

## 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 Care and Integration**

1. On 11 February, the CWB Lead Members and invited local authority chief executives who form the Ministerial Advisory Group met Care Minister, Helen Whately, for an informal meeting to discuss health and care reform – in particular the role of local government in ICSs.
2. On 9 March, Cllr Ian Hudspeth and Lord Victor Adebawale co-chaired a joint LGA and NHS Confederation Round Table to discuss the role and contribution of local authority public health teams in ICS. The Lead Members of the CWB also participated in the discussion.
3. On 11 March the Cllr Ian Hudspeth updated the LGA Executive Advisory Board on activity to represent local government on the government white paper on Innovation and Integration, and the forthcoming Health and Care Bill. The EAB acknowledged the clear and strong leadership provided by the CWB and agreed that they should continue to lead the LGA's response to the health and care reform agenda.
4. The CWB Lead Members agreed to sponsor the Devo Connect Health Devolution Commission's inquiry into the role and function of integrated care systems. Cllr Paulette Hamilton is an 'advisory commissioner' and CWB Chairman, Cllr David Fothergill, gave evidence to the Health Devolution Commission on 21 May 2021.

### **Public Health**

5. On 23 and 24 March, the LGA hosted the Annual Public Health Conference 2021: Rising to the challenge. Over 1,000 delegates attended over the two days to hear from Prof Chris Whitty, Prof Devi Shridhar and Rt Hon Matt Hancock.
6. In March, the LGA published the ninth LGA Annual Public Health Report. This year's annual report looks back at what public health has helped to achieve during the pandemic. It also looks to the future - the new UK Health Security Agency (UKHSA) and the publication of the Department of Health and Social Care's (DHSC) white paper and the significant organisational changes these could bring.
7. In April, the LGA responded to the review of the public health system and the creation of the UKHSA and the Office of Health Promotion.
8. On 22 April, the LGA held a webinar with the National Institute for Health Research (NIHR) to support local authorities evaluate public health interventions.
9. On 18 May, Cllr Colin Noble chaired a joint LGA/PHE webinar on Inclusive economies and powerful link between health and economic growth.

### **Mental Health and Wellbeing**

10. On 27 March 2021 the Department of Health and Social Care announced the COVID-19 Mental Health and Wellbeing Recovery Action Plan for 2021 to 2022 to mitigate and respond to the impact of the COVID-19 pandemic on mental health. As part of this Plan, £15 million was allocated to preventing mental ill health and promoting good mental health in the most deprived communities in England. PHE has invited eligible upper tier councils to apply for their portion of the funding by 11:59pm Friday 28 May. Proposals will be reviewed by a National Panel on 9 June 2021 and funding confirmed before the end of June 2021.

### **Suicide Prevention**

11. The latest Office for National Statistics [provisional analysis](#) shows that there were 4,902 suicides were registered in England in 2020, equivalent to a provisional rate of 9.9 suicide deaths per 100,000 people; this represents a statistically significant reduction in the rate from 2019 when there were 10.8 suicide deaths per 100,000, but caution is required in the interpretation of this decrease. The reduction in the number of suicides registered in 2020 from the previous year most likely reflects delays to coroner inquests, because of the impact of the coronavirus pandemic, as opposed to a genuine decrease in suicide. The analysis does not show suicides that occurred during the pandemic, because of the length of time it takes to hold an inquest. It is important to note that while early studies into [suicide data](#) during the pandemic have not found a change in suicide rates, these are early figures and significant economic, social and clinical risks remain. Given this, it is welcome that the Department for Health and Social Care has confirmed funding for year 2 of the LGA/ADPH sector-led improvement suicide prevention programme.

### **Armed Forces Covenant**

12. We continue to shape the new statutory duty for all UK public authorities to have due regard to the principles of the Covenant, which is being introduced via the Armed Forces Bill. We are concerned that clause 8 of the Bill lacks detail. This means that 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. We will continue to work positively with government to further embed the Covenant locally, building upon what has already been achieved.

13. The Armed Forces Covenant Fund Trust is inviting [applications](#) for a £25,000 grant from councils that previously delivered work under the Strengthening Delivery of the Covenant programme. The funding will enable eligible councils to achieve longer term improvements for the Armed Forces communities and better access to services and support in local areas. The closing date for applications is midday 11 June 2021.

### **Mental Health Act**

14. We have made a formal submission to the Governments Reforming the Mental Health Act White Paper. The Act is likely to become law in 2022. In our submission we stated that the LGA supports the reform of the Mental Health Act. We welcome the ambition to achieve meaningful change for people living with severe mental illness, and the role of local government in supporting this.
15. We highlighted that the new Act will have significant resource implications for councils and are working with MHCLG to model new burdens. In our submission we stated that councils' statutory children's and adults' mental health services and wider public health responsibilities need parity of funding with NHS mental health services, so that councils – working closely with partners – can help the whole population to be mentally healthy, prevent the escalation to clinical services and support people of all ages who are mentally unwell.
16. Finally, we welcome the intention of the Act to address the rising rates of detention and experiences of people from Black, Asian and Minority Ethnic (BAME) backgrounds. We stressed that achieving a reduction in detentions is not solely about legislative change. There needs to be alternative treatments and services available, commissioned by councils in the community, as well as NHS services. There needs to be a system-wide shift in policy and resources away from medicalisation and treating mental ill health, to early intervention, prevention, and support for recovery through integrated community-based services.

### **Children and Young People's Mental Health**

17. In collaboration with the Children and Young Peoples Board, we commissioned the Centre for Mental health to produce a number of case studies on a whole household approach to children and young people's mental health. These were published in May 2021 to coincide with Mental Health Awareness. We also held a Webinar on the findings in March 2021, chaired by Cllr Judith Blake and joined by Cllr Ian Hudspeth

### **Autism**

18. The Autism Strategy is to be published later this year. The LGA are members of the Autism national Executive Group which is leading on the strategy. We have made a number of comments on the new strategy. We are in support of the strategy ambitions, but areas where further information is needed include: the Implementation Plan, clarification around any supporting funding/resources for councils and partners to build community support and how the Government proposes to monitor or measure the progress of the strategy.

### **Dementia**

19. The DHSC is developing the Dementia strategy. The strategy will be overseen by the national Dementia Programme Board – the LGA are members of the board.

20. It will be a three-year strategy. It is proposed that year one will be focussed on Covid recovery and issues arising from the pandemic. Years two and three will look at issues agreed by the Dementia Programme Board prior to the pandemic.
21. We have provided feedback on the draft strategy. In our comments on the proposal, we have emphasised the central role of councils in delivering/commissioning services for people with dementia in the community. Also, the importance of social care reform and long term funding to support councils to deliver the best outcomes for people with dementia and their carers. The strategy also needs to reflect the diverse needs of communities – particularly around raising awareness, risk reduction and ensuring appropriate support. Finally, the strategy needs to reflect our principles for social care reform.
22. In May, Sarah Pickup, LGA Deputy Chief Executive gave evidence to the Health and Social Care committee on Adult Social Care and Dementia.