

Community Wellbeing Board – End of Year Report

Background

1. At its meeting in September 2020 the Board considered its priorities for 2020/21 and agreed a substantive programme covering the following areas of work:
 - 1.1. Adult social care – funding and reform;
 - 1.2. Integration – the NHS Long Term Plan, the future of integration, the BCF and models of integrated planning and delivery;
 - 1.3. Public Health – funding, the role of councils as public health leaders, reducing health inequalities, evaluating the health impact of Covid-19, responding to Covid-19;
 - 1.4. Child Health Priorities – developing a child health policy position, support councils with the Healthy Child programme, reduce childhood obesity;
 - 1.5. People in vulnerable circumstances – mental health and suicide prevention, dementia, carers, learning disability and autism; loneliness and social isolation, end of life care, personalisation, housing and social care, the armed forces, and sleep-ins.

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 seeks an initial steer from the Board on its priorities for 2021/22. Members' comments will be used to inform the development of a full paper for consideration at the first meeting of the 2021/22 Board cycle.

Achievements and activity during 2020/21

Adult Social Care

3. The following are some of the key highlights of our lobbying and influencing work over the last year:
 - 3.1. In July 2020 we held a successful and very well attended one day virtual event on the future of adult social care. Speakers included the Minister of State for Care, Helen Whately MP, (then) ADASS President, James Bullion, and Deputy Chief Inspector of Adult Social Care at CQC, Debbie Ivanova.
 - 3.2. At this conference, we published a set of 'seven principles for social care reform' covering people who draw on care and support, the importance of social care's local dimension, funding, workforce, providers and commissioning, health and integration, and the scope of reform. More than thirty prominent national organisations acted as signatories to these principles.
 - 3.3. In August 2020 we held five roundtables on the future of social care involving five key constituents of the social care sector: councils, health, the voluntary and charity sector, care providers, and people who draw on social care.

- 3.4. In September 2020, LGA deputy chief executive, Sarah Pickup, gave oral evidence to the Health and Social Care Select Committee as part of their inquiry on social care funding and workforce.
- 3.5. In November 2020 we worked with a number of national partners to set out shared priorities ahead of the Spending Review. These included: Government investment and reform proposals to ensure a long-term, sustainable future for social care; funding for short-term stabilisation; and investment to bolster preventative activity, secure a new deal for the care workforce, tackle inequalities, and fund innovation, particularly the use of technology.
- 3.6. In March 2021 we published a short pamphlet on the future of social care, which restated our seven principles for reform and called for a '1948 moment' for social care equivalent to that for the NHS. We also supported calls from elsewhere in the sector for a long-term plan for social care and set out our views on the immediate priorities for care and support as well as the kind of system we want to work towards for the future. Alongside this pamphlet, we published a report writing up, and reflecting on, the aforementioned 'future of social care' roundtables.
- 3.7. Ahead of this year's Queen's Speech, the LGA Chairman and Group Leaders wrote publicly to the Chancellor urging Government to put social care funding and reform at the centre of thinking on how best to emerge from the shadow of the pandemic.
- 3.8. In addition to the LGA's own 'on the day briefing' on the Queen's Speech, we also coordinated a sector response among a number of national partners, calling on the Government to bring forward its reform proposals and a clear timeline for action as a matter of urgency.
- 3.9. LGA officers remain involved in ongoing discussions with the Department of Health and Social Care, the Care Quality Commission, ADASS and others on the Government's plans to introduce a system of adult social care assurance. Government proposals on this featured in the Health and Social Care White Paper and there are provisions in the subsequent Health and Social Care Bill.
- 3.10. In addition to the above work, we have been extremely busy with proactive and reactive media work, social media content, and briefings on numerous parliamentary debates on adult social care funding and reform. The Community Wellbeing policy team has also inputted into a range of work relating to adult social care and the Covid-19 pandemic.
- 3.11. As part of our ongoing development offer for local leaders of care and health, over 30 councillors attended an induction event for members in June 2021 with over 20 attending a two-day leadership essentials event in the Autumn. This year's virtual National Children and Adult's Services conference was well attended, with Board members led or contributed to sessions, including a closed meeting with the Minister for Care.

Integration

4. A wide range of work has been undertaken over the last year in relation to the NHS Long Term Plan, the development of integrated care systems and the development of the Health and Care Bill. Much of this was initially focused on shaping proposals for transforming Sustainability and Transformation Partnerships into Integrated Care Systems. This work then transitioned into influencing the content of the Health and Care Bill proposals including the White Paper and its associated consultation. Particular highlights include:
 - 4.1. The response the LGA submitted to the NHS England consultation document on the future of integrated care systems on 22 December ahead of the consultation deadline on 8 January so that councils could consider the LGA key messages in developing their own response.
 - 4.2. The two consultative meetings the LGA helped NHS England organise with senior LGA members on 6 January 2021: the first with all members of the Community Wellbeing Board; and the second with the LGA Leadership Group.
 - 4.3. The initial response and briefing the LGA published on 16 February to the Health and Care Bill White Paper, which summarised the proposals of most significance to local government.
 - 4.4. Our engagement during March 2021 with Ministers and Parliament, which included Sarah Pickup, LGA Deputy Chief Executive, giving evidence to the House of Commons Health and Social Care Committee inquiry on the White Paper.
 - 4.5. Working with the Department of Health and Social Care (DHSC) to establish two new forums to ensure that local government has a voice and influence in the development of health and care policy. The Ministerial Group sees the four CWB Lead Members and selected local authority chief executives meeting regularly with the Care Minister, Helen Whately, to discuss health and care reform.
 - 4.6. Alongside that we have set up the Local Government Health and Care Sounding Board, which brings together senior officer representatives of local government with the senior officers in DHSC, NHSE and the Ministry of Housing, Communities and Local Government (MHCLG) to ensure that local government is engaged in the development of policy on the health and care reform agenda. It is co-chaired by the LGA.
 - 4.7. The publication in May of the LGA's position paper on the white paper, summarising our positions, priorities, and concerns on the wide-ranging proposals.
 - 4.8. Our work with other LGA Boards around health devolution and our sponsoring of the Devo Connect Health Devolution Commission's inquiry into the role and function of integrated care systems. Cllr Paulette Hamilton is an 'advisory commissioner' and CWB Chairman, Cllr David Fothergill, gave evidence to the inquiry in May.

Public Health

5. The Board's work over the last year has of course been dominated by the pandemic and the LGA's support to councils in their response to Covid-19. Alongside of this work we have also sought to shape the reforms of national public health structures following the government's decision to replace Public Health England with the National Institute of Health Protection and the UK Health Security Agency (UKHSA). The Board' public health work has not been entirely focused on the pandemic and we have looked to influence government policy across a range of other public health issues. Key areas of activity included:
 - 5.1. Regular engagement with DHSC ministers and officials around the pandemic response including through the Local Outbreak Plan Advisory Board, chaired by the LGA.
 - 5.2. Shaping the development of the Contain Framework, which sets out the division of responsibilities between national and local government in preventing, containing and managing outbreaks.
 - 5.3. Securing the greater localisation of test and trace arrangements through the creation of local contact tracing partnerships, along with greater local testing capacity.
 - 5.4. Ensuring the support to clinically extremely vulnerable people to shield was delivered locally rather than through a national programme as occurred after the first lockdown starting in March 2020, with councils receiving the necessary resources to be able to deliver this support.
 - 5.5. Securing additional compliance and enforcement powers for councils so they could quickly but proportionately address social distancing breaches, and better support businesses and premises to operate in a Covid secure way, and ensuring councils were able to use funding made available for this work, such as with the marshals scheme, in a flexible way.
 - 5.6. Successfully making the case for financial support to be made available to those who have to self-isolate, and for councils to receive the funding they need to be able to deliver the scheme.
 - 5.7. Working to protect those most vulnerable by strengthening infection prevention in particular settings such as care homes, through working with government on the designated premises, highlighting the funding pressures on the provider sector created by measures such as additional testing and encouraging providers to take up the support available from the Infection Control Fund,
 - 5.8. Setting out the role that local authorities could play in supporting the NHS with the delivery of the national vaccination programme and ensuring that Directors of Public Health have been provided with data on vaccinations by local authority area.
 - 5.9. Pushing for additional funding for public health services and pressing DHSC and MHCLG to provide details on the public health grant when the announcement was delayed.

- 5.10. Hosting the LGA's annual Public Health Conference 2021: Rising to the challenge. This saw over 1,000 delegates attended over the two days to hear from Prof Chris Whitty, Prof Devi Shridhar and Rt Hon Matt Hancock MP.
- 5.11. Running a range of webinars including on Covid related issues with attendance at many running into the hundreds.
- 5.12. Publishing the ninth LGA Annual Public Health Report. This year's annual report looks back at what public health has helped to achieve during the pandemic as well as looking to the future and the new public health structures being introduced by government.
- 5.13. Publishing a range of other case studies, many to assist councils with their response to Covid, including a series of interviews with Directors of Public Health charting their experiences of working through the pandemic.
- 5.14. Working with Public Health England and the Joint Biosecurity Centre to establish regional support structures for councils to identifying support needs, and the common and collective issues that is appropriate to escalate to help inform future policy and operational developments relating to local outbreak management and, importantly, identifying and sharing best practice.
- 5.15. Creating an on-line Knowledge Hub to share good practice among councils arising from local authorities' response to the pandemic, and securing funding from DHSC to develop this into a web resource that makes it easier for council staff using to find the information they need.
- 5.16. Supporting councils directly through action learning sets and top tips documents for chief executives and media training workshops for Directors of Public Health.
- 5.17. Responding to the government's review of the public health system and the creation of the UKHSA and the Office of Health Promotion.

Child Health

6. The Board's child health related work has also continued to be impacted by the pandemic and alongside the Children and Young People's Board we have continued to call for a Child Centred Recovery which recognised the physical and emotional impact of the pandemic on children and young people and ensures they are prioritised in the new public health system and Integrated Care Systems. Key activities and achievements include:
 - 6.1. Securing a joint letter, the Community Wellbeing Board, the Chief Nursing Officer and Public Health England directing NHS Trusts to halt the redeployment health visitors and school nurses wherever possible and prioritise their substantive posts supporting vulnerable infants, new parents, and school aged children.
 - 6.2. Creating a resource of case study videos showcasing how councils had adapted the Healthy Child Programme (0-19) to support parents and children during the pandemic.
 - 6.3. Influencing the first stage of Dame Andrea Leadsom's Review into improving outcomes in the First 1000 Days and ensuring councils were recognised as the key

delivery partners for this programme of work and the good work already underway to give children the best start in life. We continue to push for flexibility for councils and additional funding to be secured in the next stage of the Review and are working closely with the team on a Spending Review Submission.

- 6.4. Continued work to ensure Integrated Care System plans detail how they will relate to children's care and health structures, such as Children's Safeguarding Boards, and how the reforms will ensure partners are brought together to prioritise early intervention and child health.
- 6.5. Making the case for additional investment in local authority child and family weight management services and facilitating the allocation of £4.2m into local authority services through the new DHSC 2021/22 grant programme for children's weight management services.
- 6.6. Working alongside the Children and Young People's Board to encourage government to take a holistic approach to 'catch up' which responds to the emotional and physical impact of the pandemic on children, for example creating additional time for play and creativity. We have lobbied consistently for the Holiday Activity Fund to be rolled out nationally and for the Healthy Start Voucher value to be increased, which are now both government policy. We continue to support councils to deliver these schemes effectively.

People in vulnerable circumstances

7. The range of work undertaken by the Board in relation to people in vulnerable circumstances continued to be varied and wide ranging. Important issues considered by the Board included:
 - 7.1. The outcome of the Supreme Court's ruling in the sleep-ins case which confirmed that care workers who have to sleep at their workplace are not entitled to the minimum wage for periods when they sleep. This ruling was in line with councils' and social care providers' understanding of the law. Had the Supreme Court upheld the appeal that resulted in the case coming to them, care providers and councils providing social care would have faced paying a significant backpay liability and higher ongoing costs, which would have increased the huge financial pressures they were already facing. As we said in our submission to the Court, the LGA strongly supports care workers being paid a fair wage for their valued work, and the decision does not remove the need for a sustainable funding settlement for adult and children's social care, which includes important decisions on the workforce such as pay, recruitment and career development.
 - 7.2. The Government's Reforming the Mental Health Act White Paper. The Board responded with a submission in which we stated the LGA's support for reform of the Mental Health Act, and welcomed the ambition to achieve meaningful change for people living with severe mental illness, and the role of local government in supporting this. We also highlighted that the new Act will have significant resource implications for councils and set out the case for councils' statutory children's and

adults' mental health services and wider public health responsibilities to be given parity of funding with NHS mental health services.

- 7.3. The development of the government's all ages Autism Strategy through our membership of the Autism national Executive Group. In our feedback on the draft strategy we highlighted the need for further information on: the Implementation Plan, clarification around any supporting funding/resources for councils and partners to build community support and how the Government proposes to monitor or measure the progress of the strategy.
- 7.4. The development of DHSC's dementia strategy, which is being overseen by the national Dementia Programme Board of which the LGA are members. Again we have been able to provide feedback on the draft strategy in which we emphasised the central role of councils in delivering/commissioning services for people with dementia in the community, as well as the importance of social care reform and long term funding to support councils to deliver the best outcomes for people with dementia and their carers.
- 7.5. This work was complimented by the evidence given by Sarah Pickup, LGA Deputy Chief Executive gave to the Health and Social Care committee on Adult Social Care and Dementia.
- 7.6. Mental health and wellbeing. With the Children and Young People's Board, we made the case for a locally led mental health and wellbeing recovery to ensure people can access timely and quality support when they need it, prevent the escalation of need, rebuild community resilience, get the economic going again, and respond to future waves of the virus. This helped to secure resources for councils in the Government's Mental Health Recovery Action Plan, including £15million to support the mental health and wellbeing recovery in deprived communities. We continued to support councils to respond to the mental health impacts of the pandemic, including updated practical advice for public health teams and supporting a knowledge hub to share good practice. We commissioned the Centre for Mental Health in collaboration with the Children and Young Peoples Board, to produce case studies on a whole household/family approach to children and young people's mental health. These were published in July 2021 to coincide with the Mental Health session at Annual Conference.
- 7.7. Tackling loneliness. We have influenced the Government's plans to deliver its National Loneliness Strategy through our membership of the Local Place Task and Finish Group, which is part of DCMS's Tackling Loneliness Network. With the Association of Public Health Directors (ADPH), we have updated our practical advice note about Covid-19, loneliness and social isolation.
- 7.8. Unpaid carers. We have continued to embed the vital contribution of unpaid carers in our wider adult social care reform work, including the disproportionate impact of the pandemic on people with caring responsibilities. We supported Carers Week through a pledge about councils' commitment to support unpaid carers.
- 7.9. Suicide Prevention. Continued to influence national suicide prevention planning through our membership of the National Suicide Prevention Strategy Advisory

Group, including leading a piece of work on improving access to local bereavement support. Secured Ministerial commitment to fund another year of the LGA/ADPH suicide prevention sector led improvement programme.

- 7.10. Housing and Care. With the Association of Directors of Adult Social Services (ADASS) and NHSE, we have published guidance for local government and NHS commissioners about a category of supported housing referred to as ‘specialised supported housing’, particularly lease-based models. We have also updated and re-published our guide to meeting the home adaptation needs of older people in light of Covid with Care and Repair England and Age UK. We have provided direct support to councils that are facing challenges arising from supported exempt accommodation and started to develop practical policy proposals that we can discuss with Ministers.
- 7.11. The Armed Forces Covenant, where we have continued to shape the new statutory duty for all UK public authorities to have due regard to the principles of the Covenant, which is being introduced via the Armed Forces Bill. We have highlighted our concerns about the lack of detail in the relevant clause in the Bill which means that it is difficult to fully understand the implications for councils across housing, education and healthcare services. We secured a commitment from the Ministry of Defence to review the implementation costs of the new duty one year after it comes into effect.

2021/22 Priorities.

8. It is expected that the themes for the 2021/22 work priorities will remain broadly consistent with 2020/21, with a number of workstreams continuing into the new Board cycle.
9. The table below sets out some initial thinking on workstreams that will continue into the new Board cycle, subject to the Board’s views:

Priority Area	Proposed activity
<ul style="list-style-type: none"> Adult social care funding and reform 	<ul style="list-style-type: none"> Continue to push for adequate and sustainable funding for adult social care, particularly through the Spending Review and including the need to secure a funding model based on universal risk pooling, and which also addresses the continuing costs of Covid-19 and tackling the social care funding gap. Making the case for wider reforms to adult social care that address unmet and under-met need, the need for a new deal for the workforce, improves choice and control and improves quality of outcome. This will include responding to the Government’s long-awaited proposals on social care reform that are expected by the end of the year.

<ul style="list-style-type: none"> Integration 	<ul style="list-style-type: none"> Continue our work to shape the Health and Care Bill and the statutory and other guidance that will be needed to implement it. Supporting councils implement ICSs. Continue to support the Local Government Health and Care Sounding Board.
<ul style="list-style-type: none"> Public Health 	<ul style="list-style-type: none"> Support the reform of the public health system following the creation of the UK Health Security Agency (UKHSA) and Office Health Promotion (OHP). Making the case for long term sustainable investment on prevention and public health. Support the health protection system as we come to live with Covid.
<ul style="list-style-type: none"> Child Health 	<ul style="list-style-type: none"> Influence the implementation phase of the Dame Leadsom Review to councils are supported to deliver better outcomes. Make the case for Integrated Care Systems to take account of and prioritise child health and early intervention. Use evidence from the child weight management grant programme to make the case for long-term sustainable investment in child weight management services.
<ul style="list-style-type: none"> People in vulnerable circumstances 	<ul style="list-style-type: none"> Continue to influence Mental Health Act reform, support councils to get ready and secure new burdens funding where appropriate. Continue to support councils' response to the mental health and wellbeing and loneliness impacts of the pandemic, which will be experienced differently by different communities and over a considerable length of time. With the Environment, Economy, Housing and Transport Board 1) secure Government support for practical proposals that will give councils greater control and oversight of supported exempt accommodation costs and quality 2) ensure that councils have the right levers and funding to improve availability and choice of affordable and suitably designed older people's housing, reflecting local need. Deliver year 2 of the LGA/ADPH suicide prevention sector led improvement programme. Continue to embed the aspirations and needs of unpaid carers in our adult social care reform work.

	<ul style="list-style-type: none">• With ADASS, ADCS and CHIP support councils to implement the new all ages Autism Strategy.• Ensure the new Armed Forces Covenant statutory duty is workable and will achieve its aim of further reducing disadvantage without placing unfunded new burdens on councils, building on good practice to date.
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Implications for Wales

10. Health and adult social care are devolved matters.

Financial Implications

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

Next steps

12. Members' comments will be used to inform the draft priorities paper brought to the first meeting of the Board in the 2021/22 cycle.