

## **Update on NHS and Local Government Joint Working**

### **Purpose**

For discussion and direction.

### **Summary**

This paper outlines progress by health and care systems to implement sustainability and transformation plans (STPs), setting out the implications for local government including existing and emerging opportunities and challenges of increased joint working between local government and the NHS. It also consider how the programme's policy framework aligns with the LGA's work to support the acceleration of integration of health and care.

### **Recommendations**

Members are asked to:

- 1) Note the actions taken so far by the LGA in representing the views of councils in relation to STP and integration developments.
- 2) Comment on the key priorities to underpin joint working with the NHS and others on the future of integration and STPs.

### **Actions**

LGA officers to proceed as directed.

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## **Update on NHS and Local Government Joint Working**

### **Background**

1. The Executive received a report on NHS policy developments on 3 March. This outlined the introduction of sustainability and transformation plans (STPs) and the implications for local government. The report also summarised LGA policy on integration, national developments to accelerate the integration of health and care, and the opportunities and challenges of increased joint working between local government and the NHS.
2. Based on the strong and clear steer given at that meeting, LGA has made some significant progress in bringing local government much more closely into the STP process.

### Sustainability and transformation plans

3. Since March, the establishment of 44 STPs has continued apace, with each required to draft proposals to transform local health and care services and bridge the three gaps of health and wellbeing, care and quality, and finance. Local government including health and wellbeing boards have been involved throughout, a requirement pushed by the LGA. These draft plans were submitted on 30 June. The NHS leadership, led by Simon Stevens, met the leaders of each 'footprint' during July to discuss these early proposals and next steps for each area.
4. Each are is required to submit a revised plan on 21 October, including details of the financial workings and delivery plans underpinning their overarching proposals. Individual NHS organisations within each footprint are also required to submit in November two-year operational plans which are aligned to their STP's objectives, with contracts for the period due to be signed by Christmas.
5. The LGA is working at a number of levels to support local government and its health partners, especially seeking to influence how the health service interacts with local government.
6. Recent letters from the LGA Chairman to welcome the new ministerial teams at the Departments of Health, and Communities and Local Government following the reshuffle have highlighted health and social care issues, including the need to align the policy frameworks for integration and STPs, and with the ongoing work of the LGA to develop improvement tools to support integration. They emphasise the need to develop a new strategic approach to investment in preventative services to ensure the NHS is strong and sustainable, and to enable a shift from acute to preventative services, refocusing services around individuals, and redrawing the boundaries between economic policy and social reform.
7. The chair of the Community Wellbeing Board, Cllr Izzi Seccombe, has also written to ministers and NHS leadership, as well as holding meetings with key leaders, including Professor Sir Malcolm Grant, NHS England Board chair.
8. Mark Lloyd continues to represent local government views at NHS leadership meetings including the challenge sessions with STP leaders in July. LGA officers also represent and champion the views of the sector in national conversations to develop the process, guidance and support programmes. Regionally, the LGA's CEO regional leads participate

in oversight arrangements, while Principal Advisers and Care and Health Improvement Advisers provide direct support to local authorities.

9. The LGA has also established a network of council CEOs involved in STPs, as a fora in which to share experiences and ideas, raise issues and influence national developments. It is also working with sector partners to explore supporting STP leads in a similar way.
10. In these fora and others, the LGA has consistently pressed for local communities and councils to be at the heart of STPs, with implementation underpinned by local political leadership and a shared understanding across health and care leaders of the quality, performance and financial pressures. This also must include an open conversation with the public about the challenges facing health and care services, and for the active involvement of health and wellbeing boards. We have made some progress but members' steers would be welcome on the key priorities we need to continue to press (see Issues below).

#### Integration by 2020

11. In last year's spending review, the government committed all local systems to integrate health and care by 2020, and to prepare integration plans by March 2017. This commitment secures a long-held policy ambition of the LGA, and we continue to work to influence the development of the underpinning policy framework. It is intended that local areas can develop locally appropriate integration models which could include integrating commissioning functions beyond the current scope of the Better Care Fund, pursuing greater devolution of health functions or developing integrated care organisations.
12. STPs, as umbrella place-based partnerships, provide a framework to pursue these ambitions, and many draft plans include proposals for the greater integration of health and care services. It is important to ensure alignment of these inter-related programmes and policy frameworks, ensuring that their objectives do not conflict or undermine overarching goals to improve the health and wellbeing of citizens, their experience of care and the sustainability of the system.
13. The policy framework for integration to enable areas to prepare integration plans has not yet been published. The LGA has repeatedly called for it to be published as soon as possible so that all areas have sufficient clarity on what is expected to be included in local plans.
14. The Better Care Fund, which gives central direction to the minimum level of resources required for local integration, has continued through 2016/17, with the protection of adult social care maintained from the previous year. Discussions are beginning to shape the fund for beyond March 2017, including how areas might "graduate" – freedom from national mandation, assurance and oversight – from the fund toward full integration.
15. The LGA with sector partners, NHS Confederation, NHS Clinical Commissioners and ADASS, published in June a joint vision for a fully integrated health and care system. Entitled [Stepping Up To The Place](#), this set out the essential characteristics of an integrated system to bring improved health and wellbeing for local populations, covering the development of shared commitments, shared leadership and accountability, and shared systems.

16. This vision is supported by a [self-assessment tool prototype](#), which the LGA developed and launched with partners in July. It is currently being piloted in eight areas and after evaluation will be available to all areas as part of the Care and Health Improvement support offer from October. The tool supports local health and care leaders to assess their capacity and capability to lead integration and the transformation of their local system.
17. During the development of the vision and tool, we have worked with the Departments of Health, and Communities and Local Government, and NHS England to ensure alignment across policy frameworks. The LGA is now working with the departments and others to ensure that forthcoming policy guidance on 2017 integration plans is closely aligned to the LGA's ongoing support work with local system leaders on the commitment, leadership and local capacity for integration.

### **Issues**

18. The experience of local councils in contributing to their local STP has been mixed, although three key issues are consistently raised by members. These include the importance of ensuring that:
  - 18.1. The pressures across the whole system are understood, including those in social care and public health;
  - 18.2. Local political leadership and the democratic process are harnessed to support the development and implementation of STPs and any local change proposals; and
  - 18.3. Communities and their needs are at the heart of STPs, ensuring they remain focused on improving the health and wellbeing of local populations.

### Supporting whole-system change

19. The LGA has been very supportive of the goals behind STPs. We have been keen to engage in the process as equal partners, and sees the plans as a significant step in reshaping local health and care services for the benefit of local communities, keeping people out of hospital and improving the quality and experience of care.
20. Local government colleagues and the LGA, nonetheless, consistently point out that STPs must recognise the significant pressures on social care alongside those on the NHS, because it is well understood that the challenges facing the NHS cannot be alleviated without ensuring that social care is adequately funded, and that STPs cannot be effective if they do not recognise whole-system pressures. We, with the support of NHS leaders, continue also to call on government to address these shortfalls. We consistently highlight also that the STPs need to ensure adequate investment in community and preventative services to transform the quality and experience of care, rather than simply focusing on the reconfiguration of acute services.
21. Local government has an exceptional track record in innovation, of working with their communities, public sector partners and business, to find solutions, including new revenue sources, which meet our citizens' needs and aspirations with fewer resources. Councils and the LGA continue to work with NHS partners to explore alternative channels to bring investment into the system, including use of One Public Estate to maximise the benefit derived from the public estate.

22. The LGA recognises that STPs, if done well, should be a significant tool to support integration of health and care systems. They, however, are not the end point of integration and the LGA continues to press for STPs to ensure that the transformation of services are built around the needs of individuals, taking a preventative approach to maximise health and wellbeing.

#### Political leadership and accountability

23. For STPs to be effective, councillors and communities must be at the heart of the planning process. Further, health and wellbeing boards, as the only place where local political, clinical and professional leaders come together, can be pivotal in driving change, if they are involved fully in the process.
24. Councils and the LGA recognise the scale of the challenge that most STPs are facing, and consistently argue that councils and their councillors can help STP partners engage communities, but only if they have an opportunity to discuss and contribute to change proposals. Councillors cannot be expected to support plans for major service changes if they have not been involved in their development. It is vital that time is invested in engaging councillors in the development stage of STPs, to ensure that communities' wishes are understood, and to minimise the likelihood of challenge or delay to proposals.
25. The LGA advocates that councils, as leaders of their communities, are best placed to advise STP partners on how best to engage councillors. At a minimum, it is expected that each footprint evidence in its October submission that it has held meaningful strategic conversations with local politicians. This could involve formal channels of the health and wellbeing board, the health overview and scrutiny committee, or council cabinet and/or informal or specially convened arrangements to address the needs of the footprint, based on the advice of councils. The LGA also continues to highlight the importance of ensuring that STP partners consider how health overview and scrutiny committees are supported to discharge their statutory oversight responsibilities.

#### Community engagement

26. Engagement with councillors is not a substitute for community engagement. The LGA continues to call for local and national health and care leaders to have an open and honest conversation with the public on the challenges facing local services and the changes that need to be secured to improve health and wellbeing, people's experience of care and system sustainability. This cannot amount only to consultation on pre-determined solutions.
27. We have urged that councils, with their strong links with and deeper reach into their communities, are best placed to lead these conversations. The LGA, alongside councils, has also called for all STPs to be shared with the public in some form. As a minimum this must include publishing a summary of the plan. The LGA also urges that all STPs, with the support of councils as partners, develop ongoing engagement strategies about the future of health and care services, and to show clearly how proposed changes will lead to better health and wellbeing outcomes, better services and better use of public resources.

#### **Next steps**

28. Members are asked to:

15 September 2016

- 28.1. Note the actions taken so far by the LGA in representing the views of councils in relation to STP and integration developments; and
- 28.2. Comment on the key priorities to underpin joint working with the NHS and others on the future of integration and STPs.

**Financial Implications**

29. None.