

Update on other board business

Purpose of report

For information.

Summary

This report sets out other updates relevant to the Board, and not included elsewhere.

Recommendations

Members of the Community Wellbeing Board are asked to:

1. **Provide oral updates** on any other outside bodies / external meetings they may have attended on behalf of the Community Wellbeing Board since the last meeting; and
2. **Note** the updates contained in the report.

Action

As directed by members.

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Update on other board business

The Future of Public Health - The National Institute for Health Protection (NIHP) and other public health functions

Introduction

1. Following the Secretary of State for Health and Social Care's announcement of the new National Institute for Health Protection (NIHP) on 18 August 2020, we have yet to see government plans to better protect and improve the public's health, including where they will act to strengthen our health protection systems. A proposition document detailing the government's latest thinking is expected to be published soon.
2. As the government look to establish the new National Institute for Health Protection with a focus on our capacity and capability to respond to health threats, they also need to establish the right future system and organisational arrangements for improving the health of individuals and our population. The impact of Covid-19 on key groups of the population has highlighted the importance of levelling up health to support future resilience.
3. We remain disappointed that engagement to date on the future of the NIHP and the other health public health functions has been limited to a handful of large all stakeholder roundtables and no direct engagement with local government leads. We continue to push for stronger and more meaningful engagement with the sector.

Drug Treatment and Recovery

4. Last month we responded to the funding announcement of £148 million for cutting drugs crime and new investment in drugs prevention and treatment services. The government announced £80m additional funding for local drug treatment services in 2021/22.
5. This new funding is a positive step in tackling the scourge of illegal drugs in our communities, while providing much-needed support to those in drug treatment and recovery. We stressed that the causes of substance misuse are complex, but the right support in place can help vulnerable people improve their health, rebuild relationships, find work and drive down crime and violence. Extra funding means that drug treatment and prevention can be at the heart of councils' local public health responses, working closely alongside the police, health service and charities.

Public Health Grant 2021/22

6. At the time of writing, uncertainty remains about public health funding from April. Councils had expected to find out their individual public health funding allocations before Christmas. However, they have yet to be published by the Government.
7. We continue to push the Department of Health and Social Care (DHSC) and the Ministry of Housing, Communities and Local Government to provide certainty for directors of

public health and their teams on how much they can budget for in 2021/22 to help their communities deal with the immediate impact of Covid-19, including on local testing and vaccine rollout as well as longer-term improvements to population health such as tackling obesity and treating drug and alcohol abuse. Public health services cannot be expected to continue to meet rising demand, especially in the wake of the pandemic, without the extra resources to back this up. Public health funding grants to councils have been reduced by £700 million in real terms from 2015/16 to 2019/20.

Loneliness

8. The Department for Culture, Media and Sport (DCMS) has published the second Tackling Loneliness [Annual Report](#). It provides a progress update on the cross-government Loneliness Strategy that was published in October 2018. The report also acknowledges the vital role councils and local partners play addressing loneliness and social isolation, especially during the Covid-19 pandemic. The LGA is a member of the Local and Place Task and Finish Group, which is part of DCMS's Tackling Loneliness Network. The Task and Finish Group is finalising its report and we have highlighted the importance of locally-led approaches and building voluntary and community sector capacity. With the Association of Public Health Directors (ADPH), we have updated our [practical advice](#) note about Covid-19, loneliness and social isolation.

Mental Health and Wellbeing

9. In addition to the Mental Health Act White Paper, which is a separate agenda item, we continue to support and share good practice about how councils are supporting the mental health and wellbeing needs of their residents, including frontline workers, during the Covid-19 pandemic. With ADPH, we have updated our [briefing](#) about the public mental health and wellbeing issues arising from Covid-19.
10. Public Health England (PHE) has re-launched its [Prevention Concordat for Better Mental Health for All](#), taking into account the effects of COVID-19, a greater focus on reducing health inequalities and improved usability. Councils are invited to sign the consensus statement and commit to a plan to address the prevention and promotion of better mental health. Refreshed resources are available to support councils and the application process has been simplified. The LGA is one of the founding national signatories and we are encouraging even more councils to join.
11. PHE has also launched a nationwide Better Health - Every Mind Matters campaign to support people to take action to look after their mental health and wellbeing and help support others such as family and friends. The campaign encourages people to get a free [NHS-approved Mind Plan](#) from the [Every Mind Matters website](#) where adults and young people can access practical tips and resources. We have promoted the campaign to councils.

12. We continue to progress the research into whole family / household approaches to mental health and wellbeing through the lens of 16 to 25 year olds, with the Children and Young People's Board. The Centre for Mental Health will shortly be arranging webinars to share early findings and seek input from councillors. The Centre is also hosting virtual sessions with young people in early February to sense-check the emerging findings from the perspective of young people. Practical outputs will be produced by early April, including case studies, a 'must know' councillor guide and one-page topic guides to share findings and support different approaches.

Suicide Prevention

13. The Office for National Statistics (ONS) [Quarterly Suicide Death Registrations provisional data](#) to quarter 3 (July to September 2020) show similar suicide rates to the third quarter in previous years, with the lower number of suicides registered in quarter 2 likely to be caused by the pandemic delaying inquests. It is important to note that given the length of time it takes to hold an inquest, most deaths are registered around 5 to 6 months after they occurred, and it is too early to understand the impact of Covid-19 on ONS recorded suicide rates.
14. An ONS [report](#) into the change in standard of proof used by coroners from the criminal standard to civil standard concludes that this has not resulted in any significant change in the reported suicide rate. Finally, an ONS analysis of [recent trends in suicide up to 2018](#) has shown that 2018 saw the highest suicide rate in 14 years, with the greatest long-term increases seen in young people aged 10-24 and men aged 45-65.
15. Every suicide is a tragedy. Our [response](#) to the ONS reports said that councils are working hard with partners to prevent suicide and support those affected by it. We continue to call for a new national focus on helping everyone stay mentally well throughout their lives, including those affected by Covid-19, backed-up by funding for councils to spend with local partners, to help prevent more serious problems from developing.
16. The Samaritans have produced a series of [briefings](#) from ongoing research to understand the impact of the pandemic on wellbeing. Although it is too early to know the effect of the pandemic on suicide rates, the evidence shows that as well as affecting people's mental wellbeing, the pandemic is having an impact on factors we know are related to suicide risk. Based upon ongoing research, the Samaritans are particularly concerned about three groups: middle aged men, young people and self-harm and people with pre-existing mental health conditions.

Housing

17. With the Association of Directors of Adult Social Services (ADASS) and NHSE, we have published [guidance](#) for local government and NHS commissioners about a category of supported housing referred to as 'specialised supported housing', particularly lease-

based models. The guidance is intended to help commissioners take informed, risk-based decisions about specialised supported housing in the context of concerns raised by the Regulator of Social Housing.

18. With Care and Repair England and Age UK, we have updated and re-published our [guide](#) to meeting the home adaptation needs of older people in the light of Covid-19 and the Government's further [boost](#) to the all ages Disabled Facilities Grant, which will see local areas receive an additional £68 million, on top of the £505 million paid to councils in May 2020.

Armed Forces Covenant

19. The Government has published its [Armed Forces Covenant Annual Report](#), setting out the achievements of the Armed Forces Covenant. All councils have voluntarily signed up to the Covenant and it is positive that local government's vital role supporting our Armed Forces Communities is recognised in the Annual Report.
20. We continue to work with the Ministry of Defence to help shape the new statutory duty on local public bodies to have 'due regard' to the Covenant, which we expect to be introduced in Parliament next year. Next year is also the tenth anniversary of the Covenant and an opportunity to further share how we support serving personnel, veterans, reservists and their families in our communities.

Care and Health Improvement Programme

21. Discussions are underway with DHSC for a single year programme for 2021/22, staying within the spending review cycles, with essentially a rolling over of the 2020/21 priorities:

- 21.1. Care and health integration and hospital flow
- 21.2. Social care commissioning and markets
- 21.3. Social care strategic workforce planning
- 21.4. Social justice, incl. mental health, learning disabilities and safeguarding
- 21.5 Public health and prevention
- 21.6. Use of resources
- 21.7. Leading healthier places incl. councillor, professional and clinical leadership
- 21.8. Service design and innovation

22. Early expectations are that the budget will be broadly in line with 2020/21 funding levels at c£7.5m, although this has yet to be confirmed by DHSC.

23. A fuller report will be provided to the next Community Wellbeing Board once more details are known.

The future of Care and Integration

24. On 8 December, Cllr Paulette Hamilton chaired a webinar organised by NHSE and supported by the LGA on the role of place in the future of health and care transformation.

25. On 22 December, the LGA published its response to the NHSE consultation on the future of integration, which drew on the views and concerns of LGA members:

<https://www.local.gov.uk/parliament/briefings-and-responses/lga-response-nhs-england-and-nhs-improvement-consultation>.

25. On 23 December, the LGA published a joint good practice guide on localising decision-making: <https://www.local.gov.uk/localising-decision-making-guide-support-effective-working-across-neighbourhood-place-and-system>

26. On 6 January the Community Wellbeing Board members were invited to a consultative meeting with NHS England and NHS Integration colleagues on the future of care and integration.