

Note of last Community Wellbeing Board meeting

Title: Community Wellbeing Board
Date: Thursday 27 May 2021
Venue: Virtual meeting

Attendance

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

Item Decisions and actions

1 Welcome, declarations of interest and apologies for absence

No apologies for absence were received and there were no declarations of interest. Cllr Wayne Fitzgerald attended the meeting as a substitute for the vacant position held by the Conservative Group.

2 Note of the previous meeting

Decision

The minutes of the previous meeting held on 4 February 2021 were agreed.

3 Integration and Innovation White Paper

The Chairman invited Alyson Morley, Senior Advisor, to give a verbal update on the Integration and Innovation White Paper. Alyson introduced the accompanying report which set out LGA activity in this policy area since the previous meeting. This included a briefing summarising LGA policy lines, followed by an LGA position paper which had been sent to the Community Wellbeing Board and the Political Groups at the LGA. This paper would form the basis of the LGA's lobbying position when the Health and Care Bill comes to Parliament which was expected in June 2021 if Government remained committed to implementing the proposals in April 2022.

Alyson outlined the main development which was that the LGA and DHSC has set up a joint Local Government Sounding Board which met monthly and was co-chaired by Sarah Pickup, Deputy Chief Executive of the LGA. The Sounding Board was informal and not part of any governance structure, its purpose was to ensure that Government received the local government perspective on proposed legislation. Meets monthly.

Alyson explained that the legislation would be accompanied by lots of guidance and that the DHSC and NHS England were committed to co-production of that guidance with the LGA.

Alyson asked for members views on the evolving policy position from the LGA outline paragraphs 9 – 18 of the accompanying report.

In the discussion that followed, the following points were raised:

- Comments were made about the practicalities of the Bill and that work would have to be fast and furious due to parliamentary timetable. This would have implications for members and officers who must work at speed to ensure governance is ready to change when ICSs are implemented.
- There was concern around scrutiny arrangements for ICS Boards, transparency and how opposition councillors would be involved as well as concern around the increased powers of SoS and how this may undermine local scrutiny panels.
- Bespoke improvement support was available from the LGA to Health and Wellbeing Boards.
- Health inequalities should be emphasised in the position paper.
- Integration and Innovation must be about changes in outcomes for residents not changes to structures and governance.
- The prevention agenda must not be lost during this process.
- Existing partnerships should be built on rather than creating new structures.

Decision

Members of the Community Wellbeing Board agreed to note the action taken on its behalf so far and direct officers on further action required in promoting the LGA response on the forthcoming Health and Care Bill.

Action

Officers to adjust the position paper to emphasis the importance of addressing health inequalities and update the Community Wellbeing Board at the July meeting on the Health and Care Bill, inviting Sarah Pickup, co-chair of the Local Government Sounding Board to attend.

4 Public Health reforms and update on Covid-19 work

The Chairman welcomed Paul Ogden, Senior Adviser, to give a verbal update on Public Health reforms and Covid-19 work.

Paul recapped on Public Health reforms following the announcement in 2020 that Public Health England (PHE) would be disbanded, Government issued a consultation in Summer 2020 and early 2021 announced its intention to consult on what should replace PHE. The UK Health Security Agency (UKHSA) had been formally established and the new Office for Health Promotion was being designed. Discussions were ongoing with NHS England around some responsibilities e.g. vaccinations.

PHE would continue to operate until the Autumn 2021, the UKHSA would be fully operational by October 2021 with the Office for Health Promotion established at the same time.

Paul outlined the LGA's key messages and asks in consultation response;

- better coordination between local, regional and national,
- incorporation of lessons learned from pandemic on working with local authorities in a more sophisticated way,
- call on the new agencies to build on what existed already rather than creating new structures,
- greater subsidiarity and sustainable investment in early intervention work,
- new agencies should not exacerbate fragmentation,
- further clarity was needed around data, intelligence and workforce,
- greater connectivity across the whole system.

The LGA Chief Executive and Chairman met the chief executives of the UKHSA and Office for Health Promotion in May 2021 and enjoyed good relationships with both. This was seen as an opportunity to reset the relationship between national and local with DHSC and the Secretary of State.

In the discussion that followed, the following points were raised:

- Good that both chief executives were 'friends' of local government.
- Health protection incidents begin and end in the local system, local government must have seat at the table.
- The need for LGA/local government representation on both bodies and how this would be achieved.
- Concerns over how much influence regional directors of public health would have, need clarity on roles and responsibility – would this be statutory?
- Showcase good practise on resolving health inequalities.

Paul then gave an update on covid-19 work:

- Low transmission of virus
- Fewer hospitalisations/deaths reported
- Businesses/schools are ready so we can avoid super spreader events
- Variant clusters are being managed
- Vaccine uptake in most communities high and in those with gaps is narrowing
- R Number <1 and seems to be staying there
- By the autumn 60-70% of population immune

- Virus has plateaued at low level, resurgence can happen. Plan for major Covid surge in Autumn/Winter 2021-22
- New Variants. Doubling rate in new variant clusters is <7 days
- Enduring transmission
- Vaccination coverage in some populations still too low
- Media messaging that everything can go back to normal. Complacency? Fatigue?
- Populations who cannot afford to self-isolate

- We are on the exit path from the Pandemic Phase, but it won't be plain sailing. The virus is still circulating and we will enter an Endemic phase.
- The key priority is to suppress the virus as much as possible for the

foreseeable future

- We will be living and working in a Covid-endemic environment, and we need multiple strategies to manage during this time (booster jabs)
- Variants of COVID19 will continue to cause outbreaks and will require vaccine renewal on at least an annual basis
- Ongoing hardship as part of economic recovery with most vulnerable squeezed
- Significant levels of physical and psychological harm, including morbidity from delay in service response due to Covid disruption
- Significant syndemic (obesity, diabetes and heart disease) impact of Covid-19 especially on most vulnerable
- Maximum uptake of vaccine especially in communities with greatest burden of disease
- Inequalities – need to mitigate against development of ongoing enduring endemics
- Ensure test and trace and self-isolate works as a system
- Help people self-isolate
- Ensure every individual and sector has the skills and knowledge to be Covid safe
- Iterate and be agile during a period of volatile transmission events and expect more outbreaks
- Enforcement plans ready when needed

In the discussion that followed, the following points were raised:

- Successful trials on large scale mass pilot events had been held.
- Concerns about the effect of the Delta variant, which is doubling every seven days on the R rate.
- The need for local authorities to develop comms plans to enhance vaccine confidence.

5 Sleep-ins Judgement

The Chairman introduced Laura Caton, Senior Adviser to introduce the report. Laura explained that on Friday 17 March, the Supreme Court confirmed that the National Minimum Wage would not apply to hours when social care workers are expected to sleep, including time when care workers would be paid to sleep overnight in someone's home on a precautionary basis.

Decision

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

6 Other Board Business

Mark Norris, Principal Policy Adviser, introduced the report which provided other updates relevant to the Community Wellbeing Board, and not included elsewhere on the agenda.

It was noted that national suicide rates had reduced which was unexpected, but this may change when the furlough scheme ends.

Decision

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

7 **Queen's Speech**

The Chairman introduced Mark Norris, Principal Policy Advisor, who introduced the accompanying report which provided a summary of the announcements of relevance to the Community Wellbeing Board in the Queen's Speech on Tuesday 11 May 2021. Mark explained that the Queen's Speech set out many announcements pertaining to the work of the Community Wellbeing Board, but social care funding was notably missing.

The Chairman then invited Stephen Chandler, President of ADASS, to address the Community Wellbeing Board. He raised the following points:

- That the nine words on Adult Social Care reform in the Queens Speech were both positive and concerning.
- Government published in its manifesto its intention to reform funding for social care so that older people would not have to sell their homes to pay for their own care, however it was crucial to understand that fixing this element would not fix social care. He emphasised that reform needed to go much further than funding.
- The window for reform was closing as the Parliamentary session drew on. Stephen emphasised reform must be cross party, that time was running out and that an appetite for radical reform was needed.
- Government should engage with people with lived experience. This is the best way to broaden the understanding that it is not just older people who use social care. Stephen emphasised the pandemic had brought this to the fore.
- Social care was a positive force in communities and individuals and can play a role in levelling up local areas.
- That the cost of social care was increasing for working age adults.
- Life changing events in early adulthood and people with disabilities leaving children's services also have a long financial on the social care bill.
- Stephen explained that the Health and Social Care Bill refers to assurance and that this was a positive step forward. He emphasised the importance of getting views of people receiving support and also to look beyond the adult social care service as it does not operate in isolation.
- There was a lack of recent reform and direction and that it was crucial the call for reform is heard very loudly.
- It would be crucial to ensure that within assurance risk is seen in a positive way, to encourage innovation and safe risk taking as well as maximising independence.
- Stephen explained nine statements had been published that set out the case for reform which align with LGA messaging. This includes building local support around the individual and moving away from commissioning at maximum scale.
- COVID-19 has hurt the care market which remains very fragile.
- Stephen emphasised the historical inequalities that existed. Across the country there were severe challenges, population demands and limits to the available funding.

- He expressed a view too many people were ending up in residential care.
- He also expressed a view that social care workers are a fantastic asset to communities and need to be rewarded financially and professionally. This would need a clear workforce strategy.
- Important to ensure that investment brings transformation.
- That social care reforms must come alongside NHS reforms.
- That ADASS would like Government to set a clear picture, such as in a ten year plan.
- Stephen emphasised a national problem needs a national solution.

In the conversation that followed, the following points were raised:

- The need to create a choice of accommodation at an aspirational level for older people.
- Members emphasised that care home residents' rights and the rights of the families must be championed.
- That the workforce needs equal consideration to level of care. Members explained that social care workers need to earn enough to build a life, otherwise the type of care that can be provided will be limited.
- Social care work needs to be professionalised, with career progression opportunities to keep workers in the sector in order to maintain a consistent level of service.
- Well paid social workers reduce turnover in the system and workers spend money locally.
- Local government needs to perform well as a sector on social care.
- A concern was raised that Government had yet not produced a white paper on social care.
- The importance that there was an awareness that it would take ten years to fix social care was highlighted.
- Neighbouring local authorities compete for the same staff.

Decision

The Community Wellbeing Board agreed to note the report and the impact of the Queen's Speech on the future work programme.

Appendix A -Attendance

| Position/Role | Councillor | Authority |
|-------------------|--|-----------------------------------|
| Chairman | Cllr David Fothergill | Somerset County Council |
| Vice-Chair | Cllr Paulette Hamilton | Birmingham City Council |
| Deputy-chair | Cllr Richard Kemp CBE | Liverpool City Council |
| Deputy-chair | Cllr Rosemary Sexton | Solihull Council |
| Committee Member | Vacant | Vacant |
| Committee Member | Cllr Colin Noble | Suffolk County Council |
| Committee Member | Cllr Jonathan Owen | East Riding of Yorkshire Council |
| Committee Member | Cllr Judith Wallace | North Tyneside Council |
| Committee Member | Cllr Sue Woolley | Lincolnshire County Council |
| Substitute Member | Cllr Wayne Fitzgerald | Peterborough City Council |
| Substitute Member | Cllr Arnold Saunders | Salford City Council |
| Committee Member | Cllr Louise Gittins | Cheshire West and Chester Council |
| Committee Member | Cllr Arooj Shah | Oldham MBC |
| Committee Member | Cllr Shabir Pandor | Kirklees Metropolitan Council |
| Committee Member | Cllr Natasha Pantelic | Slough Borough Council |
| Committee Member | Cllr Amy Cross | Blackpool Council |
| Committee Member | Cllr Denise Scott-MacDonald | Royal Borough of Greenwich |
| Substitute Member | Cllr Joanne Harding | Trafford Council |
| Substitute 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 |
| LGA Officers | Mark Norris Alyson Morley Paul Ogden Kevin Halden Matthew Hibberd Amy Haldane | |