

End of Year Report 2022/23

Purpose of Report

For direction.

Summary

This paper sets out the Community Wellbeing Board's end of year report for the 2022-2023 meeting cycle. It also sets out draft proposals for the 2023/24 work plan.

LGA Plan Theme: **Putting people first**

Recommendation

That the Community Wellbeing Board:

- (a) Notes the end of year report; and
- (b) Considers the Board's work priorities for 2023/24.

Contact details

Contact officer: Mark Norris

Position: Principal Policy Advisor

Phone no: 020 7664 3241

Email: mark.norris@local.gov.uk

End of Year Report

Background

1. At its meeting in October 2021 the Board considered its priorities for 2022/23 and agreed a substantive programme covering the following areas of work:
 - 1.1 Adult social care funding and reform
 - 1.2 Integration
 - 1.3 Public Health
 - 1.4 Child Health Priorities
 - 1.5 People in vulnerable circumstances.
2. This paper provides an overview of the achievements delivered against these themes. It also seeks an initial steer from the Board on its priorities for 2023/24. Members' comments will be used to inform the development of a full paper for consideration at the first meeting of the 2023/24 Board cycle.

Adult social care funding and reform

Funding

3. We have continued to highlight the serious pressures facing adult social care and their many consequences for people, services, the workforce and communities. Our calls for additional funding to ease these pressures were acted on in the 2022 Autumn Statement, which announced new investment for adult social care totalling up to £2.8 billion in 2023/24 and up to £4.7 billion in 2024/25.
4. Whilst welcome, our response highlighted the gap between the funding announced and our well-established call for £13 billion to address all pressures and enable councils to meet all of their legal duties under the Care Act. We have also done a lot of work to counter the Government narrative that adult social care now has what it needs in terms of funding. Of particular note, we produced a thorough briefing with the NHS Confederation on the Autumn Statement monies, which set out that the total allocation: assumes councils will use all of their council tax flexibilities; includes funding for children's as well as adult services; and includes funding that is ringfenced specifically for addressing delayed discharge. This has proved a very popular briefing.

Delayed discharge

5. Delayed discharge has been a considerable focus for the Government over the last year, particularly over winter. In January, we wrote publicly to the Secretary of State, jointly with ADASS and Solace, setting out our concerns with the way Government was portraying adult social care as being to blame for delayed discharges. We also used the letter to push for greater Government engagement with local government on the issue,

as well as setting out our views on the short- and medium-term steps that should be taken to address delayed discharges. The aforementioned briefing with NHS Confederation also covered shared thinking on how best to tackle the issue.

6. We organised two (December and January) meetings for council chief executives and directors of adult services to hear from Ministers at the Department of Health and Social Care (DHSC) and the Department of Levelling Up, Housing and Communities (DLUHC) on delayed discharge. These were excellent opportunities for senior council officers to share their views, including their concerns and frustrations, as well as actions that would really make a difference on the ground.

Assurance

7. We have done a significant amount of work on adult social care assurance over the last year. Through weekly meetings with the Care Quality Commission (CQC), ADASS and DHSC we have set out councils' concerns with assurance, including single word ratings, the financial context councils are operating in and the capacity challenge that assurance poses. We formally put these concerns on record through correspondence to the Minister. Some of these concerns are reflected in CQC's assurance operational framework, as well as the draft framework for intervention and support.
8. Due to the troubling lack of communication from the Department and the regulator to councils on the subject, we have held a series of webinars where senior figures from DHSC, CQC and the Government have given updates to council colleagues. These have been extremely well-attended, with around 1,000 Members and officers attending.
9. Officers from the Community Wellbeing Team and Partners In Care And Health (PCH) have also worked closely on a number of products to help support councils in their preparations for assurance. This includes a 'top tips' document and a comprehensive self-assessment workbook. Officers have also worked closely with a small group of council chief executives to test out our thinking and better understand the concerns of senior colleagues. This has been invaluable and has helped shape our policy positions.
10. With 5 pilot sites now undergoing assurance, we will be working with the Lead Members of those councils to understand how they are finding the experience. Again, this will help inform and shape our ongoing lobbying work in this area.

Reform: Government

11. Following discussions at a previous Community Wellbeing Board, we wrote to the Secretary of State calling for a short 6-month deferral to elements of the Government's charging reforms. Given the fragile state of the provider sector, we argued that work on 'fair cost of care' should continue. But to ease capacity pressures, we suggested the Government should defer implementation of the care cost cap, changes to the financial

means test thresholds and implementation of 18(3) of the Care Act, which would enable self-funders to access care at the council-funded rate. We argued this would ease capacity pressures on councils, allow more time to learn from the reform Trailblazer sites, and also allow more time to ensure appropriate and necessary systems were up and running to deal with the expected increase in assessments. In its Autumn Statement, the Government pushed the implementation of these elements of its reform agenda back to October 2025.

12. In April, the Government published its long-awaited update on its December 2021 white paper on wider system reform. This was widely perceived to be a downgrading of funding and ambition and the LGA responded by expressing its disappointment at the plan, particularly the reduction in funding for measures to support the development and wellbeing of the care workforce. The Board had an opportunity to articulate its concerns directly to Michelle Dyson, Director General for adult social care at DHSC at its May Board.

Reform: wider sector

13. There have been a number of interesting and important publications from partners on the future of adult social care over the last year. These include the Archbishops' Commission on Reimagining Care, the House of Lords inquiry on adult social care which culminated in its report, 'Gloriously Ordinary Lives', and the Fabian Society report, 'Support Guaranteed: The Roadmap To A National Care Services'. LGA officers submitted evidence to these three initiatives and had meetings with their senior leads. Many of the findings and recommendations from these projects aligned closely with what the LGA has said on the future of care and support.
14. As part of our own work on wider reform, we ran a very well-attended Smith Square Debate on the subject in January. Chaired by the BBC's Alison Holt, and with senior speakers including Dr Anna Dixon MBE (co-chair of the aforementioned Archbishops' Commission) and Miriam Levin (programme director for Engage Britain), the debate considered what the future should hold for adult social care and how best to deliver that vision.

Flagship conferences

15. Between April and June this year, we worked closely with the Health Foundation, NHS Confederation and NHS England to develop and deliver an 'adult social care feature zone' at NHS Confederation's annual 'Expo' conference. This was seen as an important opportunity for senior NHS leaders to learn more about the value of adult social care both in its own right and in terms of the role it plays in helping to mitigate demand pressures facing the health service. Colleagues from across the LGA and PCH worked with councils and sector partners to deliver three stands in the exhibition and five workshop sessions covering topics ranging from coproduction and involving the voice of

lived experience, to collaborative working between system and place. Colleagues will be meeting in the coming weeks to reflect on the experience and consider whether to do something similar next year.

16. As ever, colleagues from LGA, PCH, ADASS and ADCS worked closely again to develop and deliver a successful National Children and Adult Services Conference in 2022. Planning is already well underway for this year's NCAS Conference. Key issues facing the sector will also be covered as part of our ongoing leadership development offer for Lead Members.

Delegations

17. Over the last year, officers from the LGA have hosted separate delegations from Norway, Sweden and Israel. These international colleagues contacted us as they were keen to learn more about different aspects of the way in which English councils support people of all ages to live independently and the structures and systems used.

Partnership working

18. Officers have continued to work closely with a range of partners from across the wider adult social care sector. Of particular note, the LGA has remained an active contributor to the National Adult Social Care Leaders Group, comprising organisations including ADASS, Skills for Care, Social Care Institute for Excellence, the Care Provider Alliance, Think Local Act Personal and Social Care Future. The group continues to be a helpful forum for sharing updates and intelligence and considering joint messaging and policy development work, particularly on the care workforce.

Priorities for 2023/24

19. Given the breadth of activity in this area of the Board's work, it is difficult to list every suggested priority and action. The following are therefore broad heading areas under which would sit a range of activity and work.
- 19.1 Continue to evidence the scale of pressures facing social care (and their consequences) and make those well-known publicly and privately to Ministers, senior officials, partners and the public as part of continued calls for additional investment.
 - 19.2 Continue to represent councils' interests in adult social care assurance including learning from the pilot sites as assurance rolls out more widely.
 - 19.3 Continue to work with the full range of the LGA's national partners to identify areas of shared interest for joint lobbying and influencing.
 - 19.4 Support councils, and manage public perceptions, around winter pressures and delayed discharge
 - 19.5 Further push the LGA's priorities for adult social care reform, possibly to include a major new publication reflecting on the 10 year anniversary of the Care Act

receiving Royal Assent.

Integration and System Reform

Integrated Care Systems

20. Integration continues to be a key priority for the LGA, the Government and the NHS since the Health and Care Act gained Royal Assent in April 2022. It required the development of new statutory guidance to support the establishment of integrated care boards (ICBs) and integrated care partnerships (ICPs) and significant revision of existing statutory guidance affecting the NHS, local government and Government functions. This year has seen a period of intense engagement with the Department of Health and Social Care, to ensure that new and revised guidance reflected the concerns and perspective of local government.
21. We have also worked closely with other national membership organisations, in particular NHS Confederation, to build a strong relationship with ICBs and ICPs to support them to embed and develop as effective and collaborative system leaders. Our colleagues in the Partnerships for Care and Health Team also work closely with the DHSC, NHS England, ADASS and the NHS Confederation to support the development of effective leadership at place, health and wellbeing and ICS level.

Commons Health and Social Care Committee review of Integrated Care Systems

22. Forty-two Integrated Care Systems (ICSs) covering all of England were established on a statutory footing on 1 July 2022. The Commons Health and Social Care Committee carried out an inquiry into the accountability and autonomy of ICSs between November 2022 and February 2023. It published its [Seventh report - Integrated care systems: autonomy and accountability](#) on 30 March 2023. The LGA provided written evidence to the inquiry and Cllr David Fothergill addressed the Committee at an oral evidence session in November 2022.
23. The final report of the Committee reflected our key messages on the need DHSC and NHS England to move away from its command and control approach and give ICSs the time and space to focus on the priorities that will have the biggest impact on health outcomes and health inequalities.

Hewitt Review of ICS autonomy and accountability

24. In November 2022, the Government commissioned the Rt Hon Patricia Hewitt to undertake a review of the autonomy and accountability of ICSs. The LGA was closely involved in the review with local government representation – a mixture of LGA officers and senior elected members – on each of the workstreams. We also submitted our own evidence: <https://www.local.gov.uk/parliament/briefings-and-responses/lga-response-hewitt-review-ics-accountability-and-autonomy> which broadly supported the development

of ICSs but emphasised the need for them to work collaboratively with health and wellbeing boards at place level and to build on existing partnerships. We also emphasised the need for a reduction in nationally determined targets and priorities so that ICSs can focus on the priorities for their own populations.

25. The final report of the Hewitt Review, published in April 2023, reflected many of the LGA's key messages.
26. On 14 June, the Government responded to the House of Commons Committee report and the Hewitt Review with a largely positive response which restated their commitment to ICSs working collaboratively to improve population health and tackle inequalities. We were, however, disappointed that the Government has rejected the Hewitt Review suggestion to grow the proportion of funding spent on prevention by one per cent per year. That said, we broadly support the Government's response to those two significant inquiries, in particular their recognition of the importance of place based partnerships and of collaboration between the NHS and local government.

ICS national network

27. Throughout 2022/23 we have worked closely with the NHS Confederation to provide sector-led support to the new leaders in integrated care systems – in particular the Chairs of ICBs and ICPs. The ICB and ICB Chairs Forums each provide an independent space for Chairs to exchange ideas, develop solution and shape policy development. We have been particularly closely involved in the agenda setting, support and action arising from the ICP Chairs Forum, co-chaired by Cllr Tim Oliver and Cllr Tim Swift who are both ICP chairs. In June 2023, the Lead Members of the CWB agreed an MOU with NHS Confederation to formalise this joint working so that the LGA is now formally a joint sponsor of the ICP Chairs Network, with the CWB being represented at meetings.

Health and Social Care Sounding Board

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

Health Devolution

29. The CWB continues to co-sponsor the Health Devolution Commission (HDC), an independent cross-party and cross-sector forum to promote health devolution and integration across England, alongside other organisations, including the NHS Confederation, Mencap, Barnado's, the British Association of Counselling and

Psychotherapy, London Councils, Greater Manchester Health and Social Care Partnership and the West Yorkshire Health and Care Partnership.

30. In 2023, the HDC is focusing on identifying, capturing and disseminating good practice from integrated care systems on a range of issues, including the integration of health and social care and the role of ICSs in supporting social and economic development.
31. The LGA is also co-sponsor of the Health and Devolution Working Group with NHS Confederation. The working group brings together experts from local government devolution, the NHS, academia and national membership organisations to understand the priorities, opportunities and challenges for leaders in local government devolution areas and ICSs in bringing together health and local government devolution. The Working Group has been endorsed by the CWB, the City Regions Board and the People and Places Board who each have a representative at meetings of the Working Group.
32. The LGA and Confederation will be publishing a report of the findings of the Health and Devolution Working Group in the Autumn at a joint conference.

Major Conditions Strategy

33. In January, the Secretary of State for Health announced the development of a Major Conditions Strategy, covering the six conditions which contribute to the burden of disease on England. The CWB has given their views to senior DHSC officials and will be submitting evidence to the Review.

Priorities for 2023/24

34. Continue to represent local authorities in the development of ICSs – in particular advocating for local authorities to have a key role in ICBs, ICPs and place-based partnerships.
35. Support councils to make an effective contribution to integrated care boards, integrated care partnerships and place-based partnerships.
36. Work with government and national agencies such as NHS England and CQC to ensure that the views and concerns of local government are addressed in the developing policy agenda for integration.

Public health

Funding

37. In March, DHSC wrote to councils to explain that they would be expected to use existing budgets to pay for NHS pay increases for commissioned community services (e.g. health visiting, school nursing). The LGA argued that this could push stretched budgets to the

limit and put services at risk. In response to our lobbying, it was agreed that councils should not expect additional in-year costs related to the NHS pay award to be passed on to them. This is a win for the LGA, but clarity on non-NHS staff commissioned to deliver public health activity needs to be resolved.

38. In February, the government announced that councils across England will receive an additional £421 million funding through to 2025 to improve drug and alcohol addiction treatment and recovery. This includes support for children and young people affected by substance misuse. This additional funding was announced as part of the Government's drug strategy, '[From harm to hope: a 10-year drugs plan to cut crime and save lives' \(2022\)](#).

Covid Inquiry

39. In September, the Covid19 Inquiry was formally launched to examine the UK's response to and impact of the COVID-19 pandemic and learn lessons for the future. The LGA and the Welsh LGA have been granted core participant status in the Inquiry, this involves co-ordinating evidence and responses on a range of issues. The LGA will be providing evidence, expert witness account and relevant supporting documentation in relation to the issues being considered by the Inquiry and will support councils to the extent that we can in doing so. We will also support the timely implementation of recommendations.

Dental Health

40. In October, we published new analysis that revealed a growing number of "dental deserts" across the country with more deprived or rural local authority areas having fewer NHS dentists than those in more affluent urban areas.

Monkeypox

41. Throughout 2022/23, the LGA worked closely with the UK Health Security Agency (UKHSA) and others to tackle a very small number of cases of Monkeypox in local communities. The outbreak has highlighted the important health protection work of local authority commissioned sexual health services. We worked with our commissioners throughout this outbreak to ensure the best response to both monkeypox infections and minimise disruption to other important sexual health services.

Sexual Health

42. In November, we published '*Breaking point: Securing the future of sexual health services*'. The LGA and English HIV and Sexual Health Commissioners' Group (EHSHCG) produced this report focusing on demand and funding pressures. The report delves into the trends since local authorities took responsibility for sexual health services in 2013, looking at the social and economic context in which they occur.

Economic Inactivity

43. Economic Inactivity is an increasingly high-profile issue nationally. The underlying causes of economic inactivity are often multi-faceted – mixing factors such as family context, mental and physical health conditions, with compounding barriers to do with loss of confidence or self-esteem, or practical factors such as access to transport. In December, the LGA commissioned Shared Intelligence to undertake two parallel streams of work about economic inactivity 1) To research the range of national programmes available to support economically inactive people into work. 2) To review the range of action taken at a local level and understand the opportunities and challenges associated with addressing economic inactivity at place level. Our report will be published this summer.

Directors of Public Health

44. To mark the 175th anniversary of the first Medical Officer of Health (now known as a Director of Public Health), we commissioned a series of interviews with the Association of Directors of Public Health (ADPH), exploring the varied and invaluable role of a Director of Public Health. We wanted to mark this important milestone by recognising the rich heritage and community of which directors are an important part and acknowledge the important role they continue to play in contributing to the future of protecting and improving the public's health.

45. Over the last 12 months we have published a series of case studies covering a diverse range of subjects such as women's health hubs, stop smoking services, sexual health services and Health and Wellbeing Services. We delivered over a dozen webinars, with strong online attendance at each one.

Public health annual conference 2023

46. The eleventh LGA Annual Public Health Conference was held across three mornings on 21 – 23 March 2023. It was organised in partnership in partnership with the Association of Directors of Public Health (ADPH) and the Faculty of Public Health (FPH). To coincide with the conference, the LGA launched the 2023 annual public health report, along with an animation for social media celebrating all that councils have achieved in the last decade.

47. The conference included a total of nine bitesize sessions on a huge variety of key public health topics, including community development, mental health, devolution and the future of public health. The conference had a record almost 1,300 delegates register to join for the conference across the three mornings and a total of 43 speakers and chairs participated.

Children's health

Start for Life and Family Hubs

48. We are pleased to see the development from policy into practice of the Early Years Healthy Development Review into the Start for Life and Family Hubs programme, where 75 councils were given a share of £300m over three years to establish and develop a network of family hubs in their local areas.
49. We have engaged closely with government officials throughout the policy development and implementation of the Start for Life and Family Hubs programme. We have worked with councils to understand the challenges and benefits they are experiencing on the programme and worked with officials to address these, while also emphasising to the Government the challenges around providing funding to only half of councils.
50. We will continue to work with DHSC, DfE and partners to ensure "Start for Life" is a collaborative and strength-based programme which empowers councils to improve services and ensure local flexibility and leadership rather than a one-size fits all approach. We will work with DfE and the Centre for Family Hubs to ensure sector input into the continued roll out of Family Hubs.
51. We commissioned a series of case studies exploring various elements of Family Hubs delivery within councils. Three of the councils featured have received additional funding as part of the Family Hubs programme, whilst three councils have not. The case studies will be published in July.

Increases in the cost of living

52. The LGA has been working closely with Government on issues surrounding the rising cost of living and the impact on children's health and wellbeing. This has included calling for the Government to urgently review the Healthy Start scheme and Free School Meals (FSM), and making long-term increases to local public health funding, which can go to support children and young people in communities who need it most.
53. As part of this, we have organised two webinars with councils and leading food campaigning organisations (Feeding Britain, the Food Foundation) showcasing ways in which councils have been addressing food insecurity affecting children and building local partnerships to improve health and wellbeing.
54. We have engaged closely with the Healthy Start scheme team at the Department of Health and Social Care (DHSC) and continue to call for the scheme to be expanded to all families receiving Universal Credit and for the scheme to shift from an "opt in" to an

“opt out” registration system through an automated process, to help remove any barriers families face when applying online.

55. We ran a plenary event at the LGA’s annual Public Health conference in March 2023 where a number of experts (from the Royal College of Paediatricians and Child Health, Barnardo’s, Action for Children and the Director of Public Health for Liverpool) discussed the impact of the cost-of-living crisis upon children’s health.

56. We have extensively made the case that funding and capacity are mission critical issues affecting local public health teams’ ability to deliver essential health promoting services for children and young people in their local areas.

Vaping

57. We have successfully called for more enforcement to halt the rise of youth vaping, including government announcing fines for shops selling illicit vapes and £3m funding for Trading Standards to support enforcement. This follows successful LGA lobbying for government to close a loophole that allows the vaping industry to give free samples to children. Through a cross-board approach, the LGA is currently considering several options on its future policy direction on youth vaping and disposable vapes.

Health Disparities

58. We were disappointed that the Government announced that they would be abandoning the long-awaited Health Disparities White Paper. We have continued to push for much-needed action to tackle entrenched and growing child health inequalities, particularly within the upcoming Major Conditions Strategy.

59. In our response to the call for evidence for the Major Conditions Strategy, we emphasised that the strategy should have an equal focus on children and adults, calling for a greater focus on prevention than treatment.

ICBs

60. We have continued to work with partners across the system to strengthen the position of children’s health in Integrated Care Boards/Partnerships. This has included jointly inputting on the [recently published guidance around executive lead roles](#) within integrated care boards, including the executive lead role for children and young people.

NHS Children and Young People’s Transformation Board

61. We will continue to work with the NHS Children and Young People’s Transformation Board to influence their actions on the elective recovery of children and young people’s health services, including on waiting times.

Work with other LGA Boards

62. The Board will also work jointly with the Children and Young People's Board on cross-cutting issues such as childhood obesity, mental health, Family Hubs and support for children, such as Free School Meals and Healthy Start Vouchers. We will seek member direction on continuing the joint Lead Member CYP/CWB meetings in the new meeting cycle in September.

Adults with Care and Support Needs

Supported and Exempt Housing

63. The Supported Housing (Regulatory Oversight) Bill achieved royal assent in June following close consultation throughout the parliamentary stages with the LGA and [several public affairs responses](#). We successfully lobbied that councils should have better oversight of supported exempt accommodation in their area and are now playing a co-ordinating and convening role alongside councils and DLUHC officials to ensure successful implementation. We have so far held two roundtables with DLUHC officials and the newly formed LGA Supported Housing Network which is comprised of officers across a diverse range of teams and regions in England.

64. A priority in the coming year will be to ensure the new legislation works for councils, makes as much positive change as possible to residents, and considers service, capacity, and budget pressures.

65. The funding of non-statutory housing support also continues to be an area of concern for council officers working in homelessness and adult social care. Supported housing plays a crucial role in preventing homelessness, delayed hospital discharges and placements into care homes. With councils facing considerable budgetary pressures alongside a stricter regulatory landscape for non-commissioned services, it will be important to consider the unintended consequences.

Older People's/Adapted/Extra Care Housing

66. In September 2022 we published the report [Housing our ageing population](#). The report makes a number of recommendations to Government on how we can best meet the needs of people in later life with case studies demonstrating how councils are addressing the housing needs of an ageing population. This year, we've seen the launch of the Older People's Housing Taskforce which will create a strategy for England to create the range of housing options and opportunities required to meet the housing needs of an ageing population. This should lead to stronger local strategies that are well embedded and evidenced in local plans. We would also like the taskforce to produce guidelines that clarify the different housing models/typologies for older people with recommendations on how planning can help address local need.

67. We continue to highlight the importance of housing for people in vulnerable circumstances. In August 2022, we made a submission to the government consultation on Improving disabled people's access to let residential premises.
68. In January 2023 the LGA provided comments on the [Safe Care at Home review](#) led by the Home Office and Department of Health and Social Care. The review was published in June 2023.
69. LGA Workforce team recently examined the health and wellbeing climate experienced by non-registered social care professionals (e.g., occupational therapists) via a survey with results to be published imminently. In the coming year, we'll be working with the Workforce team, and networks such as the Principal OT National Network to help promote a better environment to attract, develop and retain professional, compassionate and engaged staff who deliver high quality social care. We will also be considering what broader work can be done around the role of councils in adapting homes to enable people to live independently and safely.
70. Our priorities in this area will be to further develop messaging on the links between health and housing, including preventative approaches that can reduce the likelihood of being admitted to long term care in future.

Suicide Prevention

71. In 2019, the Government pledged extra funding for the ADPH and LGA Sector Led Improvement programme to support local authorities to strengthen suicide prevention plans, under a range of measures aimed at improving support for mental health. This SLI work came to an end in December 2022 and identified lots of areas of innovation, challenge, and future considerations for local authority's suicide prevention plans. The final report is due to be published imminently.
72. In February 2023, Cllr David Fothergill and Professor Louis Appleby (Chair of the National Suicide Prevention Advisory Group) published a blog on ['Breaking the link between financial difficulty and suicide'](#) to highlight the importance of prioritising suicide prevention during financially difficult times.
73. The priorities for the coming year will be to help secure continued funding for local authorities following the end of the three-year funding delivered as part of the NHS Long Term Plan. This year will also see the publication of Government's new Suicide Prevention Strategy and subsequent guidance for council's local plans which will likely require us to update the LGA guidance. We will also continue to attempt to highlight the important of public health and local authority teams in the prevention of suicide.

Veterans and Armed Forces Community

74. Last year we worked with government on the implementation of the Armed Forces Bill, which introduces a new statutory duty on specified local public authorities to have 'due regard' to the Covenant, to help ensure armed forces, personnel, veterans and their families are not disadvantaged by their service when accessing key public services. New guidance for local authorities was published in November 2022 which provided further guidance around existing partnerships and good practice and allows local flexibility to deliver Covenant pledges and supports innovative approaches.
75. In February 2023, Cllr David Fothergill chaired a LGA webinar on 'No Homeless Veterans'. The event was to help councils identify and respond effectively to the needs of homeless veterans.
76. This year we will be focused on reinstating and utilising the Armed Forces Covenant network to further embed the covenant by identifying gaps in guidance, showcasing good practice and asking the network officers to provide direction with regards to developing policy lines.

Mental Health

77. We continue to engage with government and partners about the reform of the Mental Health Act.
78. In November 2022, at the National Children and Adults Conference we held a workshop on Mental Health Act reform.
79. In January 2023, the Community Wellbeing Board Lead members agreed publication of a LGA ['Get in on the act' briefing](#) on the new Mental Health Act.

Joint Inquiry Committee

80. In October 2022 the LGA and the Association of Directors of Adult Social Services (ADASS) [submitted a response to the Joint Committee Inquiry on the Mental Health Act](#). We stated that the Act will require a clear implementation programme with funding to ensure the workforce is prepared effectively and to support development of community mental health services as alternatives to detention. The Committee published their report and made a number of recommendations to strengthen the Act. The LGA were pleased to see that the Committee say that proper resourcing of the Bill will be crucial. We are awaiting the Government response to the Committees recommendations.

Public Accounts Committee

81. In March 2023 the LGA Chair of the Community Wellbeing Board and Chair of the Children and Young People Board [wrote to Meg Hillier MP Chair of the Public Accounts Committee](#) in response to their call for evidence on Improving mental health services.

We highlighted councils roles and responsibilities in mental health and that they should be considered an equal stakeholder when looking into improving mental health services. We highlighted that Local government mental health services need sufficient funding to meet current, unmet and new demand for mental health support, including preventative mental wellbeing work that may stop the escalation of mental health needs so that more costly NHS treatment is avoided. We are awaiting the Public Accounts Committee

Right Care, Right Person – National Partnership Agreement (NPA) on mental health and policing

82. DHSC are developing ‘Right Care, Right person’ a agreement on mental health and policing. This will be signed by Government, NHS England, the National Police Chiefs Council and the Association of Police and Crime Commissioners. The agreement aims to clarify the role of Police in responding to mental health crises. Concerns have been raised by the LGA, ADASS and other partners including as follows:

- 82.1 Concern that this model would be rolled out too quickly, with inadequate local engagement and partnership working, meaning that other agencies are unable to pick up demand. The Metropolitan Police have announced they will introduce it in August 2023.
- 82.2 Risks that police cease engaging in cases where their involvement remained appropriate, leading to dangerous situations for patients and staff.
- 82.3 Concerns that the agreement will have financial impact on local authorities – we have raised this as a potential new burden.

83. In July 2023 we wrote a joint LGA, ADASS and ADCS signed letter to a number of government ministers outlining our concerns.

Learning Disabilities and Autistic People

84. We continue to promote the role of councils in meeting the needs of autistic people and people with learning disabilities. We are members of the national Autism Strategy implementation group, and we highlight resource needs in delivery of the strategy plan.

85. In November 2022, at the National Children and Adults Conference we held workshops on ‘Flourishing environments: considering and meeting the sensory needs of autistic people’ and ‘Building the Right support’.

86. In December 2022, the Community Wellbeing Board Lead Members agreed publication of a joint LGA/NHSE guidance ‘Quick guide on accommodation based mental health, learning disability and autism support in adult community, crisis and acute services’.

87. In July 2022, the LGA held ‘Beautifully Ordinary lives’ an event that was an informal and interactive opportunity to meet with people with a learning disability, autistic people and

family carers to hear from them about them living ordinary lives as citizens in their local communities and their aspirations for their future.

88. In October 2022, the LGA made a [submission to the government consultation on the Down Syndrome Act Guidance](#). Key asks are that the guidance should clearly set out any specific recommendations for councils. Also, that any new requirements arising from the Act will be new burdens for councils and will need to be funded accordingly. We will continue to work with DHSC to ensure successful implementation of the Act.

89. In June 2023, we provided the Buckland review of Autism employment with Local Supported Employment examples.

90. In 2022 the Oliver McGowan Mandatory Training for learning disability and autism for health and social care provider staff was introduced as part of the new Health and Care Act. The government is currently planning a consultation on the Code of Practice. The LGA will feed into the Code of Practice and identify any new financial burdens that may result.

Implications for Wales

91. Health and adult social care are devolved matters.

Financial Implications

92. None

Equalities implications

93. There are a range of Equalities Implications across the Board's work which will be taken into consideration when planning work for the 2023/24

Next steps

94. Members' comments will be used to inform the draft priorities paper brought to the first meeting of the Board in the 2023/24 cycle.