

## Update on the health and devolution working group with NHS Confederation

### Purpose of Report

For information.

Is this report confidential? No

### Summary

This report provides an update on the newly formed health and devolution working group established by NHS Confederation and co-sponsored by the LGA following its first meeting in April 2023.

**LGA Plan Theme:** Supporting local people and places

### Recommendation(s)

**That Members note background to the health and devolution working group, its engagement to date and planned next steps.**

**Officers will continue to work with the NHS Confederation to plan future meetings for the working group.**

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## Update on the health and devolution working group with NHS Confederation

### Outcome and purpose

1. This work forms part of the Board's work on levelling up and devolution. It supports the Board's aim to promote further devolution to local government, putting powers and funding in the hands of those who know their communities well and are best placed to make decisions about how to improve the lives of local residents. This work aims to strengthen the alignment between NHS reform and local authority devolution to improve health outcomes and economic and social development.
2. It also forms part of the Board's work on the levelling up missions proposed in the Levelling Up White Paper. Mission 7 states that: *By 2030, the gap in Healthy Life Expectancy (HLE) between local areas where it is highest and lowest will have narrowed, and by 2035 HLE will rise by 5 years.* The purpose of the Board's work on this area is to successfully make the case to Government that this mission will not be achieved with a centralised, command and control system, but by giving local areas the powers and resources to make decisions on a local level, based on local circumstances and needs.
3. A key organisation to engage with as part of this work is the NHS Confederation. As the NHS membership organisation it brings together, supports and speaks for healthcare bodies in England, Wales and Northern Ireland. Within the NHS Confederation, Michael Wood, Head of Health Economic Partnerships is an important stakeholder as their lead on how ICSs and the NHS can support economic growth.
4. Officers will continue work closely with the LGA's City Regions Board as well as the Community Wellbeing Board as they lead the LGA's policy development relating to the integration of health and care, the transformation of the health and care landscape, and the rollout of Integrated Care Systems (ICSs) and health devolution.
5. The desired outcome of this work is that the three Boards can effectively influence the NHS Confederation's work on how ICSs can support economic and social development, and that Government devolves health powers to areas that want it, with a system that allows for devolution deal areas and ICSs to build a partnership together. This report sets out how this is being achieved through the time limited health and devolution working group established in April 2023 and co-sponsored by NHS Confederation and the LGA.

## Background

6. The NHS Confederation, through its Health Economic Partnerships work programme and ICS Network has established a time-limited health and devolution working group. The aim of this group is to understand the priorities, opportunities and challenges for ICS leaders, how this intersects with English devolution to date and the emerging devolution deals. The expected output of the working group is to produce a report and high-level conference to highlight emerging best practice, and how learning can be shared throughout the sector.
7. Following approval from People and Places members in January, the LGA is co-sponsoring the working group. The three LGA policy boards with an interest in this work – the People and Places Board, City Regions Board, and the Community Wellbeing Board each have a representative on the working group and the LGA's Deputy Chief Executive, Sarah Pickup, sits on it too. Cllr Emily Smith is the People and Places Board representative.
8. The group is co-chaired by Sir Richard Leese, Chair of the Greater Manchester Integrated Care Board (ICB) and Dr Kathy McLean, Chair of the Nottingham and Nottinghamshire ICB and Integrated Care Partnership (ICP). Its membership comprises of organisations including NHS Confederation, LGA, combined authorities, public health leaders in councils, representatives from DLUHC and DHSC.
9. The following areas will be considered throughout the course of the four roundtables:
  - Place – How combined authorities and ICPs can support and enhance subsidiarity, integration and population health approaches at place level
  - Paraphernalia – The tools, resources and approaches that local partners can use to unlock greater system working
  - Practice – Highlighting where local partners are successfully collaborating to support their communities
  - Partnerships – How ICSs should engage locally and nationally
  - Policy – How to highlight devolution policy areas that directly and indirectly intersect with ICS roles and responsibilities
  - Process – How combined authorities and ICSs can jointly develop or align more closely their governance and accountability arrangements.

## Update from first meeting

10. The first meeting took place on 3<sup>rd</sup> April and focused on enabling members of the working group to reach a common understanding of health in devolution and visualise what 'good' looks like. The purpose of the session was to narrow the knowledge gap and bring attendees to a similar starting point while starting to explore what good might look like in aligning health and devolution.
11. The meeting opened with a welcome and introductions from Sir Richard Leese and Dr Kathy McLean setting out the scope and terms of reference of the group. Following this there were a series of presentations from Mark Sandford, Senior Researcher at the House of Commons Library, Phil Hope, commissioner of the Health Devolution Commission and Mubasshir Ajaz, head of health and communities at West Midlands Combined Authority exploring emerging policy agendas across and within sectors; health and devolution in practice; and realising the potential of ICPs.
12. The group then had two discussions around 'how can integrated health and care working facilitate more successful devolution?' and 'how can devolution best improve population health and address systemic health inequalities?'. Emerging messages included: the need to not wait for permission or further legal powers but instead use current legal frameworks and good practice evidence to demonstrate added value of devolution; devolution can provide an evidence base to prove to Government that local partners are more effective than national directives or a single way of doing things; ICSs need to add value to what is already happening at place and neighbourhood level; and ICSs are different from previous NHS restructures with a focus on collaboration, prevention, outcomes and joining the dots between health and prosperity.

## Timeline

13. The group will meet a further three times – in June, July and September with meetings looking at issues such as how MCAs, CCAs and ICSs can align their governance, how devolution deal areas can support and enhance subsidiarity, integration, population health approaches at place level, and the wider themes outlined in Paragraph 9 of this report. The fourth and final meeting of the group in September will discuss and agree key recommendations to include in the report and officers will work with NHS Confederation to launch these at a national conference at the end of the year.

## Implications for Wales

14. Health is a devolved function, and ICSs have only been introduced in England.

## Financial Implications

15. Any financial commitments made as part of the actions identified in this report will be met from the Board's existing policy budget.

## Equalities implications

16. The implementation of ICSs provides an opportunity for local government to work in partnership with health service providers to address health inequalities. Democratically elected local leaders understand the needs of their communities best and are best placed to tackle health inequalities. Where local government has been given the powers to address population health, outcomes have improved.

## Next steps

17. Members are asked to note background to the health and devolution working group, its engagement to date and planned next steps.
18. Officers will continue to work with the NHS Confederation planning future meetings for the working group.