of lock down into a tier system, test and trace responsibilities, the community contain strategy, as well as the fast-moving announcements and decisions concerning the imminent vaccination rollout.</p> <p>Mark asked for a steer on how vocal the LGA should be regarding increased pressures on care homes following the requirement from government to carry out lateral flow tests, and highlighted the cross cutting issues with other LGA policy board including councils' work on shielding and enforcement (Safer and Stronger Communities Board) and payments for isolation – (Resources Board). Mark asked whether these were the right priorities and if there was anything additional that members would like officers to focus on.</p> <p>Cllr Hudspeth introduced Susan Hopkins (Interim Chief Medical Advisor) who gave an update on the state of the nation and what the Board could expect to happen in the months that followed. Following the announcement that a vaccine had been approved and would soon be rolled out, Susan explained that:</p> <ul style="list-style-type: none"><li>the 'R rate' had, since the previous week, been below 'one' for the first time in three months, which meant that the pandemic in the UK was overall in decline.</li></ul> <p><b>Number of recorded covid cases</b></p> <ul style="list-style-type: none"><li>In the previous 7 days there had been 105,000 confirmed covid cases, following a peak in November of 200,000.</li><li>Over a 7-day period there had been 13,430 cases a day and that this was down from 30,000 in a day previously.</li></ul>	

### **Number of recorded deaths related to covid**

- Deaths, however, were still rising because of the lag between hospital admission and death.
- There had been 603 deaths recorded on the previous day, which was much lower than the daily peak seen in April.

### **Number of covid related hospital admissions**

- In the previous 7-day period, 10,000 patients had been admitted to hospital, the figure had been 1400 the previous day. This was a decline of about 10% over the previous 7 days.
- There were currently 14,000 patients in hospital at that time with an average hospital stay lasting two weeks.

### **Testing capability**

- 250,000 PCR tests per day and capacity to do 600,000 tests, this was considered to be a good state of affairs and she expected the UK to have the ability to conduct 800,000 by the end of December and over 1 million tests in January.
- New technologies called lateral flow devices, which are rapid antigen tests, less sensitive than PCR tests but detect people with high levels of infectious virus which offers an additional advantage.

Susan went on to look at what could happen next and explained that despite the vaccines, a long and difficult winter lay ahead. It had been announced that the UK would exit lockdown measures and move into a tier system. The firebreak in Wales in October had worked initially but then cases had risen, meaning further measures and restrictions needed to be taken. Susan expressed worry that celebrations over the Christmas period would put even more pressure than usual on the NHS in January which is always a very difficult month due to winter pressures.

Susan said the good news was that the Pfizer vaccine had been approved, however storage and handling presented significant challenges. The Pfizer vaccine had to be stored in 'pizza' packs/boxes at a temperature of -70 degrees. Each pack would vaccinate 1000 people but once defrosted could not be moved and would eventually expire meaning people would have to travel to where the vaccine would be. The more standardised AstraZeneca vaccine was a few weeks behind Pfizer but approval was imminent. The JCVI was due to announce their recommendations on who would be prioritised for vaccination; this was likely to determine that care home staff and residents be vaccinated first, then over 80s and down in 5-year age groups to the over 50s and clinically vulnerable. It was likely that health care workers would be vaccinated early.

The newly available lateral flow devices were described as a game changer – this would not eliminate the risk of covid but was expected to reduce transmissions in hospitals by about 60%. This was also to be piloted for care home visiting. Susan emphasised the need to keep a distance, minimize contact, wash face and hands, wear a mask, take up the vaccine and take up testing.

In the discussion that followed the following points were raised:

- The JCVI – an independent committee would make the decision on which groups would receive the vaccine in order.
- Populations and communities live hand in glove, this is why we had lockdown measures to protect the most vulnerable. Universities would be well placed to help mitigate the spread of the virus when students returned in January.

Students who got had covid in the first wave would be protected.

- Many care home residents were in the last years of their lives. A balance needed to be made weighing up the risks and benefits of care home visiting.
- Domiciliary care workers and unpaid workers should get access to lateral flow devices and local authorities have supplied PPE.
- Vaccine roll out and track and trace would be equally important in fighting the virus going forward. The following four months would not be any easier the beginning of the year had been, but it was hoped there would be some relief by Easter 2021.

### **Decision**

Members of the Community Wellbeing Board noted the verbal update and written report.

## **3 Update from the Chairman**

The Chairman welcomed Cllr James Jamieson, Chairman of the LGA to the meeting and invited him to address the Board.

Cllr Jamieson gave a brief update on his activities as chairman during the pandemic, the work he had been doing on behalf of the board and promoting local government which included numerous meetings with government ministers.

James highlighted his work as a member of the Local Outbreak Plan Advisory Board, which had previously been meeting weekly and was then meeting every few weeks as necessary. The Advisory Board was updated on the current situation and made recommendations to government on what should be done on issues such as the exit from lockdown into the tier system. James was pleased that of the six requests made by the Advisory Board, four or so had been achieved – this included additional funding for local government, clarity of the tier rules and enforcement powers.

James also outlined his discussion with the Secretary of State on issues which included the future of public health, NHS reform, national health protection and health and care integration.

He also mentioned the need to reform social care both in terms of funding and outcomes for patients.

In the discussion that followed James was thanked for his leadership and work as chairman. It was suggested that the workstreams that cross the different LGA policy boards should be discussed at a future Councillors' Forum meeting with a co-ordinated report. A view was expressed that health care must move away from institutions towards community care and prevention, and there was disappointment that no move towards this had been outlined in the recent Spending Review. It was acknowledged that track and trace would be extremely important for the foreseeable, but it had been a failure at a national level and a success locally and more must be done to share. An improved data sharing system was expected in the new year.

The Chairman thanked Cllr Jamieson and the board noted the work undertaken by Chairman of the LGA.

## 4 Health Devolution

Alyson Morley, Senior Adviser, gave a verbal update following the Joint Health Devolution meeting held for lead members of the Community Wellbeing Board, City Regions Board and People and Places Board which took place on Thursday 26 November 2020.

Alyson advised that the meeting had been set up as the City Regions and People and Places Boards were responsible for LGA policy on Devolution and the Community Wellbeing Board had responsibility for policy on Health and Care, therefore a discussion on the Health Devolution required a meeting of the lead members of all three boards.

During the meeting members reviewed the previously agreed key messages on health and devolution and agreed that this was still broadly correct. A commitment was given to provide examples of good practice on localised decision making.

In the discussion that followed the following points were raised;

- Would this be 'real' health devolution or more reform of the NHS?
- That supposed 'health devolution' in Greater Manchester was not meaningful devolution, merely delegation.
- Work carried out should be for the benefit of the resident not the organisation. Outcomes should be for residents first, who should not be thought of as patients - aims would be met by residents not becoming patients.
- There was a variation of opinion within the NHS on the intention of ICSs - some 'cutting-edge' ICS leaders such as Rob Webster from West Yorkshire and Harrogate were focused on population health and the social determinants of health – there, everything was done on a locality level unless it made strategic commissioning sense to do it at a higher level. However some ICSs were led by traditional, acute chief execs who preferred a national top down, command and control approach and were concerned with making sure that the health service runs better – believing that although adult social care and public health had a contribution to make, these were not the main concern or solution.
- An enormous cultural and behavioural change would need to take place for ICSs to be successful, alongside a commitment to the population rather than an organisational interest.

### **Decision**

Members of the Community Wellbeing Board noted the update.

### **Action**

The draft response to the consultation will be circulated to all board members for an opportunity for comments in the formal response to the proposals.

## **5 Joining up Care – our work with NHSX**

The Chairman introduced Jamie Cross, Adviser in the CHIP team and Ian James, CHIP Digital Lead, who updated the board on the new joint programme between NHSX, the LGA and ADASS called Joining Up Care.

Jamie explained that Joining up care is a partnership initiative designed to break down the barriers between health and care through the improved use of technology and data and gave an update of the work that had been undertaken since the first report to the Board in October.

Full details can be found in Annex A of the agenda report, but the key updates were given as follows;

- Roll out of iPads to care homes was due to begin with 1,100 iPads to be sent to over 9,000 care homes within three weeks, with the aim to allow care providers to access remote health assessments and for residents to keep in touch with friends and relatives.
- A simplified data security and protection tool kit for social care had been published with a support offer for care providers available through the new 'better security, better care' programme.
- The regional scale plans for remote monitoring tools for Covid-19 were progressing well and an innovation collaborate learning hub had been launched with the aim of increased use of monitoring covid symptoms at home.
- The shared care record programme had been set up with local government colleagues inputting through a steering group.
- A joint letter summarising the range of the winter offers, explaining the partnership in more detail and encouraging take up was due to be sent to local government colleagues.

Members were very encouraged by the report and verbal update. In the discussion that followed, members of the Community Wellbeing Board expressed the view that micro-providers should to be accommodated through this work and officers were challenged to investigate how informal carers and voluntary community sector partners could be better supported. It was also noted that 'digital' is not a panacea – with some people unable to access the offer. A 'digital first' approach could also exacerbate loneliness.

### **Decision**

Members of the Community Wellbeing Board agreed to the updates contained in the report and endorsed annexes B and C of the report.

### **Action**

Officers will brief Cllr Louise Gittins, Community Wellbeing Board Digital Champion, on this work in greater detail as soon as possible.

**6 Outside Bodies, Equalities and Diversity champion appointment**

**Decision**

Members of the Community Wellbeing Board noted appointments made in the accompanying report.

**Actions**

Appointees to Outside Bodies and champion roles will feed back to members of the Community Wellbeing Board throughout the 2020/21 meeting cycle.

**7 Other Board Update Paper**

**Decision**

Members of the Community Wellbeing Board noted the updates contained in the report.

**Action**

Relevant sections from the LGA's 'Spending Review: on the day briefing' relating to the work of the board will be circulated to members for comment.

Officers will share work on 0-5 years health with members for information.

**8 LGA Business Plan**

Mark Norris, Principal Policy Adviser, explained that the LGA's Business Plan had been updated and approved by the Executive Advisory Board and had therefore been circulated to all LGA policy boards for noting.

**Decision**

Members of the Community Wellbeing Board noted the 2020/21 update of the 3-year business plan as the basis for work programmes over the coming months.

**Actions**

The updated plan is to be published on the LGA website.

**9 Any other business**

No other business was raised.

**Appendix A -Attendance**

Position/Role	Councillor	Authority
Chairman	Cllr Ian Hudspeth	Oxfordshire County Council
Vice-Chair	Cllr Paulette Hamilton	Birmingham City Council
Deputy-chair	Cllr Richard Kemp CBE	Liverpool City Council
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
Committee Member	Cllr Natasa Pantelic	Slough Borough Council
Committee Member	Cllr Amy Cross	Blackpool Council
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
LGA Officers	Mark Norris Alyson Morley Paul Ogden Laura Caton Matthew Hibberd Naomi Cooke Amy Haldane	