

Community Wellbeing Board - End of Year Report and Priorities 2022/23

Background

1. At its meeting in October 2021 the Board considered its priorities for 2021/22 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 2022/23. Members' comments will be used to inform the development of a full paper for consideration at the first meeting of the 2022/23 Board cycle.

Achievements and activity during 2021/22

3. The following are some of the key highlights of our lobbying and influencing work over the last year:

Adult social care funding and reform

4. It has been an extremely busy 12 months in the realm of adult social care funding and reform, with the Government publishing its 2021 Autumn Budget and Spending Review in October, plus two major reports setting out the Government's proposals for long-term reform; the September 'Build Back Better Plan for health and social care' and the December white paper. The passage of the Health and Social Care Act also codified some of the Government's social care reform proposals. Parliament has taken an active interest in the funding and reform debate over the last year as well, with several important select committee inquiries examining different aspects of the agenda. The period has also seen the LGA work closely with national partners on a number of issues and, as ever, we have responded to numerous national media stories. Some of the highlights of our work in this area are set out below; these should be read in conjunction

with the section of the report on 'Integration' given the crossover in some aspects of this work.

The Government's reform agenda

5. We published a detailed [briefing](#) on the Build Back Better Plan (September 2021), setting out our serious concerns about the adequacy of the funding raised by the new Health and Social Care Levy ('the Levy') to deliver all of the plan's commitments. We also firmly rejected the plan's idea that existing pressures in social care can be managed simply through council tax, the social care precept and long-term efficiencies.

6. Colleagues from the LGA's Care and Health Improvement Programme (CHIP), liaising closely with the Community Wellbeing Team, are essential stakeholders in various DHSC working groups on technical elements of the Government's charging reform agenda. LGA concerns about the likely underfunding of parts of these reforms have been made loud and clear.

7. We worked with three councils on a significant proactive media story, setting out these concerns. This story had extremely high levels of coverage and engagement.

We surveyed all Lead/Cabinet members of adult social care to gauge their concerns about the Government's reform agenda. This showed that 98 per cent of respondents are not confident in the adequacy of the funding earmarked by Government for its reforms and that three quarters of respondents are not confident in their local capacity to implement the reforms. Further findings from the survey will be made public in the coming weeks.

8. We wrote privately, and in strong terms, to the Minister of State for Care regarding our concerns about the cost of, and timetable for, reform. We also wrote jointly in similar terms with partners from the provider sector.

9. We have inputted to, and submitted responses on, consultations on different aspects of the associated guidance for the Government's charging reforms. As part of this work, we held two well-attended webinars for council chief executives and directors of adult services on the Government's charging reform agenda, ahead of guidance being published so that it best reflected the concerns of the sector.

10. The LGA was a key stakeholder in all the various engagement groups the Department of Health and Social Care (DHSC) established to oversee drafting of the different chapters of the Government's white paper.

11. We published a further detailed [briefing](#) on the white paper (December 2021), which had high levels of online engagement. In this, we noted that the white paper's tone, language and framing mirrored much of our own work on the future of care and support. We also welcomed the Government's vision for social care, again noting that it reflected much of

our own articulation of what social care needs to be in order for people to live their best life.

12. We used the briefing to also set out our concerns about the current state of social care and the unstable foundations from which the Government's reform agenda is being taken forward, arguing for a greater share of the Levy to be immediately redirected to frontline adult social care.
13. Colleagues from the Community Wellbeing Team and CHIP have been heavily involved in the considerable work behind the scenes with DHSC, the Association of Directors of Adult Social Services (ADASS) and the Care Quality Commission to develop the framework for 'adult social care assurance', which was an important part of the Government's white paper and codified in the Health and Social Care Act. We have set out in those meetings our concerns around the assurance timetable, the baselining period, the use of ratings, the extent to which assessments will take account of significant local pressures (particularly in the context of Covid-recovery) and the importance of retaining a central role for sector-led improvement. We have also written privately to the Minister setting out some of these concerns.
14. On 11 May we ran a highly successful webinar that sought to make sense of the highly complex reform agenda across health and social care. Nearly 400 delegates joined the webinar to hear the views of senior colleagues from local government, NHS Confederation, the King's Fund and Think Local Act Personal.
15. Linked, we are in the process of developing a comprehensive timeline of the reform agenda across health and social care, so that councils can see all the various requirements of them and how different aspects of reform are linked.

Adult social care funding

16. The state of adult social care funding and the significant pressures facing the sector was a central part of our submission on last year's Spending Review and we continue to press the case for greater investment in care and support in all of our lobbying and influencing work.
17. We wrote privately to the Secretary of State for Levelling Up Housing and Communities on the serious pressures facing social care and their consequences, and the difficult contingency measures councils are having to put in place in order to manage these pressures.

Parliamentary work

18. We have submitted written evidence to, and provided oral evidence at, several key parliamentary select committee inquiries, including on adult social care funding, the care workforce and the future of care and support. As with our wider work on social care

funding, we used these to press home the perilous state of finances and their consequences, such as growing unmet and under-met need, a fragile provider market and increased strain on the care workforce and unpaid carers.

Partnership work

19. We are a founder member of a group of prominent national organisations in the social care realm, who have met regularly over the last two years to share intelligence and take forward joint work on areas of shared interest. Organisations in the group include, for example, ADASS, Skills for Care, Think Local Act Personal, the Care Provider Alliance, and the Care and Support Alliance. We have led, or supported, several key publications that the group has produced jointly, such as a letter to the Prime Minister, Chancellor and Secretary of State for Health and Social Care on adult social care funding pressures, and priorities for a long-term social care workforce strategy.
20. As ever, we will continue to work closely with colleagues in our Care and Health Improvement Programme on a range of issues affecting adult social care and health, including a programme of leadership development for new adult social care portfolio holders. Key issues facing the sector will also be covered at the annual National Children and Adult Services Conference taking place between 2-4 November 2022.

Integration

21. Integration has continued to be a key priority for the LGA, government and the NHS over the past year. It is an incredibly fast-moving and increasingly complex policy agenda. In addition to the Health and Care Act, which received Royal Assent in April 2022, there is a large suite of new or revised statutory guidance due for publication throughout 2022/23 to support the commencement of the many provisions of the Act.
22. There have also been several other reviews, inquiries and policy documents on health and care system reform, including: the Messenger Review of Health and Social Care Leadership, the Fuller Stocktake of Primary Care and ICSs and a Health and social care integration: joining up care for people, places and populations (referred to in this report as the integration white paper).

Health and Care Act 2022

23. The key highlights from our lobbying and influencing work on the (now) Health and Care Act 2022 over the last year are summarised below.

Parliamentary briefings on the Health and Care Bill

24. We published briefings for parliamentarians at all key stages of the legislative process. We also published briefings for local authorities, summarising the provisions of the legislation of most relevance to local authorities and the LGA's policy positions.

Key wins on the Health and Care Bill

25. The LGA worked with parliamentarians to seek a key amendment relating to increased powers for the Secretary of State for Health and Social Care to intervene earlier in NHS reconfigurations. We sought an amendment to require the Secretary of State to operate this power in consultation with the relevant local authorities and NHS bodies. While we were not successful in the main stages of the Bill, the Government conceded and tabled an amendment in the final stages of the Bill which mirrored the wording of our amendment.
26. Although not on the face of the Bill, NHS England guidance on membership of integrated care boards explicitly excluded local councillors from board membership on the basis that councillors were also excluded from the boards of clinical commissioning groups. We successfully argued that this was against the spirit of collaboration that underpinned the legislation and, as a result of our lobbying, NHS England withdrew this exemption.

Get in on the Health and Care Act 2022

27. We have published a comprehensive briefing on the provisions of the Act of most relevance to local authorities and a summary of the LGA's policy messages:
<https://www.local.gov.uk/publications/get-act-health-and-care-act-2022>

Integration white paper

28. We published a comprehensive briefing for councils on the integration white paper: <https://www.local.gov.uk/parliament/briefings-and-responses/lga-response-health-and-social-care-integration-joining-care> which gave the LGA's initial views and sought the views of councils to inform our final submission. The views we received helped the LGA ensure that our final submission to the white paper reflected the views and concerns of local authorities: <https://www.local.gov.uk/parliament/briefings-and-responses/lga-response-health-and-social-care-integration-joining-care-0> . We continue to work with Government to ensure that the views of local authorities influence the development of this important policy agenda.

Continued work with Government and NHS England on statutory and non-statutory guidance

29. We are currently working to ensure that the views and interests of local authorities are taken on board in the development of guidance to support implementation of the Health and Care Act 2022 and other elements of the Government reform agenda for health and care. For example, we have advised DHSC and NHS England on a suite of guidance, expected to be published before the summer recess, on integrated care strategies, health and wellbeing boards, principles for working with adult social care providers, and advisory guidance (ahead of revised statutory guidance later in the year) on health overview and scrutiny.

The Local Government Health and Care Sounding Board

30. The Board was set up by the DHSC and LGA in May 2021 as an informal advisory group to ensure that local government had early influence on the development of health and care policy. It has continued to meet monthly and is valued by local government, national government and national agencies such as NHS England and the Care Quality Commission (CQC) to ensure that a local government perspective is central to current and future policy development.

Public Health

Covid Response

31. The past year, like the year before it, has been significant for councils and their teams as they continued to respond to the unprecedented challenges caused by the COVID-19 pandemic.

32. Throughout this period, the LGA has supported local government in its response and continued to promote their significant work to Government and the public. We have refocused our work to support councils in their role as part of the national effort to protect and support local communities. In all our discussions with Government, we have continued to highlight why councils are trusted by their local communities, making the case for them to be empowered to get on with their roles as local leaders, equipped with the right resources and funding to deliver. We built on the diverse, current and informative range of resources to help councils as they navigate this changed environment, while showcasing some of the important work being carried out by the sector. [COVID-19: good council practice | Local Government Association](#)

Health Inequalities Hub

33. In November, we launched our health inequalities hub, the Hub explores different themes in detail, shining a spotlight on case studies from councils across the country and exploring how COVID-19 exacerbated existing health inequalities. [Health inequalities hub | Local Government Association](#)

Drug Treatment – 10-year government drugs strategy

34. In December, the government published their [ten-year government drugs strategy](#) - formed in response to Dame Carol Black's independent review into drugs. The strategy includes a total of £780m of investment in drug treatment.

35. Funding will be allocated to improve access to treatment and increase the capacity of services, aiming to reverse a recent upward trend in drug use. We have been working with the Home Office and DHSC and the Association of Directors of Public Health (ADPH) to develop and implement a commissioning quality standard to support transparency and accountability between partners delivering services and government. The government is also working with the LGA to offer improvement support to councils in areas with poorer outcomes.

Public health in local government: Celebrating 10 years of transformation

36. In March, we published the tenth LGA public health annual report, which reflects on ten years of public health in local government and looks forward to the opportunities and challenges of the coming years.

37. The public health annual reports trace the progress of public health in local government year-on-year. They provide a valuable legacy that allows us to understand how far we have come and where we need to go. [Public health in local government: Celebrating 10 years of transformation | Local Government Association](#)

Annual Public Health Conference, March 23-24, 2022

38. The annual conference, organised by the LGA in partnership with ADPH was opened by Professor Chris Whitty, Chief Medical Officer for England, who was joined by leading public health experts in a range of sessions over two days.

39. Sessions covered the very latest thinking on national policy issues, including 'Taking stock: Covid-19's long-term global impact', 'Health security: looking to the future' and 'Mind the gap: working together to reduce health inequalities. Other important topics such as climate change, Levelling Up and pregnancy, birth and early childhood were also discussed.

40. Delegates were able to put their questions and comments to those involved in shaping and implementing them at strategic and community levels, on issues such as the reform of the public health system and the impact of Covid-19 on health inequalities. They had the opportunity to participate in sessions sharing good practice from local areas and to discuss issues that mattered to them. Over 1,000 people signed up for the conference.

41. A full selection of the conference material, including the presentations, is available to [download from the LGA website](#).

LGA Webinars

42. Between November 2021 and June 2022, we ran a total of 17 webinars on different topics relevant to public health. In total, over 7,000 people attended the webinars (combined). These included webinars on health inequalities, outbreak management, addressing the leading risk factors for ill health, climate change and 'Shopping for Health.'

43. On 19 May 2022, we ran a full day conference on re-engaging with Whole Systems Approaches (WSA) to promoting healthier weight. Over 320 participants registered for the conference and seven local authorities presented their WSA approaches (Hull, Oxfordshire, Liverpool, Sandwell, North Tyneside, and Bristol).

Shopping for Health: putting health assets into the heart of local communities

44. In April, we published a report and a series of 14 [case studies](#) and hosted a corresponding webinar about how councils are working innovatively to repurpose their high streets to put health at the heart of communities. Councils regard the long-term changes needed to recover from the pandemic as an opportunity to reconnect communities with their high streets and town centres as well as meet other local priorities, such as housing, access to services and better public health.

Future health challenges: public health projections

45. We have been working with the research team to produce a set of forecasts at local authority level for the [prevalence of smoking](#) amongst adults and the [prevalence of childhood obesity](#).

46. It is hoped that these forecasts will allow local authorities to anticipate likely future levels of smoking and childhood obesity in their area, assuming that trends will continue in their current trajectories.

Influencing policy

47. We have input our views and influenced the development of several key policy papers, including the Government's response to Henry Dimbleby's National Food Strategy, the Khan Review on 'Making Smoking Obsolete', Women's Health strategy, HIV Action Plan, Sexual and Reproductive Health Plan, 10 Year Drug strategy, the Family Hubs draft programme and the upcoming Health Disparities White Paper.

48. We responded to the Khan Review and the Government's Food Strategy and continue to influence in this area. We continue to meet regularly with the Start for Life team whilst proposals are being developed.

Child Health Priorities - School Nursing

49. In April, the LGA published an [infographic](#) to highlight and define the role of a school nurse, who they are commissioned by and how they contribute to the vital health and wellbeing of children aged five to 19 years old. We will shortly be publishing several case studies on how school nurses are working to support child health.

50. We await the updated Healthy Child Programme and will continue to work with OHID to ensure they engage with councils about the updated programme prior to its release.

Start for Life: Family Hubs

51. On 2 April 2022, the government announced [the 75 local authorities eligible](#) for a share of £302 million to create new Family Hubs in their areas. Family Hubs are intended to be one-stop-shops where families can access important services such as parenting advice and breastfeeding support.

52. We continue to work with the government's joint Start for Life Team (Department of Health and Social Care and Department of Education) and local authorities to develop these proposals, ensuring they are fair on councils and do not add any new burdens.
53. The draft Programme Guide for the Family Hubs and Start for Life Programme (which we fed into) has now been shared with the 75 Local Authorities that are provisionally eligible for funding. A final programme guide will be published in August, alongside the launch of the sign-up process for councils. Local authorities will have until the end of October to confirm their participation in the programme.
54. We will continue to respond to and work closely on the plans for implementation on the Best Start for Life, including support for the first 1,001 days and Family Hubs to ensure that there is a joined up the approach between different aspects of the local system.

Key wins across Public and Child Health

55. *Drug and alcohol treatment funding:* Along with our partners we were successful in lobbying for £533m extra funding for local authorities to support drug treatment. This funding is welcome and will help councils to start to rebuild drug treatment services after cuts to the public health grant.
56. *Family Hubs:* In the 2021 autumn budget, the Government announced £300 million to develop 'Start for Life' and Family Hub services in 75 upper tier LAs across England. This includes funding to create a network of Family Hubs, provide breastfeeding support, parent-infant mental health support and parenting programs and to publish Start for Life offers in those 75 LAs
57. *Covid Outbreak Management Fund:* In March, we successfully lobbied the government to carry over funding from 2021/22 into the next financial year to provide funding to local authorities in England to help reduce the spread of coronavirus and support local public health.

People in vulnerable circumstances

Mental Health

58. The LGA has ongoing regular meetings with the DHSC to input into the development of the **Mental Health Act**. The Act was introduced as draft Bill in June 2022. It will soon enter a period of pre legislative scrutiny where there will be a further opportunity to comment on it. We will continue to highlight the statutory responsibilities of councils under the Act and push for funding of any new burdens.
59. The LGA has made a formal submission to the Government's recent consultation to inform their ten year **Mental Health and Wellbeing plan**. We have emphasised the key leadership role of local government, the need for long term funding for adult social care

and public health and the need for a long term workforce strategy. We have outlined the current pressures on the system and outlined some innovative approaches.

60. We have published a [Must Know guide for Councillors on Mental Health](#) We have also held two well attended webinars on community mental health aimed at councillors – both of these were chaired by Councillor Rosemary Sexton with a presentation by Councillor Rachel Blake. We also had a session on ‘Mentally healthy areas’ at the LGA conference 2022.

Loneliness

61. We published a [Must know guide on loneliness](#) in December 2021 on loneliness. We also produced some [case studies](#) on Loneliness in October 2021.
62. The Local Government Association (LGA) and the Department for Digital, Culture, Media and Sport (DCMS) developed an open data standard called the Open Referral UK Standard. The standard supports the publication of information about local services to make them easier to find. Ten organisations are currently actively using the Open Referral UK standard in their community directories. To support the adoption of the standard, a dedicated website and discussion forum have been created, along with case studies and step-by-step guidance for new adopters.
63. The LGA continues to highlight the impact of loneliness and mental health in policy and improvement work in local government.

Suicide prevention support offer

64. Along with ADPH we launched our suicide prevention support offer for councils for 2021/22, which runs through until September 2022. This has provided support in three areas: national support through a series of case studies and a national sharing event; regional support through the regional ADPH network; and local support for up local authorities and partners who self-identify as facing significant delivery challenges locally around suicide prevention.

Learning Disabilities and Autism

Down Syndrome Bill

65. The Down Syndrome Bill has been passed by parliament – there will now be a call for evidence to inform its implementation. The aim of the Bill is to ensure that certain health, education, and local authorities take account of the specific needs of people with Down syndrome when exercising their relevant functions. The LGA supports the Bill and has published a [briefing on the Bill](#). We continue to work with DHSC to inform the Bill and shape the call for evidence, and we will provide a formal Board response to it once it is published. We will also identify any potential new burdens for councils.

Oliver McGowan Mandatory Training

66. Mandatory training about learning disability and autism for health and social care provider staff was introduced as part of the new Health and Care Act. The Care Quality Commission will issue guidance on compliance with this requirement for providers prior to DHSC consulting on and publishing a Code of Practice for the sector on the Oliver McGowan Mandatory Training, which is training the Government developed and trialled. The Government anticipates that the publication of the full Code of Practice may take at least 12 months. The LGA will feed into the Code of Practice and identify any new financial burdens that may result.

Autism

67. We published a [Must know guide for councillors on autism](#)

68. We published a [number of good practice case studies](#) on autism.

69. We held an [Webinar with the DHSC on the autism strategy one year on](#)

70. We continue to be members of the national Autism Strategy Group.

Older People housing

71. We held a webinar in October 2021 on the Good Home Inquiry, commissioned by the Centre for Ageing Better. The inquiry aim was to provide an evidence-based analysis of England's housing policies to determine the causes of, and solutions to, the poor quality of so many of our homes. The event outlined key issues of importance to councils. We are shortly to publish a Housing our Ageing Population report with recommendations for the sector.

Exempt Accommodation

72. We supported councils experiencing difficulties with supported exempt accommodation, and successfully lobbied for councils to have greater local levers to respond to concerns about excessively high rents and/or the adequacy of the care and support provided.

Armed Forces Covenant

73. We have worked with government around the Armed Forces Bill, which introduces a new statutory duty on specified local public authorities to have 'due regard' to the Covenant, to help ensure armed forces, personnel, veterans and their families are not disadvantaged by their service when accessing key public services. This has included developing statutory guidance which enables councils to build on existing partnerships and good practice, and allows local flexibility to deliver Covenant pledges and supports innovative approaches.

2022/23 Priorities.

74. It is expected that the themes for the 2022/23 work priorities will remain broadly consistent with 2021/22, with a number of workstreams continuing into the new Board cycle.

75. 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"> • The forthcoming year is likely to again be extremely busy as work continues at pace to prepare for implementing the range of social care reforms, all in the context of significant pressures on care and support. It is suggested that the Board's priorities in the realm of adult social care are therefore as follows: <ul style="list-style-type: none"> ○ Continue to evidence the scale of pressures facing social care (and their consequences) and make those well known publicly and privately to Ministers and senior officials as part of continued calls for additional and urgent investment. ○ Continue to represent councils' interests in the huge range of work on the care and support reform agenda, particularly charging reform and adult social care assurance. ○ Continue to work with the full range of the LGA's national partners to identify areas of shared interest for joint lobbying and influencing. • It is difficult to predict at this stage what further work may be needed in response to potential increases in Covid numbers. Should the winter period bring a further wave of Covid, we will need to flex our capacity to ensure we are supporting the organisation's wider work in responding to Covid. This, of course, has remained a further feature of our adult social care work over the last year.
<ul style="list-style-type: none"> • Integration 	<ul style="list-style-type: none"> • Continue to represent local authorities in the development of ICSs – in particular advocating for local authorities to have a key role in ICBs, ICPs and place-based partnerships. • Support councils to make an effective contribution to integrated care boards, integrated care partnerships and place-based partnerships.

	<ul style="list-style-type: none"> • Work with government and national agencies such as NHS England and CQC to ensure that the views and concerns of local government are addressed in the developing policy agenda for integration.
<ul style="list-style-type: none"> • Public Health 	<ul style="list-style-type: none"> • Work with local government to input into the Covid Inquiry. • Respond to ongoing Monkeypox and Covid activity and look ahead to challenges such as influenza and winter preparedness. • Support councils with information and resources so they can continue to work to improve health throughout the cost-of-living crisis. • Continue to make the case that funding and capacity are mission critical issues affecting local public health teams. • Maintain local to national connections with a strong local government voice in whole Public Health system design. • Refresh our policy lines on obesity, sexual and reproductive health, tobacco control, alcohol with a new system, cost of living, inequalities and covid recovery lens.
<ul style="list-style-type: none"> • Child Health 	<ul style="list-style-type: none"> • Continue to represent local authorities in the development of Family Hubs. • Work with government to ensure that the views and concerns of local government are addressed in the developing policy agenda for childhood obesity, the Healthy Child Programme and any proposals identified in the Health Disparities White Paper.
<ul style="list-style-type: none"> • People in vulnerable circumstances 	<ul style="list-style-type: none"> • Continue to represent local authorities in the development of the Mental Health Act, Down Syndrome Bill and Autism Strategy – in particular ensuring that any new burdens are identified and funded. • Work with government and national agencies such as ADASS to ensure that the views and concerns of local government are addressed in the developing policy agenda for people in vulnerable circumstances (including people with mental health needs, learning disabilities and autism, dementia). To also share policy developments with the sector. • With the Environment, Economy, Housing and Transport Board to 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.

	<ul style="list-style-type: none">• Assist councils in implementing the new Armed Forces Covenant statutory duty.
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Implications for Wales

76. Health and adult social care are devolved matters.

Financial Implications

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

Next steps

78. Members' comments will be used to inform the draft priorities paper brought to the first meeting of the Board in the 2022/23 cycle.