Queen’s Speech

Purpose of report

For information.

Summary

This report provides a summary of the announcements of relevance to the Community Wellbeing Board in the Queen’s Speech on Tuesday 11 May 2021.

Recommendation

That the Board note the report and the impact of the Queen’s Speech on the future work programme.

Action

Officers to incorporate members’ comments into the LGA’s work around the Queen’s Speech going forward.

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Queen’s Speech

Background

1. On Tuesday 11 May, the Queen’s Speech set out the Government’s forward programme of legislation and a range of policy announcements. This paper includes a summary of the Bills and other announcements of relevance to the Community Wellbeing Board. For ease, these are summarised in the list below:
	1. Health and Care Bill
	2. Armed Forces Bill
	3. Adult Social Care reform
	4. Beating Covid and backing the NHS
	5. Prevention
	6. Mental Health Act Reform
	7. Early Years Development Review
2. The **appendix** to this paper includes an overview of each of these announcements and our initial response to the announcement, extracted from the LGA’s comprehensive ‘On the Day Briefing’ paper. In the short paper below, we provide a summary of the programme of activity, and the likely implications for our work and that of councils.

Issues

1. The two Bills announced in the Queen’s Speech of direct relevance to the Board were ones it has already had some engagement with: the Health and Care Bill and the Armed Forces Bill.
2. As is set out in the paper on integration and innovation in the agenda the Board has been closely involved with the work associated with the development of the provisions in the Health and Care Bill, including responding to the NHS England consultation on measures to support the Long Term Plan as well as the briefing and position paper on the Department of Health and Social Care’s (DHSC) White Paper on the legislative provisions to be included in the Bill. The Bill will continue to be a priority for the Board and the LGA’s lobbying activity during its passage through Parliament over the coming year.
3. The LGA has also been working closely with officials around the new statutory duty for councils and other public authorities in the Armed Forces Bill to have regard to the principles of the Armed Forces Covenant. As detailed in the Update Paper in the agenda for this meeting we will continue to push for greater clarity from government about what the duty will mean for councils and the services they deliver that impact on the armed forces community.
4. The Queen’s Speech also included a commitment to bringing forward proposals to reform adult social care. This was welcome, especially as it had not been clear until the Speech itself that the government would include a reference to adult social care reform in the Speech. The briefing material published by the government on the Speech however did not include any further detail on what reform would mean or the timescales in which the proposals would be brought forward. In our response we therefore highlighted the urgent need for government to address both these points, and the LGA’s willingness to work on a cross-party basis to ensure adult social care is sustainably funded going forward.
5. The government’s response to Covid-19 featured significantly in the Queen’s Speech, and highlighted the on-going vaccination programme. In response we set out the important role local government has played in the national response to the pandemic around not only the delivery of the vaccination programme but also in test and trace, support to the care sector, help to the extremely clinically vulnerable and ensuring compliance with the social distancing requirements.
6. As might be expected given the role of public health in the last year in responding to the pandemic, there was a commitment from the government in the Queen’s Speech to bring forward measures to support the health and wellbeing of the country. In the LGA’s response we set out the need for the health inequalities revealed over the last year by the pandemic to be addressed, for the cuts made to public health since 2014/15 to be re-evaluated in the Spending Review, the need for better nutrition and calorie labelling on alcohol and food, and welcomed plans to ban advertising on products high in fat, sugar and salt before 9.00pm on TV.
7. Members will recall from the last Board meeting that there is substantial work underway to reform the Mental Health Act, and further information on the LGA’s work in that area can be found in the Update report. The Queen’s Speech set out how the Act would be revised and updated, and drew attention to the government’s Mental Health Recovery Action Plan. Our response drew on the submission made to government which incorporated the points members made at the last Board meeting.
8. The final announcement of direct relevance to the Board in the Queen’s Speech was around the Early Years Healthy Development Review which was part of the government’s announcement that measures will be brought forward to ensure children have the best start in life. In our response we highlighted the need for implementation of the review to build on the positive programmes already in place, for councils and other partners to be properly resourced to deliver it in particular commissioning preventative services, and for local authorities to be at the heart of the new structures being established by the Health and Care Bill.

Implications for Wales

1. Health, public health and adult social care policy are all devolved functions, so many of the legislation and policy announcements included in the Queen’s Speech do not have direct implications for Welsh local authorities. Where they do have implications for Welsh authorities we will work with the Welsh Local Government Association on them.

Financial Implications

1. The proposals in the white paper are wide-ranging and not all are fully developed. There may well be financial implications for councils with adult social care and public health responsibilities. We will continue to work with councils, government departments and NHS England to identify all financial implications for local government and ensure that these are addressed by government.

Next steps

1. Members are asked to note the legislation and policy announcements in the Queen’s Speech of relevance to the Board.
2. Points raised by members will be incorporated into the LGA’s work around the legislation and policy announcements going forward.

**Appendix**: Relevant announcements from the Queen’s Speech

**Health and Care Bill**

*My Ministers will bring forward legislation to empower the NHS to innovate and embrace technology. Patients will receive more tailored and preventative care, closer to home.*

The purpose of the Bill is to:

* Lay the foundations for a more integrated, efficient and accountable health and care system - one which allows staff to get on with their jobs and provide the best possible treatment and care for their patients.
* Give the NHS and local authorities the tools they need to level up health and care outcomes across the country, enabling healthier, longer and more independent lives.

LGA view

* We support Integrated Care Systems (ICS) as a strong driver for integrating health services in a system through the Integrated Care Board and an ICS Health and Care Partnership. We will want to ensure that there is provision in the Bill to ensure parity of esteem between the Integrated Care Board and an ICS Health and Care Partnership.
* ICSs will need to work closely with public health in local government, education, early years services and the private and voluntary sector to ensure that the health and wellbeing of children and young people is a priority, alongside the care and support of older people and working age adults who need support. Getting support right from pregnancy and early childhood will have lifelong impacts and needs a far higher priority because of its long-term benefits.
* Wherever possible the ICS footprint must be coterminous with the local government. We urge the Government to resolve any problematic ICS footprints at the earliest opportunity through a transparent transition process that involves all relevant councils and NHS organisations.
* ICSs will need to ensure that decisions will be taken at the most local level. ICS structures need to build on existing place-based partnerships, in particular health and wellbeing boards. ICSs should not lead to unnecessary additional layers of bureaucracy, more rules, reporting and processes.
* For our more detailed commentary on the Health and Care White Paper, pleased read our recently published position paper.

**Armed Forces Bill**

*Honour and strengthen the Armed Forces Covenant, placing it in law.*

The main elements of the Bill are to:

* Renew the Armed Forces Act 2006, which would otherwise expire at the end of 2021 and there would be no legislative basis for our Armed Forces.
* Introduce a new duty to require relevant public bodies across the UK, when exercising specified public functions in the education, healthcare and housing sectors to have due regard to the three principles of the Armed Forces Covenant:
	+ Recognising the unique obligations of, and sacrifices made by, the Armed Forces.
	+ That it is desirable to remove disadvantages arising for Service people from membership, or former membership, of the Armed Forces.
	+ That special provision for Service people may be justified by the effect on such people of membership, or former membership, of the Armed Forces.

LGA view

* Armed Forces serving personnel, veterans, reservists and their families are valued members of our communities. All councils have signed the voluntary Armed Forces Covenant and are fully committed to honouring their obligations to those who have served their country.
* We fully support the aim of the Bill to help ensure armed forces personnel, veterans and their families are not disadvantaged by their service when accessing key public services. We will continue to work positively with government to further embed the Covenant locally, building upon what has already been achieved.
* We are concerned that clause 8 of the Bill, which sets out the proposed statutory duty for all UK public authorities to have due regard to the principles of the Covenant, lacks detail. This means it is difficult to fully understand the implications for councils across housing, education and healthcare services. It is important that potential new burdens are fully funded by national government and kept under review so that councils can continue to deliver high quality services to their armed forces community. We look forward to seeing guidance which will set out what is expected of councils in greater detail.

**Adult social care reform**

*Proposals on social care reform will be brought forward.*

Key issues the Government will address:

* Do more to ensure that everyone receives high-quality, joined-up care.
* Through the Health and Social Care Bill, improve the oversight of how social care is commissioned and delivered, and facilitate greater integration between health and care services by placing Integrated Care Systems on a statutory footing across the UK and putting more power and autonomy in the hands of local systems.
* Support the development of the adult social care workforce and engage with staff about how best to support them.
* Work with local and national partners to ensure the Government’s approach to reform is informed by diverse perspectives, including those with lived experience of the care sector.

LGA view

* We are pleased that proposals on social care reform will be brought forward, but urgently need a clear timeline. It is vital that this is also urgently converted into concrete funding proposals to provide sustainable support to people of all ages across the country who draw on social care to live the life they want to lead. We are keen to work with the Government and other stakeholders on a cross-party basis to achieve this. Councils and their communities need to see action as soon as possible.
* In our recent letter to Government on adult social care reform, we called for sustainable funding, defined in three broad ways. First, investment on an ongoing basis to fully move from a historical model of wellbeing based on care homes and hospitalisation to one of prevention, reablement, more appropriate accommodation, and community care and support that puts people first and acts on their knowledge of lived experience. This is what will deliver the necessary transition to a broader model of care that achieves better outcomes for people and, in turn, strengthens our local communities.
* We must end the approach of additional one-off grants and, in particular, the adult social care precept to fund social care. While welcome, these measures are only ever sticking plaster solutions that are unsustainable and harm longer term planning. Care and support to help people live their best life is a national entitlement and dependence on council tax to fund it is not the solution.
* As important as it is to protect people from having to sell their home to pay for care, this will carry a significant cost. Alongside any reforms of this type, we need a solution for bringing more money into social care that matches the level of ambition we have for social care as a key way in which people are supported to lead their best and most fulfilling lives. We have previously stated, and still believe, that the case should be made for increases in national taxation and/or a social care premium based on the core principle of universal risk-pooling. It is therefore helpful that the Queen’s Speech recognises that the risk of people’s future care costs is not shared equally across society. It is also helpful that the document recognises the vital role played by our care workforce and the need to support them. The LGA looks forward to extensive engagement across the whole sector, including employers and commissioners, about all aspects of workforce development including reward and career structures as well as skills and wellbeing.

**Beating COVID and backing the NHS**

*My Government will protect the health of the nation, continuing the vaccination programme.*

LGA View

* Local government has successfully supported the national effort to tackle the COVID-19 emergency. The LGA notes that the Government has significantly increased the financial commitment to the NHS to address the ongoing impact of the pandemic. Local government services have been vital in supporting and protecting people during the pandemic including assisting in the delivery of the vaccination programme, establishing local contact tracing partnerships and conducting surge testing, supporting care providers to prevent COVID infections in care settings, helping the clinically extremely vulnerable needing to shield and those having to self-isolate, as well as ensuring compliance with social distancing requirements.
* Councils have worked with social care providers to increase their fee levels and ensure providers have had support with the additional costs posed by Covid-19, such as higher staff sickness and absence rates and higher administration and PPE costs. Councils have also supported providers with cash flow, such as by paying on plan in advance. All of these efforts have been part of councils’ wider efforts to best support people who draw on care and support. We are disappointed therefore that there is no equivalent recognition of the need for additional resources for adult social care and public health.

**Prevention**

*Measures will be brought forward to support the health and wellbeing of the nation, including to tackle obesity.*

LGA view

* Everyone agrees that prevention is better than cure. Additional measures to help make our residents happier and healthier would be welcome and councils look forward to working with the government to bring forward efforts to improve the health and wellbeing of the nation in our recovery from Covid-19.Local government is at the heart of local work to improve the public’s health. It provides the leadership, expertise, partnership-working and access to local resources that are fundamental to strong place-based coordination.
* Health inequalities between the most and least deprived communities have been exposed and deepened over the past 12 months, while we have yet to see the long-term physical and mental impact of the pandemic and what it means for our future health and wellbeing. Councils should be at the centre of efforts to reduce inequalities and improve people’s lives. This includes making greater use of combined resources at local, system and national level. Encouraging behaviour change, such as through healthy weight programmes, stop smoking campaigns, tackling vaccine hesitancy and promoting positive mental health, will also see people across the country have longer, healthier and happier lives.
* Every pound invested by government in council-run services such as public health helps to relieve pressure on other services like the NHS and the criminal justice system, while also proving to be three to four times more cost-effective in improving people’s health than money spent in the NHS. Councils have seen a £700 million real terms reduction in public health funding between 2014/15 and 2020/21 – a fall of almost a quarter (23.5 per cent) per person. If the Government’s prevention agenda is to succeed then this must be re-evaluated in future spending rounds.
* We support proposals to strengthen front-of-pack nutrition labelling and calorie labelling on alcohol. We believe a single system will help people make informed choices. We also welcome plans to ban adverts of products high in fat, sugar or salt from TV before 9pm. It is disappointing that the white paper did not give councils powers to ban junk food advertising near schools.

**Mental Health Act Reform**

*Measures will be brought forward to support the health and wellbeing of the nation, including to…improve mental health.*

The main elements of reform are to:

* Bring the Mental Health Act into the 21st century and give people greater control over their treatment and receive the dignity and respect they deserve.
* Reform the process for detention, improve care and treatment whilst someone is detained, and give them better support to challenge detention if they wish, shifting the balance to give the patient more say.
* Change the law around how people with a learning disability or autistic people are treated under the Act to prevent prolonged detentions.
* Address the disproportionate number of people from black and minority ethnic groups detained under the Act.
* The Government remains committed to its ambitions in the NHS Long Term Plan to expand and transform mental health services in England.
* The Government has also set out its Mental Health Recovery Action Plan as part of the commitment to build back better.

LGA view

* The LGA supports reforming the Mental Health Act. We welcome the ambition to achieve meaningful change for people living with severe mental illness, including addressing the disproportionate number of people from black and minority ethnic groups detained under the Act, changing the law around how learning disabled and autistic people are treated, and a stronger focus on upholding people’s human rights.
* The Act will have significant resource implications for councils’ already stretched statutory children’s and adults’ mental health services, which central government will need to fully fund in line with recent investment in NHS mental health services.
* Achieving a reduction in detentions is not solely about legislative change. There needs to be a fully funded system-wide shift in policy and resources away from medicalisation and treating mental ill health, to early intervention, prevention, and support for pandemic recovery through integrated community-based mental health services that are jointly commissioned by councils and the NHS.
* It is positive that the Mental Health Recovery Action Plan makes available additional one-off funding to help national and local services from all sectors to meet new demand for mental health and wellbeing support arising from the Covid-19 pandemic. Going forward, local statutory children’s and adult’s mental health services, and wider public mental health services, need long-term parity of funding with NHS mental health services, to support mental health recovery and help the whole population to be mentally well.

**Early Years Healthy Development Review**

*Measures will be brought forward to ensure that children have the best start in life, prioritising their early years.*

Measures will include:

* Encouraging all local authorities to publish a clear Start for Life offer for parents and carers, showing families what support they can expect to receive during the 1,001 critical days from conception to age two.
* Building on the Government’s commitment to champion ‘Family Hubs’, encouraging local authorities to make them a place for families to access Start for Life services.
* Working across the system to hold local services to account, including through proportionate inspections, and to improve data, evaluation and outcomes of health services
* Encouraging local areas to nominate a leader and ensuring the delivery of the Review is overseen at a national level.

LGA view

* It is positive that the Early Years Healthy Development Review conducted by Andrea Leadsom MP recognises the crucial support provided by councils to improve outcomes for children aged zero to two.
* We will work with the Review team to ensure the ‘Start for Life’ and Family Hubs vision builds on the positive programmes already in place locally.
* For the vision to be realised it will need to be properly resourced. To develop ‘excellence’ in the early years, the Government will need to reverse the reductions to the public health and early intervention grants and ensure local authorities have the resources they need to commission effective preventative services.
* Local authorities are already accountable for improving outcomes in the early years sector and have established leadership. The Review should remain flexible and support local arrangements.
* The creation of Integrated Care Systems (ICSs) provides an excellent opportunity to improve the health and wellbeing of children and to tackle health inequalities. To do this effectively local government leaders need to be at the heart of ICS leadership to ensure a joined-up approach across the wider system.