City Regions Board

12 January 2022

Update on health devolution

Purpose of report

For discussion.

Summary

This paper provides members with an update on developments relating to integrated care systems since the last meeting of the board ahead of a further update and discussion with Cllr David Fothergill, Chairman of the Community Wellbeing Board.

Is this report confidential? Yes ☐ No ☒

Recommendation/s

That Members:

1. Hear an update from Cllr David Fothergill, Chairman of the Community Wellbeing Board on their work on the roll out of integrated care systems.
2. Feedback on discussions the board has had on the potential impact of the roll out of ICSs on health devolution to the Community Wellbeing Board.
3. Based on these discussions, identify any points of concern or further action to be undertaken in partnership between the City Region and Community Wellbeing Boards.

Action/s

1. Officers will proceed as directed by members.

Contact officer: Ellie Law

Position: Policy Advisor

Phone no: 07584 273764

Email: Eleanor.law@local.gov.uk

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Update on health devolution

Background

1. At the last meeting of the City Regions Board in November 2021, members received an update on health devolution and the roll out of integrated care systems (ICSs). Members discussed the implications of the introduction of ICSs for future health devolution, and what might be included in Levelling Up White Paper in relation to health devolution. A summary of the structure of ICSs, including the role of ICBs and ICPs can be found here.

2. Members also discussed: the composition of ICS boards; concerns that the NHS will use ICSs to claw power back from councils on public health issues; the ability of ICSs to offer better outcomes, including their potential to look at the wider determinants of health and the relationship between health, care and place; and, the importance of retaining local decision making, especially where ICSs are very large.

3. Comments and concerns from members at the meeting were fed back to the LGA's Community Wellbeing Board, and an invitation was issued to the Chairman, Cllr David Fothergill to speak to the next meeting of the City Regions Board.

Issues

4. Since the last meeting of the City Regions Board, the Government has published the 'People at the Heart of Care: adult social care reform' white paper. This sets out some roles for ICSs, Integrated Care Partnerships and Integrated Care Boards in driving integration within health and care. For example, it introduces a new obligation for ICBs and NHS England to involve carers when commissioning care for the person they care for. However, it does not provide any detail as this will be set out in the forthcoming integration white paper.

5. The Health and Care Bill has also progressed to the House of Lords Committee stage. Once passed, it will put integrated care boards (ICBs) on a statutory footing and create integrated care partnerships (ICPs) as statutory committees of the ICS.

6. At the moment, the Health and Care Bill is still unclear on makeup of ICBs, and exactly how they will work with ICPs. The Bill states that ICBs must have at least one 'partner member' of the ICB to represent the local authority perspective, but it is up to the ICB to decide how many local authority representatives they have. Some ICBs have proposed a 'partner member' for each of the local authorities covered by their geographical footprint to allow the views of each to be taken into consideration, but it is not clear yet whether this is an approach that will be widely adopted or accepted by NHSE regional directors.

7. Although the Bill provides for at least one 'partner member' to represent local government, the NHSE model constitution explicitly excludes councillors and MPs from

holding this role. Although this is just a model and this is not included in the Bill, there are concerns that this exclusion clause will be adopted by many ICBs. The LGA has made strong representations to NHSE for this to be removed from the model constitution, but these were not successful. While this is concerning, as it weakens the ability for local authorities to participate in the ICB, the Bill does require both ICBs and local authorities to work together to set up ICPs, which are intended to be broader partnerships. Councillors are therefore more likely to be able to play a prominent role in ICPs.

8. It was expected that the Government would also publish an integration white paper in December, which would look in greater detail at how health and social care services could work together to deliver improved outcomes. This would also have expanded on the role of ICSs in delivering social care, but this has been delayed, and is now expected in late January or early February. Reports have suggested that this integration white paper might include a single leader who would have responsibility over both local NHS and social care services in an area, but it is not yet clear how this proposal would fit into the roll out of ICSs, or what it would mean for local authorities with social care responsibilities.

9. The Government has previously indicated that the anticipated levelling up white paper will include further devolution, including the possibility of changing the geography and powers given to existing mayoral combined authorities, creating new combined authorities, and extending devolution to counties. At present, it is unclear how ICPs would work with any new arrangements arising from the levelling up white paper. It is vital that departments within Government work closely together to ensure consistency across the integration white paper and levelling up white paper, and provide greater clarity on the implications of the roll out of ICSs on future devolution and levelling up.

10. The LGA has consistently argued for a strong role for local authorities in ICSs. Local government has the deep understanding and connection to communities needed to make the best decisions at a local level, and through the work of Health and Wellbeing Boards and joint health and wellbeing strategies, local authorities know what local health challenges are and how to address them. The LGA has been clear that ICSs need to work with existing local government structures – in particular Health and Wellbeing Boards when developing new structures, and that although ICSs may cover much larger areas than local authorities, the planning, commissioning and provision of services should continue to be delivered at a local level wherever possible. The LGA is working with the Care Quality Commission to develop an assurance framework for ICSs, and we will continue to stress the importance of building on existing place-based arrangements, and that effectively communicating with place based leaders will be a core skill for ICS leaders.

Implications for Wales

11. Health is a devolved function, so the Health and Care Bill will only have direct implications for England.

Financial Implications

12. Any costs associated with this work will be met by the Board's policy budget.

Equalities implications

13. The implementation of ICSs provides an opportunity to local government to work in tandem with health services to address health inequalities. For this to be successful, ICSs must have a focus on place, and have sufficient flexibility in their systems to allow democratically elected local leaders, who are best placed to understand the needs of their community, and where existing health inequalities lie, to input into plans to improve population health.

Next steps

14. Officers will continue to work with the Community Wellbeing Board to ensure the views of City Regions Board members are reflected in the LGA's future work on the roll out of ICSs.