From: Abhishek Senapati

To: <u>Department of Health and Social Care</u>

Subject: FW: Your Ref. DE-1183395 - URGENT - - local authority public health duties - threat to pioneering

bereavement project

Date: 09 August 2019 10:16:00

Attachments: image001.png

Please log as DE



Abhishek Senapati

Cabinet Documents Officer for the Secretary of State for

Health and Social Care

9th Floor, 39 Victoria Street, London SW1H 0EU

DH recipients please note: this email will not be saved by Private Office. If you need it for audit purposes, please keep a copy for your records.

From: Public Interest Service <@.>

Sent: 08 August 2019 17:37

To: PS(PHPC) <@..>

Subject: Your Ref. DE-1183395 - URGENT - - local authority public health duties - threat to

pioneering bereavement project

AB WELFARE & WILDLIFE TRUST HARROGATE TRUST FOR WILDLIFE PROTECTION

Tel. 01423 530 900

Your Ref. DE-1183395

Dear Seema Kennedy,

<u>URGENT</u>

local authority public health duties -

threat to pioneering bereavement project

In view of what follows, we are in danger of going around in circles on a matter of urgent and national importance, in terms of what could be the creation of a health threatening planning precedent.

Also, the impression is given, that the DHSC shares the same uncertainties as local authorities, about their public health responsibilities. Assuming those arose from the Health & Social Care Act 2012, there have been 7 years in which to end the most basic uncertainties.

Consequently, we would be most grateful if one of your colleagues with the necessary expertise, could provide a credible reply on your behalf.

We wrote urgently on the 16th July, requesting information on public health duties of local authorities. A copy is pasted below.

As you will see, we added extracts from <u>'Public Health in Local Government'</u>, which is a DoH document published in December 2011. In those extracts we raised a number of points.

That 2011 document makes very clear that the DoH which is now the DHSC., has advised local authorities on their public health duties and

how to fulfil those.

However, the reply which was written on your behalf and dated the 2nd August, does not address the points which we raised, about advice which the DoH/DHSC has been giving since at least December 2011.

In view of the urgency and as we anticipated that we might not receive the requested information, we lodged with the DHSC a Freedom of Information request on the 30th July. That can be seen on this website:-

https://www.whatdotheyknow.com/request/do threats to health justify ref However, that FoI request will not answer all of the questions which we put to your good self.

In the reply of the 16th July, we were understandably advised to contact the Ministry of Housing, Communities & Local Government, (MHCLG). However, in response to a FoI request, the MHCLG advised us to contact Public Health England or DHSC..

We had put to the MHCLG a list of 14 points, taken from the 2011 DoH document, which are shown as (a) to (n) on this website:- https://www.whatdotheyknow.com/request/do_threats_to_health_justify_ref_2

We understand that your portfolio is public health but are you based in the DHSC or Public Health England? It would be confusing in terms of efficiency and effectiveness, if public health functions are spread over two or more separate national organisations.

Your sincerely,

John Bradfield CQSW DASS FETC MA.

Former Medical, Psychiatric & Child Care Social Worker & Tutor.

Mental Health Campaigner & Former MH Review Tribunal Representative.

Campaigner and Writer on Bereavement Issues. Related Law & Practice.

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From: Department of Health and Social Care < xxxxxxxxxxx@xxxx.xxx.xx >

Date: Fri, Aug 2, 2019 at 11:50 AM Subject: Your recent correspondence

Our ref: DE-1183395

Dear Mr Bradfield,

Thank you for your correspondence of 16 July to Seema Kennedy about planning applications. I have been asked to reply.

The Department is always grateful for local initiatives, such as

yours, that help people to cope with bereavement and that aim to prevent mental health problems. I appreciate your concerns, and understand why you feel strongly about this matter.

Responsibility for policy relating to planning applications lies with the Ministry of Housing, Communities and Local Government. You may therefore wish to contact it directly, at:

Ministry of Housing, Communities and Local Government

2 Marsham Street

London SW1P 4DF

Tel: 030 3444 0000

Contact form: https://forms.communities.gov.uk/

If you have not already done so, I would urge you to encourage anyone experiencing suicidal thoughts to discuss their problems with their GP. GPs will be able to assess their health and assist them in accessing suitable healthcare services if appropriate. If someone does not feel able to speak to their GP or anyone close to them, they can contact the Samaritans. The Samaritans provide anonymous, confidential and non-judgemental support, 24 hours a day, for people who are experiencing feelings of distress or despair. More information about the Samaritans is available online at www.samaritans.org, and the contact details are:

Freepost RSRB-KKBY-CYJK

Chris

PO Box 90 90

Stirling FK8 2SA

Tel: 116 123 (this number is free of charge and will not appear on your telephone bill)

More generally, you may be interested to know that the Government increased spending on mental health to a record £11.98billion in 2017/18.

Mental health is a priority of the *NHS Long Term Plan*, published on 7 January 2019 at www.longtermplan.nhs.uk. The Government has committed to increasing NHS funding by an average 3.4 per cent per year, so that by 2023/24 it will receive £20.5 billion a year more in real terms than in 2018. An extra £2.3 billion per year from this funding will go towards mental health services.

The Government has invested over £120million to introduce waiting time standards for mental health services. Over the last Spending Review, it also invested over £400million in the Improving Access to

Psychological Therapies programme to ensure access to talking therapies for those who need them, and this has contributed to achieving very real improvements in the lives of people with anxiety and depression.

Spending is tracked by clinical commissioning groups (CCGs). The Mental Health Investment Standard (MHIS), previously known as parity of esteem, is the requirement for CCGs to increase investment in mental health services in line with their overall increase in allocation each year. The NHS planning guidance for 2019/20 states that all CCGs will be required to meet the MHIS, and this will be subject to confirmation by their auditors.

Funding alone is not enough, which is why there is greater transparency in mental health provision through the NHS England Dashboard, first published in October 2016. The Dashboard increases the visibility of how each CCG is progressing the recommendations of the independent Mental Health Taskforce and includes data on waiting times and funding. The Dashboard can be viewed at:

https://www.england.nhs.uk/publication/mental-health-five-year-forward-view-dashboard/

The Government has also announced plans to recruit 21,000 new people to the mental health workforce, who will be able to treat an extra million patients each year.

The Government will continue to invest in new and better services across the whole spectrum of mental health conditions. In particular, it will make further improvements in early intervention, investing in community services and expanding access to round-the-clock crisis care support both in the community and in A&E. I hope this reply is helpful.

Yours sincerely,

Nung Yang Ministerial Correspondence and Public Enquiries Department of Health and Social Care

Please do not reply to this email. To contact the Department of Health and Social Care, please visit the <u>Contact DHSC section</u> on <u>GOV.UK</u>

----- Forwarded message ------

From: **PS(PHPC)** < <u>xxxxxxx@xxxx.xxx.xx</u> >

Date: Tue, Jul 16, 2019 at 4:02 PM

Subject: Automatic reply: URGENT - local authority public health duties - threat

to pioneering bereavement project

Thank you for your email.

We have received your enquiry and will get back to you as soon as possible. Please be aware that in some cases, this may take up to 18 working days.

Kind regards,

Office of Seema Kennedy, Minister for Public Health and Primary Care

----- Forwarded message ------

Date: Tue, Jul 16, 2019 at 4:01 PM

Subject: URGENT - local authority public health duties - threat to pioneering bereavement

project

To: <<u>xxxxxx@xxxx.xxx.x</u>≫

AB WELFARE & WILDLIFE TRUST HARROGATE TRUST FOR WILDLIFE PROTECTION Tel. 01423 530 900

Dear Seema Kennedy,

We understand from a DoH&SC receptionist on 0207 210 4850, that your portfolio covers our urgent enquiry.

We are desperately trying to discover:-

- (a) precise aspects of law, which place explicit duties on <u>all</u> <u>departments</u> within <u>all local authorities</u>, to protect and promote mental health;
- (b) evidence that the same duty applies to planners, when they have to make decisions on individual planning applications about that please see the extracts in the note at the very end below.

In 1994, we pioneered an emergency service approach to the immediate impacts of devastating bereavements. That stemmed from our backgrounds in the NHS and social services. We recognised that public service staff were not using mental health prevention techniques, during the immediate minutes, hours and days, after devastating bereavements. Consequently, we started offering free advice on law and psychology, to empower those facing emotional and social crises.

We also began offering burials in nature reserves, where adults and

children can be involved with grave digging and all other practical activities, over any number of days. That completely removes any sense of oppression, to feeling free and in total control, i.e. the essence is immediate empowerment.

Some confidential photographs are attached, showing the involvement of children. That of Jessica was in the Sunday Times Magazine. It was published a year after she was helped to construct a stone cairn over her father's grave. That has since been used as a hiding place, by legally protected great crested newts. That means her cairn has legal protection.

Now, we face the prospect of houses being built all around us. That process has started and it will get exponentially worse, unless our emergency work can be protected.

The threat is so great, that we are facing the frightening prospect of collapse.

A planning inspector has already removed 1,000 houses from local proposals, because of a "considerable oversupply". So, houses which would destroy our ability to continue, are not necessary in our location.

The tentative conclusion of local planners seems to be, that current laws and policies do not allow them to refuse planning applications, simply because they could or would force the collapse of our emergency service for children and adults.

We cannot move our project to another location, because we could not take our graves with us. Additionally charities would not dare start other projects, with the threat of being treated as insignificant or worse, as irrelevant, by planning laws and policies.

There are many places where houses can be built, as indicated above by a planning inspector.

An urgent response would be appreciated, especially as we have a small number of people experiencing suicidal thoughts over this issue and I must do everything within my power, to remove the cause of their acute distress and potential threat to their lives.

To help with points (a) and (b) above, please see the notes below. Yours sincerely,

John Bradfield CQSW DASS FETC MA.

Former Medical, Psychiatric & Child Care Social Worker & Tutor. Mental Health Campaigner & Former MH Review Tribunal Representative. Campaigner and Writer on Bereavement Issues, Related Law & Practice.

Extracts from DoH December 2011 publication

'Public Health in Local Government'

https://assets.publishing.service.gov.uk/government/uploads/system/.../dh 131904.pdf

- "... local authorities to use their new responsibilities and resources to put health and wellbeing at the heart of everything they do, thereby helping people to lead healthier lives, both mentally and physically". Does "everything" really mean "everything" because if it does, it must include decisions taken by Local Planning Authorities?
- "... local authorities can fulfil this duty in a wide range of ways, including the way they operate the planning system ..."
- "... tailoring services to **individual needs** based on a holistic approach, focusing on wellness services that address multiple needs ..."

The current National Planning Policy Framework (NPPF), seems to be adhered to as though it is law, when it is as it states, "policy". That in part is because of our Local Planning Authority's justifiable fears, of having costs of appeals awarded against it. However, the following quote from the NPPF., does seem relevant to the horrendous threat faced by hundreds of people connected with our emergency project. It allows planning permission to be refused in situations where there would be, "any adverse impacts [which] would significantly and demonstrably outweigh the benefits, when assessed against the policies ... taken as a whole".

As with "anything" mentioned above, does "any" mean "any" in "any adverse impacts", because if it does, our predicament is acutely relevant?