

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 Community Wellbeing Board members on progress on government proposals on health and care integration since their last meeting on 4 February 2021.

Recommendation

The Board is requested to note the action taken so far on its behalf and direct officers on further action required in promoting the LGA response on the forthcoming Health and Care Bill.

Action

By officers, as appropriate.

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Update on activity and LGA response

1. On 4 February, the CWB 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 CWB approved the the LGA policy positions on ICSs. This report gives a brief update of the progress on this active policy area. This is a dynamic policy area and there has been significant progress since the last CWB meeting.
2. 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:
<https://www.local.gov.uk/parliament/briefings-and-responses/lga-briefing-health-and-social-care-bill-white-paper> .
4. The **LGA Executive Advisory Board** (EAB) discussed the LGA's response to the White Paper at its meeting on 11 March 2021. The EAB acknowledged the strong and clear lead taken by the CWB in promoting the LGA's key messages on health and care reform. It agreed that the CWB should continue to lead the LGA policy development and promotion on this vital policy issue.
5. On 7 May, **the LGA published it's position paper** on the white paper, summarising our positions, priorities and concerns on the wide-ranging proposals:
<https://www.local.gov.uk/parliament/briefings-and-responses/integration-and-innovation-working-together-improve-health-and> . Drafts of this document were shared with all members of the CWB for their comments and has since been shared widely with local government and national stakeholders. The key policy headlines are summarised below for information in paragraphs 9 – 18. These may develop as the Government and NHS clarify the proposals.
6. The **Queen's speech on 11 May** included proposals to bring forward a bill to: "empower the NHS to innovate and embrace technology. Patients will receive more tailored and preventative care, closer to home." It will include proposals for ICSs, a new system of assurance, and new public health measures.

7. The LGA published a briefing on the Queen's speech:
<https://www.local.gov.uk/sites/default/files/documents/LGA%20On-the-Day%20Briefing%20-%20Queen%27s%20Speech%202021%201.pdf> , including a summary of our views on the Health and Care Bill, in line with the policy lines in paragraphs 9 - 18 below.
8. The **LGA and DHSC have also set up two new forums** to ensure that local government has a voice and influence in the development of health and care policy. The Ministerial Group comprises the four CWB lead members and selected local authority chief executives who meet regularly with the Care Minister, Helen Whately, to discuss health and care reform. We have also set up the Local Government Health and Care Sounding Board, which brings together senior officer representatives of local government with the senior officers in DHSC, NHSE and MHCLG to ensure that local government is engaged in the developed of policy on the health and care reform agenda. Its first meeting was on 18 May. It is co-chaired by Sarah Pickup, LGA Deputy Chief Executive and Tabitha Jay, DHSC Director of Social Care Policy and Workforce. It is not a formal part of DHSC or LGA governance structure but it will provide regular informal reports to the CWB.

Summary of LGA policy messages on the Integration and innovation white paper

9. We support Integrated Care Systems (ICS) as a strong driver for integrating health services in a system through the Integrated Care Board (ICB) and an ICS Health and Care Partnership (ICP) as a partnership of equals with a duty to 'produce a plan for health, social care and public health services'.
10. **Parity between the ICS Board and ICS Health and Care Partnership** - The white paper says that the ICS will set up the partnership and that local areas can 'appoint members and delegate functions as they see fit'. It is not clear whether this means the ICS NHS Body (ICB) will set up the ICS Health and Care Partnership (ICP). The establishment of the partnership in each system must be a joint responsibility of the ICB, councils and other partners. We support local flexibility, with health and local government leaders working as equal partners, to agree the forms of and relationship between ICB and the ICP that works for each area and which build on existing effective partnerships at place.
11. **Terminology** - Calling the ICS Health and Care Partnership the ICP is confusing. Many place-based joint arrangements are called integrated care partnerships already and ICP can also refer to 'integrated care provider'. Why not stick to ICS Health and Care Partnerships?
12. **A clear commitment to addressing health inequalities** - The white paper states that the Health and Care plan will focus on 'health, social care and public health services'. This service-based approach is not helpful. It needs a broader objective of improved population health outcomes and reducing health inequalities, which will involve a far wider range of strategies and services across the public, private and community sector.

13. **A whole population approach** - There is very little reference to children and young people's health in the white paper. In adopting a population health approach, ICSs will need to work closely with public health in local government, education, early years services and the private and voluntary sector to improve the health and wellbeing of children and young people. Getting support right from pregnancy and early childhood will have lifelong impacts and needs a far higher priority because of its long-term benefits.
14. **Footprint** - We strongly support the commitment that, wherever possible, the ICS footprint will be coterminous with the local government footprint (councils with ASC responsibilities). We urge the Government to resolve any problematic ICS footprints at the earliest opportunity through a transparent transition process that involves all relevant councils and NHS organisations.
15. **Primacy of place and subsidiarity** – The governance within each ICS – at system, place and neighbourhood levels – must be underpinned by subsidiarity. ICSs will need support to ensure that decisions will be taken at the most local appropriate level. This must be agreed between partners at neighbourhood, place and system, not just by the ICS. ICS structures need to build on existing place-based partnerships, in particular health and wellbeing boards (HWBs). In some places, partners will need to review them to ensure that they are fit for purpose. In others, new system and place -level partnerships will need to be developed and they will need support to do this, learning from their peers and existing good practice elsewhere.
16. **Accountability** - Accountability mechanisms within ICSs between the ICS NHS Board and the ICS Health and Care Partnership, and between the ICS and existing governance bodies such as HWBs, existing integrated partnerships and joint committees will need to be clearly mapped and agreed by all partners. This mapping will need to ensure that decision-making is as local as possible, transparent and accessible to local people.
17. **Inclusion and co-production** – ICSs need to develop plans and services in collaboration with the communities within their systems. Engagement and inclusion mechanisms at system level need to build on and add value to existing place-based and neighbourhood mechanisms.
18. **Keep bureaucracy to a minimum** – ICSs should not lead to unnecessary additional layers of bureaucracy, more rules, reporting and processes.

Implications for Wales

19. 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

20. 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

21. The Board is requested to note the update.
22. Action will be taken by the Community Wellbeing Board, as appropriate.