

Health and Care Bill: update on progress and LGA activity

Purpose of report

For information.

Summary

This report updates Community Wellbeing Board members on LGA activity to influence the forthcoming Health and Care Bill since their last meeting on 27 May 2021. In particular, it provides an update on the work of the LGA and DHSC Health and Care Sounding Board.

Recommendations

The Board is requested to note the action taken so far on its behalf by officers and the Local Government Health and Care Sounding Board and direct officers on further action required in relation to the forthcoming Health and Care Bill.

Action

By officers, as appropriate

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Update on activity and LGA response

1. On 27 May, *the CWB received an update report on the LGA's response to Government White Paper, Integration and innovation: working together to improve health and social care for all.* This report gives a brief update of the progress on this policy area since the last meeting.
 - It was intended that this report would update CWB members on the content of the Health and Care Bill. The Bill was published on 6 July 2021: [Bill 140 2021-22 \(as introduced\)](#).
2. It is important to note that the Government intends that the proposals in the Bill – in particular, putting integrated care systems (ICSs) on a statutory footing and transferring the statutory functions of clinical commissioning groups (CCGs) to ICSs – will 'go live' from April 2022. This implementation timetable means that the Bill will need to be introduced to Parliament before the summer recess.
3. NHS England published the ICS Design Framework on 16 June 2021:
<https://www.england.nhs.uk/publication/integrated-care-systems-design-framework/> . It sets out the headlines of how NHS leaders and organisations will be expected to operate with their partners in ICSs from April 2022. The LGA published a media statement broadly welcoming NHSE's inclusive approach to developing the document. But we emphasised the importance of local supporting political, professional, clinical and communities to deliver the ambitious transformation agenda of ICSs. The full media statement is available here:
<https://www.local.gov.uk/user/login?destination=/about/news/lga-responds-publication-ics-design-framework> .
4. Any progress on the Bill and policy on health and care reform, subsequent to writing this report, will be reported at the CWB meeting by Sarah Pickup, LGA Deputy Chief Executive.

LGA policy lines on the white paper

5. On 7 May, **the LGA published its 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 to remind Community Wellbeing Board Members of the key messages that the LGA will be promoting in our work on Health and Care Bill.

5.1. 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

Integrated Care Partnership (ICP) as a partnership of equals with a duty to ‘produce a plan for health, social care and public health services’.

- 5.2. **Parity between the Integrated Care Board (ICB) and Integrated Care Partnership (ICP)** - that The Bill requires that the ICB and all relevant local authorities will set up the ICP and that local areas can ‘appoint members and delegate functions as they see fit’. The establishment of the partnership in each system will be a joint responsibility of the ICB and all councils in the ICB. 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.
- 5.3. **A clear commitment to addressing health inequalities** - The Bill states that Integrated ICP will produce an Integrated Care Plan. We urge the ICP to have an overarching focus on improving population health and will build on the joint strategic needs assessments and joint health and wellbeing strategies produced by the relevant health and wellbeing boards within the integrated care system (ICS) as a strong basis for identifying system-wide priorities.
- 5.4. **A whole population approach** - 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.
- 5.5. **Footprint** - We strongly support the Government 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.
- 5.6. **Primacy of place and subsidiarity** – The governance within each ICS – at system, place and neighbourhood levels – must be underpinned by subsidiarity, that is that decisions are taken as close as possible to the communities they affect. 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.
- 5.7. **Accountability** - Accountability mechanisms within ICSs between the ICB and ICP, 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.
- 5.8. **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.

- 5.9. **Keep bureaucracy to a minimum** – ICSs should not lead to unnecessary additional layers of bureaucracy, more rules, reporting and processes.

Update on the Local Government Health and Care Sounding Board

6. We have also set up the Local Government Health and Care Sounding Board in partnership with the DHSC. It 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 development 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.
7. It has met twice since it was set up in May and has discussed the following issues:
 - 7.1. ICS boundaries
 - 7.2. NHSE good practice guidance on ICSs and place-based partnerships
 - 7.3. Support to system leaders – webinars and SLI support
 - 7.4. Updates on the Health and Care Bill
 - 7.5. DHSC guidance on the Integrated Care Partnership
 - 7.6. Identifying risks and opportunities for local government on ICSs and the integration agenda
 - 7.7. Children and young people and ICSs
 - 7.8. Proposals for the adult social care assurance by CQC.
8. The next meeting of the Sounding Board will be July. Future items are likely to include:
 - 8.1. An update on the Health and Care Bill
 - 8.2. Revised guidance on health and wellbeing boards
 - 8.3. NHSE good practice guidance to ICSs including: working with people and communities; working with the community, voluntary and social enterprise sector; and the role and contribution of local authorities to provider collaboratives
 - 8.4. Future funding and reform of adult social care.
9. Sarah Pickup, Deputy Chief Executive, will give an update on the Sounding Board at the meeting.

Implications for Wales

10. 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

11. The provisions of the Health and Care Bill are expected to be wide-ranging. 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

12. The Board is requested to note the update and direct officers and the Local Government Sounding Board as appropriate