

# **Introduction to your Health & Wellbeing Board: A Guide to New Members**

**A guide developed by London Councils**

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## Introduction

Health and Wellbeing Boards (HWBs) are a cornerstone for planning and securing effective transformation of health and care services in a time of increasing financial pressures on both the NHS and local government.

Local government has the statutory responsibility for delivering social care and public health while the NHS has responsibility for health care. Social care is one of the largest areas of spend for councils. In 2020/21, London boroughs spent £1.9bn on children's services and £2.7bn on adults' services, which was 30% of total service expenditure across London boroughs.

Health and Wellbeing Boards were designed to bring health and social care closer together, to achieve greater efficiencies in service delivery and improve both health and care outcomes.

To support local Health and Wellbeing Boards, London Councils established the London Health and Wellbeing Board Chairs' Network to provide timely information and support on new developments, a forum for peer-to-peer engagement and to consider opportunities for working at scale.

Health and Wellbeing Boards are invaluable to the health inequalities agenda. As statutory bodies that bring together a broad spectrum of partners from within and without the local health system, HWBs are well placed to tackle the underlying factors affecting health inequalities, such as employment, transport and housing. While the framework for all HWB's follows statutory guidance, many go beyond these requirements to maximise opportunities, ensuring that the wider determinants of health and wellbeing are recognised and engaged with by local leadership.

## What are HWBs?

Health and Wellbeing Boards were established in 2013 to bring together local health commissioning groups, elected councillors and senior council officers, with the purpose of designing local strategies for improving health and wellbeing through closer working between health and local government.

HWBs are a forum where political and clinical leaders come together to shape the local care and health system on a democratically accountable and statutory basis.

## Why are they important?

Health and Wellbeing Boards are able to lead a system-wide approach to health and wellbeing and so are one of the best levers for moving the health agenda away from the treatment of illness to the prevention of its causes. Key to achieving this is the ability of an HWB to develop effective partnership working, pushing it from the margins to the mainstream across stakeholders.

## Legislative background

The creation of statutory Health and Wellbeing Boards in every upper tier local authority was a main plank of the Health and Social Care Act 2012. The statutory functions laid out in this legislation are also enshrined in each HWB's individual constitution.

By assembling key leaders from the local health and care system, the principle purpose of Health and Wellbeing Boards is to improve health and wellbeing and reduce health inequalities for local residents.

This is achieved through:

- Developing a shared understanding of the health and wellbeing needs of their communities
- Providing system leadership to secure collaboration to meet these needs more effectively
- Having a strategic influence over commissioning decisions across health, public health and social care
- Involving councilors and patient representatives in commissioning decisions.

## Core membership

The Health and Social Care Act 2012 sets out the core membership required of each board.

The core membership should consist of:

- At least one nominated councillor of the local authority
- The director of adult social services for the local authority
- The director of children's services for the local authority
- The director of public health for the local authority
- A local Healthwatch representative
- A representative from relevant health commissioning bodies

## Roles and Functions

### What are the main functions of the health and wellbeing board?

HWBs provide oversight of the local health and care system, but do not commission health services or hold service budget.

The principal responsibilities of HWBs are:

- Developing Joint Strategic Needs Assessments (JSNAs): A JSNA is the assessment of current and future health and social care needs of the local population, produced in consultation with the local community and taking in to account broad contextual issues, such as demographics and environmental factors, that impact on health and wellbeing. The JSNA must be a comprehensive document that can be used by the LA, ICS and NHS England when developing or reviewing commissioning plans.
- Developing Joint Health and Wellbeing Strategies (JHWSs): Following the production, and based on the findings of, the JSNA, the JHWS is the plan to address the health issues identified in the assessment. Similar to the JSNA, the JHWS must be considered by health commissioners.
- Introduced in 2013, the Better Care Fund (BCF) is a single pooled budget shared between the NHS and local government to help them work more closely to try to ease pressures in both health and social care while improving service user outcomes. The BCF was the first pooled budget over which the Boards have been given oversight and decision making powers over how it is spent locally.

## Key Relationships & methods of engagement

Local authorities are the central figure in Health and Wellbeing Boards, as the HWB is a formal committee of the council charged with promoting greater integration between health and social care. To do this, councils must work with a range of stakeholders.

## Integrated Care Systems

In July 2022, Clinical Commissioning Groups (CCGs), the NHS bodies that have commissioned and co-ordinated healthcare since 2013, will be formally abolished and their functions will be transferred to new statutory bodies, Integrated Care Systems. Integrated Care Systems have existed as non-statutory bodies since 2018.

The introduction of Integrated Care Systems as the key statutory commissioning NHS bodies is part of a wider suite of changes to the health and care landscape. The changes are intended to promote integration between health and social care and place emphasis on collaboration over competition.

Integrated Care Systems cover a larger geographical area than CCGs. In London, CCGs were on the same footprints as boroughs; each ICS contains five to seven boroughs.

The Integrated Care Systems in London are:

- North Central London (Barnet, Camden, Enfield, Haringey and Islington)
- North East London (Barking and Dagenham, City of London, Hackney, Havering, Newham, Redbridge, Tower Hamlets, Waltham Forest)
- North West London (Brent, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea, Westminster)
- South East London (Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark)
- South West London (Croydon, Kingston upon Thames, Richmond Upon Thames, Wandsworth, Sutton)

Under ICSs, health and care is conceptualised and governed at three levels:

- The systems level – populations of around 1 million to 3 million people.
- The place level – populations of around 250,000 to 500,000 people. In London, place means borough.
- The neighbourhood level - populations of around 30,000 to 50,000 people.

Key ICS structures include:

- **Integrated Care Boards (ICBs)**. ICBs are NHS boards that sit at a system level and will be responsible for commissioning functions previously held by CCGs, as well as some functions previously performed by NHS England. In London, at the time of writing, the ICS is required to include a borough representative on the ICB. The ICB for each ICS must liaise with the Health and Wellbeing Boards in its area when preparing or revising their forward plans, which outline how they propose to exercise their functions over the next five years. The ICB must provide the HWB with a draft plan and, where applicable, any revisions made to the plan during consultation. ICBs must have regard for Joint Health and Wellbeing Strategies developed by HWBs in their area; when the annual performance assessment of the ICB is undertaken, NHS England must consult with each HWB about the steps taken by the ICB to implement any JHWS.
- **Integrated Care Partnerships (ICPs)**. ICPs also sit at a system level, and are a broad alliance of organisations responsible for delivering health and social care, including local authorities and the NHS. They can also include other actors in the health and care space, such as voluntary, community and social enterprise (VCSE) partners and social housing providers. ICPs are responsible for generating integrated care strategies for improving health and care for their residents.<sup>1</sup>
- **Place Based Partnerships**. Also known as local care partnerships, Place Based Partnerships are collaborative arrangements formed by the organisations responsible for arranging and delivering health and care services in a locality or community. Partners are responsible for shaping their local partnerships and high levels of variation can therefore be expected across different areas. While the factors that determine the boundaries of 'place' can vary, in London, it is agreed that place means borough level.
- **Provider Collaboratives**. Provider collaboratives are partnership arrangements involving at least two NHS trusts (public providers of NHS services including hospitals and mental health services) working at scale across multiple areas. ICS partners need to agree the areas of focus and delivery for each type of collaboration. The government's move to formalise

arrangements between providers reflects the shift in policy from an emphasis on organisational autonomy and competition towards greater collaboration and partnership working.<sup>2</sup>

The partnership arrangements that form the basis of ICSs are still being developed and the systems are rapidly changing and maturing. The level of local authority involvement in the system varies; ICSs have been designed by the government to have a degree of flexibility in implementation. Representatives from Integrated Care Systems will have a key role in Health and Wellbeing Boards going forward.

## Delegation

Delegation of commissioning decision making is a key element of the functioning of Integrated Care Systems. ICS bodies have the power to delegate commissioning powers and funding to partnerships at a place level, which if done correctly should allow more joint commissioning. London Councils is encouraging commissioning powers to be delegated to the level of place (i.e. boroughs) in most cases.

## System Wide Review of Health and Care Integration

In preparation for the above reforms London Councils has partnered with PPL, the Greater London Authority, the NHS in London and the UK Health Security Agency to undertake a system-wide review, to enable health and care integration to build on the lessons and experiences of the pandemic. The outcome of this work sets out Five Ps (Purpose, Priorities, Place, Pounds and Providers) for integration, developed based on engagement with local authority and health partners. These Five Ps provide organising principles to describe London's next steps to increasing integration in a meaningful way. Intrinsic to all of these is People - the sixth P.

The Five Ps:

- Purpose – creating a central purpose for the five London ICSs. Feedback suggested addressing inequalities could be the central, unifying purpose for ICSs.
- Priorities – Agree a small number of priority outcomes at a place level, across partnerships.
- Place – putting boroughs at the heart of local health and care systems. Place partnerships should be

1 <https://www.kingsfund.org.uk/publications/integrated-care-systems-explained>

2 <https://www.kingsfund.org.uk/publications/provider-collaboratives>

enabled by ICSs who support them to have financial and decision-making autonomy.

- Pounds –pooling all local health and care budgets by default, except where there is a compelling reason not to.
- Providers –provider collaboratives and primary care networks have a vital role in delivering better outcomes at scale and within places. In practical terms, this could mean that the voice of primary care is reflected in decision-making at all levels, with PCNs providing the “hub” for local care networks that focus on the wider needs of individuals and communities.

The report can be read [here](#).

## Local Healthwatch

As part of the Health and Social Care Act 2012, a network of local Healthwatch organisations was established, with the aim of creating a credible, representative and influential public voice in the system. Each Healthwatch representative has a seat on its local health and wellbeing board and must carry out a set of statutory functions which include:

- Supporting the involvement of local people in the commissioning, provision and scrutiny of local care services.
- Making reports and recommendations about how local care services can be improved. These should be directed to commissioners and providers of care services, as well as the HWB.

## Third-sector

While there is no statutory requirement to include third-sector representatives on a Health and Wellbeing Board, the involvement of community and charity organisations is increasingly seen as important to informing decision-making and securing positive local long-term health outcomes.

Although the diversity of local groups poses challenges for effective membership at board level, the sector’s contribution to community health and wellbeing is substantial. HWBs that have incorporated the third sector have reported that their impact can range from providing knowledge of community needs and assisting in extending the reach of the HWB, to offering expertise gained from their service provider role that is invaluable in informing JHWSs and in understanding the wider determinants of health.

## Other Local Authority Departments & Portfolio-holders

To more effectively include the wider determinants of health and wellbeing into the boards work, many HWBs have incorporated additional Portfolio-holders, such as those covering Adult Social Care, Children’s Services, Housing, Transport and Community, as permanent members of the board. Officers from other departments not directly related to health, such as planning or public protection and licensing, can be invited to attend meetings where the agenda is relevant to their areas.

## External stakeholders

The broad remit of Health and Wellbeing boards means they need to engage with a wide range of stakeholders as well as local people and communities. This can include, but is not limited to:

- **General public**  
Engaging patients and the public in the commissioning and provision of services is recognised as best practice and is also a statutory requirement under the Health and Social Care Act.
- **Fire and Rescue Service**  
In recent years the fire and rescue service has moved primarily from responding to emergencies to focusing on prevention. This has broadened out to include wider community safety, such as road safety, river safety and accident prevention in the home.
- **Police**  
The connection between crime and public health is well-known and recognised by Government. Areas where the work of the HWB and the Police link include entry to the youth justice system, people in prison with a mental illness, domestic abuse and sexual violence, drug treatment outcomes and community safety.

## Methods of engagement

Although the Health and Wellbeing Board can include additional members, or invite participation in specific activities as deemed appropriate, effective engagement cannot be done through formal board structures alone. Working directly with communities, and meeting communities where they are, is essential. Over the course of the pandemic, local authorities have had to work closely with local communities to protect public health and support people through crisis, with

closer, hyperlocal working and more coproduction with voluntary and community sector groups. There is an opportunity to build on these relationships as HWBs work to address other health and care issues.

When engaging with partners and the public, it is beneficial to:

- Go where your stakeholders are: Hold special public events in approachable and easily accessible venues, such as libraries or schools. When engaging with other specific external stakeholders, it is valuable to go to them – for example, if it is important for the London Fire Brigade to be involved in discussions, hold the meeting in a local Fire Station. Since the start of the COVID-19 pandemic, many engagement meetings have been held online, via platforms such as Teams or Zoom. These can be easier to access for some due to the lack of need to travel, but it is important to be mindful of digital exclusion and residents who would prefer to engage face to face.
- Utilise all the assets available to the HWB: Among the members of your board, who regularly communicates with the public or has contact with a particular stakeholder? How can these members better facilitate wider engagement?
- Be proactive with the Media: Consider how your Council's Communications team and other resources should be better utilised in improving engagement with local media. A programme of media engagement to highlight changes to the health and wellbeing of residents and the work of the HWB would be helpful in cultivating understanding.
- Be proactive with Social Media: Identify a 'thought leader' on your Health and Wellbeing Board to utilise Twitter as a means of updating professionals on the work of the board. Also ensure that the Councils corporate Facebook and Twitter accounts are used for general public messages in line with any media relations.

## Policy context – the development of the health and care landscape

The last ten years of health and care policy at a national level has seen a move from an initially highly competition focused system, to an emphasis on integration and collaboration across health and social care. There has also been a growing emphasis on prevention and the impact of health inequalities.

Landmark policy developments nationally and in London include:

### The Health and Social Care Act (2012)

The Health and Social Care Act 2012 was a major reorganisation of the health landscape. Key elements included the creation of Clinical Commissioning Groups (CCGs) as key bodies for commissioning and improving NHS services, the establishment of Health and Wellbeing Boards, the creation of Public Health England and the transfer of public health responsibilities from the NHS to local authorities. The changes aimed to promote choice and competition in the NHS.

### London Health Commission and Better Health for London (2013-14)

The London Health Commission was launched by the then Mayor of London Boris Johnson in 2013, to undertake public engagement and investigate and identify key health issues. In 2014, the commission published their report "Better Health for London". This report included 10 high level aspirations for London, with a focus on public health measures, such as promoting physical activity, and healthy eating, as well as the delivery of health services, with a focus on empowerment and personalization.

### Sustainability and Transformation Plans (2015)

Sustainability and Transformation Plans (STPs), announced in 2015, were five year plans for NHS spending. Geographical footprints containing on average 1.2 million people were identified for STPs. Leaders, usually drawn from Clinical Commissioning Groups (CCGs), had responsibility to plan and improve quality of care at the STP geographical level and to work with CCGs and local authorities in the area to create place-based plans. For London boroughs, this meant collaborating and working with health partners at a different spatial level than before. STPs formed the geographical basis for what would become Integrated Care Systems (ICSs).

## Health and Care Devolution (2015-2017)

In December 2015, London boroughs came together with health partners and the Mayor of London to jointly sign a Health and Care Devolution Agreement. The 2015 Agreement established the foundations for further work to build the case for specific freedoms and flexibilities for the London health system. In November 2017 the [London Health and Care Devolution Memorandum of Understanding](#) (MoU) was agreed with national partners.

The priorities laid out in the MoU were prevention, integration, and estates. Devolution was envisioned as a means for promoting health integration in London. The MoU remains in place; however, much of the work surrounding integration and prevention has been superseded by further developments at a national level.

Several aspects of the MoU remain in place and are useful to be aware of:

- The London Estates and Infrastructure Board, which brings partners (including the NHS and local authorities) together to enable greater value to be driven for Londoners from the health and care estate. The board is supported by the London Estates Delivery Unit.
- Superzones – Superzones are hyperlocal, designated areas of concerted and co-ordinated action to improve the health environment. More information on Superzones can be found in the *London's Key Public Health Initiatives* section.
- Integration – many of London's ambitions to achieve closer integration between the NHS and boroughs is being taken forward under the Long Term Plan through the establishment of Integrated Care Systems and place-based partnerships which will be created at borough level in each ICS.

## Introduction of Integrated Care Systems (2018)

Integrated Care Systems (ICSs) were introduced in 2018, as non-statutory partnerships between organisations that provide services to meet health and care needs. Integrated Care Partnerships were rolled out gradually across the country, replacing Sustainability and Transformation Plans.

## NHS Long Term Plan (2019)

The NHS Long Term Plan announced that ICSs would be introduced in all parts of England by April 2021. The Long Term Plan established joint working, prevention,

and health inequalities as key priorities, and called for a less central role for competition in the system.

## COVID-19 Pandemic (2020)

The COVID-19 pandemic caused severe disruption and continues to place considerable pressure on health services. Rapid and highly engaged partnership working between health and local authorities was required to respond to the pressures of the pandemic. Examples of such collaboration include joint working on rapid discharge, to ensure there were sufficient hospital beds during surges in demand, and joint delivery of COVID-19 vaccinations to vulnerable and hard to reach communities. The pandemic also led to increased prominence of, and pressure on, local authority Public Health teams, who worked across the system (including with central government, health, schools, private companies and the VCS) to respond to the pandemic.

As well as demonstrating the essential value of joint working, the disproportionate impact of the pandemic on certain groups (especially black and minority ethnic communities) led to a greater recognition of the impact of health inequalities at both a local and national level.

At a national level, the impact of the pandemic led the government to reform the national delivery of public health. Public Health England, the executive agency established in 2013 with responsibility for both public health protection and promotion, was disbanded. PHE's public health protection responsibilities, including dealing with the COVID-19 pandemic, were transferred to the newly created UK Health Protection Agency. Public health promotion, such as tackling obesity and supporting public mental health, became the responsibility of the newly formed Office for Health Improvement and Disparities (OHID), which sits within the Department for Health and Social Care.

## Introduction of the Health and Care Act (2021)

In February 2021, the government published its "Working together to improve health and social care for all" white paper, which set out legislative proposals for a new Health and Care Bill, as well as elaborating on the implementation of the NHS long term plan. The new Health and Care Act was introduced into the House of Commons in July 2021 and received Royal Assent in April 2022.

Provisions of the Act include:

- Integrated Care Systems to be placed on statutory footing, with the establishment of statutory Integrated Care Boards and Integrated Care Partnerships
- The abolition of Clinical Commissioning Groups, with their commissioning duties being taken over by Integrated Care Boards
- The introduction of a new duty on NHS organisations to consider the effects of their decisions on
  - the better health and wellbeing of everyone
  - the quality of care for all patients
  - the sustainable use of NHS resources
- Provisions to make it easier for ICBs to commission services collaboratively with other ICBs and other system partners and to reduce the need for competitive tendering

Over the course of 2021/2022, CCGs have been preparing for the shift to Integrated Care Systems, reorganising staff and developing governance structures.

## Health and Social Care Paper (2022)

The Department for Health and Social Care published a whitepaper “Health and social care integration: joining up care for people, places and populations” in February 2022. The whitepaper focused on integration and collaboration between the NHS and local authorities. The paper acknowledged the diverse range of place based partnerships, and did not include any plans to make budget pooling mandatory.

Key proposals and commitments in the whitepaper include:

- Development of a framework of national priorities and an approach for prioritising shared outcomes at a local level.
- More information on the development of place-based partnerships as key features of Integrated Care systems, with expected characteristics for governance models for place-based partnerships set out.
- Stating that by spring 2023, all places should have adopted a model of accountability and assigned responsibilities.

## Other Policy Issues

### The Wider Determinants of Health and Health in All Policies

Health and wellbeing are shaped not only by access to healthcare, but by wider determinants such as housing, employment, transport, and planning. Health in All Policies (HiAP) is a collaborative approach that integrates health considerations into policymaking across sectors to affect health and care improvements. HiAP recognises that there are a number of social determinants of healthy behaviours, and systems that support healthy living and good mental health rest with a host of sectors, providers and policies outside the traditional health sector. A summary of HiAP for local government can be viewed [here](#).

### Recovery from COVID-19

The London Recovery Programme was set up to support the recovery of London from the impact of the COVID-19 pandemic. The recovery programme is overseen by the London Recovery Board, co-chaired by the Mayor of London and the chair of London councils, and is made up of nine recovery missions.

- **Green New Deal** - Tackle the climate and ecological emergencies and improve air quality by doubling the size of London’s green economy by 2030 to accelerate job creation for all.
- **A Robust Safety Net** - By 2025, every Londoner is able to access the support they need to prevent financial hardship.
- **High Streets for All** - To deliver enhanced public spaces and exciting new uses for underused high street buildings in every Borough by 2025, working with London’s diverse communities.
- **A New Deal for Young People** - By 2024, all young people in need are entitled to a personal mentor and all young Londoners have access to quality local youth activities.
- **Helping Londoners into Good Work** - No Londoner, particularly those who have been disproportionately affected by the pandemic, is unable to access education, training or work.
- **Mental Health and Wellbeing** - By 2025, London will have a quarter of a million wellbeing champions, supporting Londoners where they live, work and play.

- **Digital Access for All** - Every Londoner to have access to good connectivity, basic digital skills and the device or support they need to be online by 2025.
- **Building Strong Communities** - By 2025, all Londoners will have access to a community hub ensuring they can volunteer, get support and build strong community networks.
- **Healthy Place, Healthy Weight** - By 2025, all London's families will find it easier to eat healthy food and be active where they live, learn, shop, work and play.

## Adult Social Care

London has followed the national trend of increasing pressures on adult social care, putting significant strain on boroughs. Even before the pandemic, London Councils estimated that London's adult social care sector required £400 million of funding over the next three years (2022 – 2025) just to meet inflation and demand pressures. Over the last two years, Covid-19 has led to additional expenditure of more than £500 million on adult social care across London. The cost per individual is rising; between 2019 and 2021, the average gross weekly expenditure per person accessing long term support in London increased by 16% (from £918 to £1,066).

London spends more on social care support for working-age adults as a percentage than the England average. London boroughs budgeted to spend approximately 57% of age identifiable spending on working age adults (18-64) in 2021/22. This includes support for people with learning disabilities or mental ill health.

There are significant challenges around the adult social care workforce, exacerbated by increasing need. As of March 2022, London has a vacancy rate of 13.1%, compared to the England average of 10.0%.

## Discharge

Hospital discharge is a key transition between health and social care and a point where it is essential health and care collaborate. Analysis by London Councils has found that the number of clients supported by London's adult social care services increased by almost 40% between 2019/20 and 2021/22, driven by the urgent

pressure to free up NHS beds to cope with COVID-19 admissions and the resulting implementation of the discharge to assess model in March 2020. Funding was made available to support NHS discharge pathways (approx. £230 million over the last two years) and boroughs have been reaching agreements with NHS partners to contribute to future costs which would have otherwise become the responsibility of local government.

## National Adult Social Care reforms

The Adult Social Care system is currently undergoing changes at a national level.

These include a life time cap of £86,000 on the amount anyone England needs to spend on their personal care, and a more generous means tests for local authority support. Charging reforms will be introduced in October 2023. The government has also announced a new Health and Social Care Levy, which will be introduced in April 2023<sup>3</sup>, to raise approximately £12bn a year over the next three years. Of this, £5.4bn has been committed to adult social care; £3.6bn to help pay for the cap on care costs and £1.7bn to fund improvements to the system.

In December 2021, the [Adult social care white paper](#) was published. Key commitments in the paper included using funding raised through the Health and Social Care Levy to support training and recruitment of ASC staff, support integration of housing into local health and care strategies, and support unpaid carers.

The whitepaper also set out plans for greater oversight over adult social care, with new powers for the Care Quality Commission (CQC) and the Secretary of state. The CQC will independently review and assess local authority performance in delivering their adult social care duties under Part 1 of the Care Act 2014. Under the Health and Care Act 2022, the Secretary of State now has the power to intervene where authorities are not meeting these duties.

<sup>3</sup> For 2022-23, National Insurance contributions were increased 1.25% to pay for health and social care; once the levy is introduced NI contributions will return to previous levels.

## Children's Social Care

### Support for Children and Young People with Specialist Educational Needs and Disabilities (SEND)

Children and young people aged 0-25 with SEND are entitled to support from their local area, such as extra help in school or access to respite care. Under the Children and Families Act 2014, education, health and social care are required to collaborate to deliver this support. Children and Young people who need more support than they can receive through school can receive an Education, Health and Care Plan (EHCP). EHCPs set out additional support children and young people with SEND should receive.

There is increasing pressure on London's SEND support system. In 2021, London had 72,000 children and young people on an Education, Health and Care Plan (EHCP) – an increase of 75% since the introduction of the Children and Families Act 2014. Government high needs funding has not kept pace with this demand. For 2022-13, London Boroughs received an 8% increase in allocations, which, while welcome, is below the recent annual increases in EHCP numbers (10 % in 2021).

In March 2022, the Department for Education published their [SEND Review green paper](#). The SEND review is a response to the widespread recognition that the system is failing to deliver for children, young people and their families.

The review has identified 3 key challenges facing the SEND system:

- For too many children, navigating the SEND system is not a positive experience.
- Outcomes for children and young people with SEND are consistently worse than their peers.
- The system is not financially sustainable.

Proposals include:

- Clarity on roles and responsibilities for all partners, across education, health, care and local government through the new national standards - with aligned accountabilities, so everyone has the right incentives and levers to do their role and be held to account
- A new inclusion dashboard for 0 to 25 provision giving a timely, transparent picture of how the system is performing at a local and national level across education, health and care.

Following the completion of the consultation, the DfE will publish a national SEND delivery plan, setting out how proposals will be implemented.

### Early Years Services

Early years services for babies and children aged 0 to 5 include maternity services and health visiting, early childhood education and childcare, and early years services provided by local authorities. Support for early years is fragmented in many areas of London, with many families not able to access the right support at the right time. Integrating services and support is integral to improving pathways for families and their long-term outcomes, particularly for those from a more disadvantaged background. Research commissioned by London Councils has found that across London, progressing the integration of early years systems is considered a priority by local authorities and their partners, reflecting the current policy environment, yet variability in practice is considerable. From a London parent perspective, there are many positives related to joined-up services, especially related to children's centers, but there are also clear gaps.

Recommendations and a self-assessment toolkit are being developed to promote integration at a local, pan-London and national level and empower local authorities and their partners to identify how they can take integration forward.

## Health Inequalities

Health inequalities were a priority for London's boroughs before COVID, but became more urgent once it became apparent that COVID impacts marginalised groups disproportionately, especially Black and minoritized ethnic groups. Members on Health and Wellbeing Boards have a commitment to ensure that equalities approaches remain embedded in borough Health Inequalities Strategies and Joint Strategic Needs Assessments and ensuring that a Health in All Policies Approach is a common thread featured in all local borough policies.

### COVID Pandemic

COVID 19 disproportionately impacts black and minoritized ethnic communities, older people, people with disabilities and people living in poverty. Between May and October 2021, COVID-19 mortality rates were five times higher in the Bangladeshi population compared to the white population, and more than three times higher in the Black Caribbean population. In June

2020, Public Health England published its [Beyond the Data](#) report which evidenced the disproportionate impact and provided recommendations to reduce COVID related inequalities. In 2021 the London Office for Health Improvement and Disparities (OHID) published [Beyond the Data: One Year On](#), outlining London's response to the initial report; community engagement was found to be highly valuable in addressing disparities, although the disproportionate impact of COVID remained.

## Health Equity Group

London's *Health Equity Group (HEG)* was formed to provide cross partnership leadership to address the disproportionality of COVID on BME communities. The group is also responsible for embedding the work of the Health Inequalities Strategy and Action Plan. Membership includes: London councils, local government leaders, chief executives and professional networks, NHS representatives, businesses, and representatives from the Faith, Voluntary and Community Sector.

London's *Health Equity Delivery Group* is a sub group of the HEG, jointly chaired by NHS London region and ADPH London. It works to provide a holistic approach to reducing health inequalities, improving access to health services and preventing ill health.

## The Mayor's Health Inequalities Strategy

The Mayor of London is required to publish a strategy to tackle health inequalities. The Mayor does not have special powers regarding implementation, or dedicated funding; the delivery of this strategy depends on joint working between partners across London. The strategy is overseen by the London Health Board.

The Mayor published the [London Health Inequalities Strategy](#) in September 2018, and followed this with the [London Health Inequalities Strategy Implementation Plan](#) in 2021. Priorities identified in the plan include: tackling childhood obesity, supporting mental health and wellbeing, tackling air pollution, campaigning to make London a living wage city, supporting active travel and addressing ethnic inequalities.

London Councils is supporting the GLA's work to implement the Strategy and Action Plan and is working to ensure that the key commitments of the Plan are implemented by all the key stakeholders such as NHSE, the GLA and OHID.

## London Health Board

Chaired by the Mayor of London, the London Health Board has a membership of NHS, ICS Leads, voluntary sector and elected members (5 from London Councils), ADPH and clinical Director representatives. The Board discusses a wide range of issues related to improving London's health outcomes, with a key focus on tackling health inequalities. Priority areas include mental health and air quality and effective partnership working. The LHB has oversight of the Mayors' Health Inequalities Strategy.

## London's Key Public Health Issues and Initiatives

### Vaccine Equity

Significant inequalities in COVID vaccine uptake persist within and between communities across London, associated with ethnicity, deprivation, age, faith and often the intersection of these and other multiple factors. Some of the lowest rates of vaccine coverage are seen in London's Black communities and in certain inclusion health groups, such as people who are homeless. Boroughs have worked with the NHS to promote the COVID vaccine to vulnerable communities, including through communications campaigns and through partnership with local community and faith settings to deliver vaccines directly to communities. The London Vaccine Equity Programme will be delivered in partnership by the NHS London Region, London OHID, London Councils and boroughs to address disparities in vaccinations. The programme will initially focus on increasing COVID and flu vaccination uptake. The programme will support and enable local and hyperlocal delivery, through the provision of funding for local innovation, the delivery of research, insight, analysis and evidence to support practice across the system, and through 'once for London' interventions and activities as needed. Learning from the work on COVID vaccine equity will be applied to other vaccination and screening programmes.

## Violence against Women and Girls and Domestic Abuse

Violence and abuse has a serious impact on the health and wellbeing of Londoners. Each year nearly 2 million people in the UK suffer some form of domestic abuse - 1.3 million female victims (8.2% of the population) and 600,000 male victims (4%)<sup>4</sup>. There is a strong link between health inequalities and domestic abuse; for example, people with mental health problems are more likely to experience abuse and experience greater barriers in leaving abusive relationships.<sup>5</sup>

Health and Care services have an essential role in supporting people experiencing abuse. Ensuring health and care professionals are trained to identify and respond to abuse is vital; the [IRIS](#) programme, which supports primary care providers to identify and refer survivors of abuse, is an example of how the health system can improve its response to domestic abuse.

Taking a public health approach to violence, involves identifying the causes of violence and focusing on preventing violence. Examples of this work include education programmes targeting young people in schools, and behaviour change campaigns.

London boroughs have an essential role as commissioners of support services, including refuge services, for survivors of violence and abuse. London Councils commissions support services and preventative programmes aimed at tackling violence against women and girls through its [grants programme](#).

## Obesity and Healthy Weight

Obesity is a serious public health issue in the capital and most Health and Wellbeing Boards have included the reduction of obesity or childhood obesity as key objectives within their JHWS's. The issue of obesity gained prominence during the COVID-19 pandemic, as evidence emerged that overweight and obese COVID patients experienced worse outcomes than those at a healthy weight. People living in poverty are more likely to be overweight or obese, due to complex societal and environmental factors. Obesity is therefore a key health inequalities issue.

Borough Public Health teams tackle obesity through a range of methods, including the delivering or

commissioning of Weight Management Services. There have been a number of London-wide campaigns and initiatives, including:

- **Tackling Junk Food Advertising** – TFL banned the advertising of foods high in fat, salt and sugar (HFSS foods) on their estates in 2019 and multiple boroughs have instituted similar healthy advertising policies across their estates.
- **School Superzones** are areas identified around schools, usually 400m around the school, where concentrated activities and interventions take place to create a healthier environment for young people travelling to school. A report on the first phase of the programme can be found [here](#).
- **Healthy Catering Commitment** - a scheme run by London boroughs that recognises businesses in London that demonstrate a commitment to reducing the levels of saturated fat, salt and sugar in the food sold in their premises.

## Sexual Health

### Sexual Health London

[Sexual Health London](#) is a partnership of London boroughs working together to transform the sexual health service model to meet increasing demand and deliver better cost effectiveness. The service is commissioned by 30 London boroughs and provides an online sexual health testing, contraception and treatment service to members.

The online testing approach is helping to improve access to sexual health services, with Londoners able to choose to visit a local clinic to get tested or by offering open access testing from home through an e-service model approach. The programme is working to embed the routine commissioning of Pre-exposure Prophylaxis (PrEP), which prevents those at risk from getting HIV. Since the pandemic, the service has expanded to offer contraceptive services including online access to emergency and routine contraceptives.

<sup>4</sup> <https://safelives.org.uk/policy-evidence/about-domestic-abuse>

<sup>5</sup> [https://safelives.org.uk/sites/default/files/resources/Spotlight%20-%20-%20Mental%20health%20and%](https://safelives.org.uk/sites/default/files/resources/Spotlight%20-%20-%20Mental%20health%20and%20)

## The London HIV Prevention Programme

The London HIV Prevention Programme (LHPP) is London's flagship HIV public health programme and has been supporting London's efforts to reduce HIV infections since 2014. It was set up in 2013 to provide a city-wide approach to HIV prevention following the transfer of public health to local government and is funded entirely by London boroughs from local public health budgets.

HIV remains a public health concern as it disproportionately impacts on ethnic minorities and minority groups. In 2017 there were more than 39,630 people in London living with diagnosed HIV, representing 43% of all people living with an HIV diagnosis in England. Despite several challenges London continues to witness record falls in new HIV diagnoses and late diagnoses since 2015.

There are three overarching aims of the LHPP, which are to reduce new HIV infections, to increase earlier diagnosis of HIV by increasing the uptake of HIV testing, and to promote condom use and safer sexual behaviours. Two main elements are a health prevention awareness campaign element called 'Do It London' delivered through the provision of a multi-channel social media campaign, and a sexual health promotion outreach service, which includes targeted provision of advice to access HIV treatments and HIV support along with the distribution of free condoms. The programme is making a valuable contribution to London's goal of zero new HIV infections by 2030.

Details on 'Do it London' can be seen [here](#).

## Smoking and Tobacco

Although the prevalence of smoking is generally decreasing, smoking remains a major public health issue. In 2020, 11.1% of Londoners were smokers. The London Stop Smoking Transformation Programme (LSCTP) was established in 2016 as a partnership programme led by London Directors of Public Health. The vision of the programme is to change smoking behaviours and encourage more quit attempts among the general population to support London to become the first smoke free city in England by 2029.

'Stop Smoking London' is the public face of the LSCTP, and in 2020 launched the ["Time To Quit"](#) campaign. Stop Smoking London also provides a directory of London borough Stop Smoking Services. More information about

the programme can be found [here](#).

The [Local Government Declaration on Tobacco Control](#) is a national declaration developed by Newcastle City Council. It was relaunched in March 2022. Signatories commit to take action to reduce smoking prevalence and health inequalities at a local level.

## Mental Health and Thrive LDN

At a pan-London level, much Public Mental Health work is coordinated by [Thrive LDN](#), which is supported by the Mayor of London and led by members of the London Health Board. In addition to their work leading London's Mental Health Recovery Mission, Thrive LDN's work includes:

- Right to Thrive, a programme to support communities and groups most likely to experience poor mental health. Activities include free training and capacity building opportunities for individuals and grassroots organisations in London.
- Public mental health insight work
- Creation of trauma informed resources and training to support the mental health of Afghan and Ukrainian refugees coming to the UK

## Mental Health Resources for Councillors

The [Centre for Mental Health](#) co-ordinates a national network of councillors who act as champions for mental health in their local areas. There is an ongoing London Mental Health Champions network that meets on a quarterly basis, and is run in partnership by the Centre for Mental Health, London Councils and the GLA. Support has included access to free Mental Health awareness training for councillors.

## Appendix I

### Further Reading and Resources

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#### GENERAL

|   |  |
|---|--|
| <a href="#">London Councils Briefings</a>                                       | Briefings created for members on a range of the latest policy developments.  |
| <a href="#">The King's Fund</a>   | Thinktank providing briefings, research and analysis on a range of issues related to health and social care. Includes useful explainers of key issues. |
| <a href="#">The London Assembly</a>   | London Assembly Committees regularly publish reports on a range of issues, including health and care.  |
| <a href="#">OHID Public Health Profiles</a>                                     | Provides public health data profiles on a range of issues such as smoking, obesity and ageing.   |
| <a href="#">National Institute for Health and Social Care Excellence (NICE)</a> | Non-departmental body of Department of Health and Social Care (DHSC), publishes guidelines on healthcare, public health and social care.               |
| <a href="#">Health Foundation</a>   | Research and reports on range of issues relating to health   |
| <a href="#">Local Government Association</a>                                    | Range of resources focused on local government.  |

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#### HEALTH INTEGRATION AND INTEGRATED CARE SYSTEMS

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| <a href="#">Accelerating integration, building on the lessons of the pandemic (Feb 2022)</a> | System-wide review of health and care integration in London, produced by London Councils in collaboration with the GLA and PPL |
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#### SOCIAL CARE

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|---------------------------------|---|
| <a href="#">Skills for Care</a> | Data and Insight on Social Care Workforce |
|---------------------------------|---|

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#### HEALTH INEQUALITIES

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|--|--|
| <a href="#">The Marmot Review (2010)</a> and <a href="#">the Marmot Review: 10 Years On (2020)</a> | Review of health inequalities in England |
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#### SMOKING AND TOBACCO

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|--|--|
| <a href="#">Action on Smoking and Health (ASH)</a> | ASH provide a range of resources on reducing the prevalence of smoking, including a <a href="#">toolkit</a> for local public health professionals and councillors involved in tobacco control and <a href="#">10 high impact actions</a> for local authorities |
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#### HEALTHY WEIGHT AND PHYSICAL ACTIVITY

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|-------------------------------|--|
| <a href="#">Sustain</a>       | Provides resources on promoting healthy eating, including a Toolkit for local authorities to tackle advertising of unhealthy food. |
| <a href="#">Sport England</a> | Arms Length government body, responsible for growing and developing grassroots sport   |

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## CHILDREN AND YOUNG PEOPLE

[Early Intervention Foundation](#)

Provides evidence and advice on effective early intervention for children and young people.

[What Works for Children's Social Care](#)

Provides research and evidence on improving children's social care

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## OLDER PEOPLE

[Centre for Ageing Better](#)

Research and evidence on supporting better ageing

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## Mental Health and Wellbeing

[Thrive LDN](#)

Provide research and insight into public mental health in London, alongside resources for residents and practitioners.

[Good Thinking](#)

Digital Mental Wellbeing Service for London

[What Works for Wellbeing](#)

Evidence and insight on policy and practice to improve wellbeing

[Centre for Mental Health](#)

Research and reports on mental health policy issues

## Appendix II

It is not possible for ordinary members to attend any of the below groups. However, their pan-London work, which relates to the wider determinants of health and wellbeing, are worth consideration.

Additional Networks, Forums and Organisations

- **London Health Board**

The London Health Board (LHB) is a non-statutory group chaired by the Mayor of London comprising elected leaders and key London professional health leads.

For any queries relating to the London Health Board please contact:

Alison Stafford, LHB Secretariat Manager: [alison.stafford@london.gov.uk](mailto:alison.stafford@london.gov.uk)

- **London Recovery Board**

Jointly chaired by the Mayor of London and the Chair of London Councils, the Recovery Board oversees the long term recovery from the COVID-19 pandemic. More information can be found [here](#).

- **Thrive LDN**

Thrive LDN can be contacted via email at: [info@thriveldn.co.uk](mailto:info@thriveldn.co.uk)

- **Association of Directors of Public Health (London)**

Through ADPH London, Directors of Public Health work together to address issues which can either only be successfully tackled on a pan-London basis and/or which enhance the ability of boroughs to meet their responsibilities locally. More information can be found [here](#).

- **Association of Directors of Adult Social Services (London)**

Similar to ADPH, ADASS aims to further the interests of people in need of social care by promoting high standards of social care services and influencing the development of social care legislation and policy among London's DASS's. More information can be found [here](#).

- **Association of London Directors of Children's Services (ALDCS)**

Similar to ADPH and ADASS, ALDCS is a professional network which discusses strategic issues affecting Children's Services across London, shares best practice, and coordinates research and policy activity that supports better outcomes for children.

- **Young People's Education and Skills Board (YPES)**

YPES brings together local authorities, education and training providers and government representatives to discuss strategic issues affecting young people in London. The focus is primarily on education and training, but the Board also discusses work strands relating to Special Educational Needs and Disabilities and mental health.

- **CLOA - Chief Cultural and Leisure Officers Association**

[London CLOA](#) is a network of Chief Culture and Leisure officers and senior officers with responsibility for culture and sport services across London.

- **London Culture Forum**

[The London Culture Forum](#) brings together officers from across London's 33 local authorities, with additional cultural representatives from key agencies operating in the capital.

Membership includes officers from all London local authority cultural services – across arts, culture, events, libraries and heritage – and representatives from organisations including Arts Council England, the Greater London Authority (GLA), London Councils and London & Partners.

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