

## **Integration and innovation: working together to improve health and social care for all – update on LGA activity**

### **Purpose of report**

For information.

### **Summary**

This report updates Executive Advisory Board members on progress on government proposals on health and care integration since their last meeting on 21 January 2021.

### **Recommendation**

The Board is requested to agree that, going forward, the Community Wellbeing Board leads the LGA response on the forthcoming Health and Care Bill.

### **Action**

By the Community Wellbeing Board, as appropriate.

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## **Integration and innovation: working together to improve health and social care for all – update on LGA activity**

### **Background**

1. On 21 January 2021, the EAB received an update report on the LGA's response to the NHS England publication consultation on measures to support the NHS Long Term Plan, in particular recommendations on the legal status, role and remit of integrated care systems (ICSs). The EAB also endorsed the LGA policy positions with on ICSs.
2. This is a dynamic policy area and there has been significant progress since the EAB last discussed this issue. On 11 February, the Department of Health and Social Care (DHSC) [published the legislative proposals for a Health and Care Bill](#). The proposals in the white paper are a combination of:
  - 2.1. Proposals developed by NHS England (NHSE) to support the implementation of the NHS Long Term Plan (and which are the main focus of the document).
  - 2.2. Additional proposals that relate to public health, social care, and quality and safety matters, which require primary legislation
  - 2.3. The White Paper emphasises that the legislative proposals should be seen in the context of broader current and planned reforms to the NHS, social care, public health and mental health. It commits to bringing forward detailed proposals for reform on these key policy areas later this year.
3. On 16 February the LGA published a briefing summarising the proposals of most significance to local government and the LGA's initial response, which may evolve as the proposals continue to be refined and developed by government. The summary of key messages is included in paragraphs 4.1 – 4.10 below.

### **LGA response**

4. The LGA's key messages on the proposals are as follows.
  - 4.1. The White Paper provides a promising base on which to build a more collaborative culture. It sets out a clear direction of travel for enabling NHS organisations to work more effectively together, and for the NHS to work as an equal partner with local government. The critical role of local government to the health and wellbeing of our communities has been a fundamental LGA lobbying and influencing message.
  - 4.2. We are therefore pleased that the Government has acted on local government's call for collaboration to achieve two linked but distinct objectives: integration within the NHS to join up care and support; and equal partnership between the NHS, local government and other partners to both address the wider determinants of health and deliver better and more coordinated health and care services for people.
  - 4.3. We will continue to work with Government to ensure there is clarity regarding the respective roles and responsibilities of the proposed ICS NHS Statutory Bodies and the ICS Health and Care Partnerships, including how they: relate to health and wellbeing boards and integrated activity at local level; and support local leaders in developing arrangements that work best for local areas. Any future accountability mechanisms will need to build on and enhance existing local democratic

accountability, not bypass or undermine it. It is imperative that local government remains directly accountable to our residents.

- 4.4. We welcome the renewed focus on the importance of the local government footprint, particularly:
  - 4.4.1. Recognition that this is the place at which real change happens
  - 4.4.2. The commitment that existing local partnerships and democratic structures should be based on local government place
  - 4.4.3. The expectation that integrated care systems (ICSs) will delegate functions to place-level partnerships.
- 4.5. 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 way ICSs, NHSE, councils and DHSC work with places, building from the bottom up.
- 4.6. Since the transfer of public health to councils in 2013, local government has proved that public health is more effective and appropriate to local health challenges when it is locally led. Locally led public health teams have played a vital role in responding to the pandemic. Furthermore, local public health leaders have a crucial role to play in ensuring that local strategies for health and wellbeing have the promotion of health, wellbeing, independence and resilience at the core. We are concerned about the proposal to create a power for the Secretary of State for Health and Social Care to require NHSE to discharge public health functions will undermine local leadership of prevention and promoting wellbeing. We will seek clear assurance from Government that this will not adversely impact on local government's public health responsibilities.
- 4.7. We note that many of the proposals about improvements in data flow relate to those between health and social care, and there is an absence of reference to local authorities' public health role. We would like to see a commitment to share data with Directors of Public Health and local public health teams as standard practice, to allow them to fulfil their statutory duties. Throughout the COVID-19 pandemic, local government has repeatedly had to make the case for Directors of Public Health to receive data about residents in their areas, and this should not be an afterthought.
- 4.8. Adult social care has continually demonstrated its value as an essential local public service in its own right over the last year and it is helpful that the white paper acknowledges the pressures facing social care and the need to address its long-term sustainability and reform. However, such acknowledgement only goes so far and it is disappointing that the Government's immediate priority for social care is to strengthen national oversight of care and support, rather than bring forward its long-awaited wider funding reforms to support people of all ages to live the life they want to lead.
- 4.9. The Government needs to publish a clear timetable for its wider reform agenda at the earliest opportunity to give reassurance to all those people who draw on and work in social care that there will be no further delays.
- 4.10. With regard to national oversight of adult social care, we recognise the need for more transparency. We will work with government to ensure that any national

arrangements build on existing best practice, are focused on the care and health system as a whole, and are genuinely co-designed with people with lived experience.

5. We received a positive and supportive response from member councils to our briefing, with a number of regional Health and Wellbeing Board and ICS Leaders Networks, NHS England networks and other professional networks requesting briefings from the LGA on our views of the proposals.
6. In addition to keeping our members informed and engaging the NHS, the LGA has been active in influencing Parliament and Ministers. On 2 March 2021, Sarah Pickup, LGA Deputy Chief Executive, gave evidence to the House of Commons Health and Social Care Committee inquiry on the White Paper. On 3 March 2021, the LGA Chairman, the Chairman of the LGA Community Wellbeing Board and the Lead Members of the CWB attended the first meeting of a new local government advisory group to discuss with the Care Minister, Helen Whately, adult social care issues, including proposals relating to the assurance and reporting of adult social care.

### **Implications for Wales**

7. Health, public health and adult social care policy are all devolved functions. The proposals in the White Paper relate to England only and, therefore, there are no implication for Welsh local authorities.

### **Financial Implications**

8. The proposals in the white paper are wide-ranging and not all are fully developed. There may well be financial implications for councils with adult social care and public health responsibilities. We will continue to work with councils, government departments and NHS England to identify all financial implications for local government and ensure that these are addressed by government.

### **Next steps**

9. The Board is requested to agree that, going forward, the Community Wellbeing Board leads the LGA response on the forthcoming Health and Care Bill.
10. Action will be taken by the Community Wellbeing Board, as appropriate.