

NHS England integrated care consultation

Purpose of report

For information and discussion

Summary

This report summarises action by the LGA to respond to the NHS England consultation on the future of integrated care systems, and to support councils to develop their own response.

Recommendation

Members of the Community Wellbeing Board are asked to:

1. Note the report and verbal update.

Action

As directed by Members.

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Introduction

1. The LGA submitted a response to the NHS England consultation document on the future of integrated care systems (ICSs) on 22 December ahead of the consultation deadline on 8 January so that councils could consider the LGA key messages in developing their own response. A link to the LGA submission is here: <https://www.local.gov.uk/parliament/briefings-andresponses/lga-response-nhs-england-and-nhs-improvement-consultation> .
2. The LGA helped NHS England organise two consultative meetings with senior LGA members on 6 January 2021: the first with all members of the Community Wellbeing Board; and the second with the LGA Leadership Group. A summary of the key messages from each of the consultative meetings is given below.

Key points from LGA Leadership Group discussion

3. LGA supports greater collaboration within and between NHS organisations by putting them on a statutory footing. These proposals are about rolling back some of the Lansley reforms and ensuring greater collaboration within the NHS. However, ICSs are not the right body to lead on improving health outcomes.
4. To assume that you can reduce health inequalities through reform and restructuring of the NHS is to completely misunderstand the wider determinants of health – most of which are led through local government. This is a missed opportunity to build a wider and more powerful partnership of equals. We need to learn from effective existing partnerships and build on them. Structures and governance are important but they also need to be underpinned by a change in culture, relationships and behaviour towards shared and facilitative leadership. We need to build on the strong relationships developed at place through HWBs – not bypass or undermine them.
5. Future development of this agenda needs to involve local government in a meaningful co-productive way, rather than as an afterthought.
6. We remain concerned about the centralised nature of the NHS and whether ICS represent devolution of power and resources to a more local level or whether they will undermine the role of existing place-based partnerships. We are keen to work with NHSE and DHSC to ensure that the principle of subsidiarity is put into

practice and hard wired into the ways ICSs, NHSE and DHSC work with places, building from the bottom up.

Key points from CWB members

7. **Parity of esteem** – this is still a largely NHS driven and dominated model. Having a single local authority representative on an NHS dominated body is not sufficient if ICSs are to have a wider role in leadership of health and wellbeing.
8. **Build on existing partnerships and strategies** – don't reinvent the wheel or bypass existing effective partnerships and strategies, in particular HWBs and joint health and wellbeing strategies.
9. **Local accountability** – the proposals give insufficient consideration to local democratic accountability. How will ICSs be held to account by the people who experience services?
10. **Keep place-based commissioning** – There is real concern that the merger of CCGs to ICS level will take commissioning resource away from place. This could lead to services that are inappropriate and unaccountable to local communities. NHS must ensure that place-based commissioning is the default.
11. **Involve local government in the co-design** – this consultation feels like local government is an afterthought. Unless local government is involved in the proposals, they simply won't work in practice.
12. **A broad shared objective for local government and the NHS** – current proposals for ICS objectives are too NHS dominated.

Next steps

13. NHS England will shortly be submitting their proposals to Government. The Government intends to publish a policy paper on the future of integration, including legislative proposals for integrated care systems. They have given a commitment for an NHS Bill to be presented to Parliament in 2021, so that provisions can be implemented in 2022.

14. NHSE and the Government have acknowledged that they need to engage more meaningfully with local government to develop proposals for integrating health, care and wellbeing services and to facilitate collaborative and transparent leadership to drive improvements in health and wellbeing. We will continue to work with them to ensure that local government is represented.