Leaders' Committee

The NHS White Paper and Health Bill Item no: 6

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Summary This report summarises previous health collaboration policy discussion at Leaders' Committee, updates Leaders on the developments in terms of national policy in relation to the integration of health and care, specifically in the *Health and Social Care White Paper: Integration and Innovation,* and reports priority lobbying areas, including those raised by London Councils' Executive in June.

Recommendations Leaders' Committee is asked to:

1. Endorse the issues summarised in paragraph 21 as priority areas for policy lobbying through political engagement with NHS leaders and during the passage of the Health Bill, and comment on other issues which should be prioritised.
2. Reconfirm the principles noted in appendix one.

The NHS White Paper and Health Bill

Background

1. When Leaders' Committee discussed health collaboration in July 2020, it agreed a series of principles for moving forward with sub regional and borough level partnership working. Those principles are **attached** at Appendix One.

2. This report updates Executive on the developments since then in terms of national policy in relation to the integration of health and care, specifically in the *Health and Social Care White Paper: Integration and Innovation*. A Health Bill, confirmed in the Queen's Speech, is expected this side of recess and will provide the legal foundation for the reforms outlined in the White Paper.

Pre-White Paper Policy Development

3. The NHS Long Term Plan sets out a number of commitments which will have an effect on boroughs' individual and collective ability to influence improvement to health and care systems in London.

4. During the late part of 2019 and early part of 2020, following discussion with Leaders, work with key borough professional leads was mobilised to develop more concrete proposals for borough leadership on collaboration. London Councils led work to develop a local government perspective on collaboration arrangements and the key parts of a possible local government proposition for how collaboration with the NHS should evolve in the short to medium term as the Long Term Plan is implemented.

5. Although the Covid emergency slowed the pace of the London Councils' led work, the pandemic has shone a light on the power of borough, place, based working. A report to Leaders' Committee in July 2020 shared early learning from wave one of the pandemic, including a report produced by London's Directors of Adult Social Services and work produced by London

Councils in collaboration with borough Chief Executives and Directors of Adult Social Services.

6. The report from July 2020 drew together the proposals emerging from the pre-Covid work and the Covid learning suggest that London boroughs and NHS partners might approach the recovery of out of hospital and community care. The principles attached as Appendix One were endorsed at that meeting and the London Councils' Executive Lead, Councillor Sir Ray Puddifoot MBE, wrote to NHS partners to highlight this agreement and also communicated the principles directly to Leaders and Directed Elected Mayors.

The Health White Paper and Health Bill

7. On 11 February, the Department of Health and Social Care published the 'Integration and Innovation: Working together to improve health and social care for all' White Paper.

8. The White Paper commits to two forms of integration, underpinned by the legislation:
   - Integration within the NHS to remove some of the cumbersome boundaries to collaboration and to make working together an organising principle; and
   - Greater collaboration between the NHS and local government, as well as wider delivery partners, to deliver improved outcomes to health and wellbeing for local people.

9. It also notes that:
   - The NHS and local authorities will be given a duty to collaborate with each other.
   - Measures will be brought forward to put Integrated Care Systems (ICS(s)) on a statutory footing. These will be comprised of an ICS Health and Care Partnership, bringing together the NHS, local government and partners, and an ICS NHS Body.

- The ICS NHS body will be responsible for the day to day running of the ICS, while the ICS Health and Care Partnership will bring together systems to support integration and develop a plan to address the systems' health, public health, and social care needs.

10. The legislation will aim to avoid a one-size-fits-all approach, but enable flexibility for local areas to determine the best system arrangements for them. A key responsibility for the ICS systems will be to support place-based joint working between the NHS, local government, community health services, and other partners such as the voluntary and community sector.

11. The ICS NHS Body will merge some of the functions currently being fulfilled by the non-statutory STPs/ICSs with the functions of a CCG. This will allow the allocative functions of CCGs to come into the ICS NHS body so that they can sit alongside the strategic planning function that the ICS will undertake. The proposals will also allow for the ICS NHS Body to delegate significantly to place level and to provider collaboratives.

12. The ICS Health and Care Partnership will bring together health, social care, public health, and potentially representatives from the wider public space where appropriate (such as social care providers or housing providers). This body will be responsible for developing a plan that addresses the wider health, public health, and social care needs of the system, and the ICS NHS Body and local authorities will have to have regard to that plan when making decisions.

13. The ICS will also have to work closely with local Health and Wellbeing Boards (HWB) as they have the experience as 'place-based' planners, and the ICS NHS Body will be required to have regard to the Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies that are being produced at HWB level (and vice-versa).

14. The White Paper sets out the intention to change the underpinning NHS legislation to remove barriers to budget pooling and streamline and strengthen the governance for this type of decision-making. Proposals will:
    - Give NHS England the ability to joint commission its direct commissioning functions with more than one ICS Board, allowing services to be arranged for their combined populations.
    - Allow ICSs to enter into collaborative arrangements for the exercise of functions that are delegated to them, enabling a “double-delegation”.
    - Allow groups of ICSs to use joint and lead commissioner arrangements to make decisions and pool funds across all their functions (and not just commissioning functions).
    - Enable a greater range of delegation options for section 7A public health services, including the ability for onward delegation of the function into collaborative arrangements, such as a section 75 partnership arrangement; and
    - Enable NHS England to delegate or transfer the commissioning of certain specialised services to ICSs singly or jointly, or for NHS England to jointly commission these services with ICSs if these functions are considered suitable for delegation or joint commissioning subject to certain safeguards.

15. The paper goes on to say that it will pave the way for NHS and local authorities to arrange healthcare services to meet current and future challenges in a way which ensures that public and taxpayer value – and joined up care – are first and foremost. To achieve this will require changes to:
    - competition law as it was applied to the NHS in the Health and Social Care Act 2012; and
    - the system of procurement applied to the NHS by that Act.

16. The new legal arrangements are intended to enable the development of a new provider selection regime which will provide a framework for NHS bodies and local authorities to follow when deciding who should provide healthcare services. Commissioners will be under duties to act in the best

interests of patients, taxpayers, and the local population when making decisions about arranging healthcare services.

17. The White Paper provides high level detail with regard to the scope of enhanced powers of direction. It notes that while the current system for reconfigurations works well for most service changes, and will remain in place for the majority of day-to-day transactions, where it does not work well it can lead to intractable debate and processes that stretch on for years. Therefore, the White Paper is proposing to broaden the scope for potential ministerial intervention in reconfigurations, creating a clear line of accountability, by allowing the Secretary of State to intervene at any point of the reconfiguration process. The Secretary of State will be required to seek appropriate advice in advance of their decision, including in relation to value for money, and subsequently publish it in a transparent manner.

18. This new power for the Secretary of State to intervene will be supported by a new process for reconfiguration that will enable intervention earlier and speedier local decision-making.

Engagement with Leaders

19. Under the leadership of the previous Executive Lead for Health and Social Care, Councillor Damian White, London Councils convened a pan-London event for Leaders, Chief Executives and Health and Wellbeing Board Chairs on 21 May. Significant contributions were provided from key Chief Executive leads and the previous Chair of London ADASS, and examples of ICS and place level partnership were shared by officers from the South East London ICS.

20. The purpose of this event was to –
    - To deepen understandings of the way partnership working at ICS and borough level has developed over time.
    - Hear about the way reform of the NHS will further change the way boroughs work with the health partners at the sub regional and local level.

- To look at how boroughs can use learning opportunities from the past year to improve the health and wellbeing of Londoners.

21. Key points from the event on 21 May were reported to London Councils' Executive on 22 June. The following summary aims to capture the key issues identified at the Summit and by Executive during discussion of the opportunities and risk as health reforms roll out across London –
    - As ICSs develop the focus must be as much on strengthening borough level services and partnership as it is on reform at regional and sub regional ICS level.

    - Designing better integration is critical to providing better care and improving population health. So far there has not been enough focus on borough level integration. The right governance is an essential foundation to ensure this.

    - Reducing inequalities is central to reform. Place based working and ICS integration should be central drivers for reducing inequalities in health outcomes through strengthening links with communities at the place level.

    - The pandemic has fostered major improvements in partnership working for one disease. These lessons should now be applied across the whole system to all major diseases including cardiovascular and diabetes.

    - It is important to share learning on how borough and ICS partnerships operate There is a critical role for London Councils in this.

        - **Attached** as appendix two is a snapshot of governance arrangements at ICS, CCG and ICP levels across London, as reported by London Health and Wellbeing Board Chairs in Spring 2021. These findings are being updated in July 2021 to ensure they are up to date.

- Public and patient involvement should become stronger. There is an important role for democratic leadership and oversight of this. This will be especially true where reconfiguration or transformation plans are under consideration.

- Reform should refocus investment upstream on prevention and early intervention ensuring greater financial support for out of hospital and community interventions.

22. Many of the details of reform will be developed by NHS England, in part through dialogue with local government partners at the national, regional, ICS and borough level.

23. Leaders are invited to put forward other issues, in addition to those above, which should be captured and included in discussions with health partners as reforms develop.

Recommendations

Leaders' Committee is asked to:

- Endorse the issues summarised in paragraph 21 as priority areas for policy lobbying through political engagement with NHS leaders and during the passage of the Health Bill, and comment on other issues which should be prioritised.
- Reconfirm the principles noted in appendix one.

Financial Implications for London Councils

None

Legal Implications for London Councils

None

Equalities Implications for London Councils

None

Appendix One

Principles of Collaboration with the NHS – Agreed by London Councils' Leaders' Committee in July 2020

a) **Out of hospital and community care is critical to sustainability and resilience of the acute system**; each borough and CCG plan should be aggregated to create the ICS and London plan for building back better the future offer.

b) **Pandemic learning is embedded in short term transition/2nd wave plans**; notably in relation to discharge arrangements, financial flows to pay for discharge in care and market stability, joint modelling and planning, care home support and testing.

c) **Establishment of enhanced pooled funding arrangements at a borough level** to allow investment in shared priorities such as prevention and earlier intervention; and to enable the enhancement of the role of working with local VCSE partners including in social prescribing, mental health, supporting the shielded population and managing the wider determinants of health.

d) **A Senior Borough Officer or Political Leader, possibly the Council Leader or Chief Executive, to co-chair each borough-based ICP board and a multi-disciplinary model of building for the future**, including two-way lines of support between ICS and local Chairs at the leadership level and mainstreaming of all relevant professional leadership into out of hospital and community care planning.

e) **A consistent London framework which articulates the role of Health & Wellbeing Boards**, recognising their statutory responsibilities in overseeing local plans and critical importance of Joint Strategic Needs Assessments which reflect the Covid experience. This can dovetail with borough ICP leadership to help offer a consistently good quality fit to ICS in a form that suits different communities.

f) **The renaming of PCNs in London to become "Local Care Networks" (LCNs)** with a defined role for local authorities in each borough to co-lead their development.

g) **An overall "local by default" model of planning, performance management and delivery** based on the Covid learning in respect of demand and capacity insight and planning. This will need to bring into scope the wider system, including NHS and social care provision. Joint work across at the place and ICS level will be critical.

Appendix Two

London Health Partnerships – Governance Arrangements

This document provides a snapshot of governance arrangements at ICS, CCG and ICP levels across London, including the level of officer and member representation on the boards of these bodies. It also highlights issues raised by members of the HWB Chairs' Network in relation to desired and necessary changes at ICP and ICS level.

Background

Between February and May 2021, members of the London Health and Wellbeing Board Chairs' Network were surveyed on the development of Integrated Care Partnerships within their borough. In parallel to this, London Councils also engaged with colleagues to identify governance arrangements for Integrated Care Systems (ICSs) and Clinical Commissioning Groups (CCGs) across London, including both political and officer-level borough representation at boards within them.

This followed from questions raised at meetings of the Chairs' Network about the inclusion of elected members within the governance frameworks being developed across London, and more broadly around the engagement with local authorities.

This report provides a snapshot of governance arrangements at ICS, CCG and ICP levels, particularly the level of officer and member representation on these boards. It also highlights issues raised by members of the HWB Chairs' Network. As a snapshot, the information below is a summary of information submitted by boroughs at a point in time in the development of place and ICS arrangements, which are expected to evolve further in the coming months.

Integrated Care Systems

ICSs are a key part of the NHS Long Term Plan. Working with borough level place partnerships, they are expected to take on greater joint responsibility for collectively managing resources and performance and for integrating the way care is delivered.

In February 2021, the government published plans to make ICSs statutory bodies, placing the work conducted in partnership between the NHS and councils on a statutory footing. In preparation for this, partners across the different ICSs in London have begun to develop and evolve arrangements, although they are at varying stages with regards to the development of local/place level arrangements. Every ICS is expected to have a Partnership Board for health and care in addition to their leadership team. Independent Chairs have been appointed to each area.

Member and officer-level representation within ICS boards is reflected in the table below. Some ICSs have established additional boards, such as the Local Authority Leaders and NHS Group in North West London, which brings together the leaders and chief executives of all eight boroughs together with health partners. This group is focused on collaborative working to shape strategy, policy and significant service developments. This group feeds into the NWL ICS Partnership Board, responsible for major strategic decisions, which then reports to the NWL ICS Chairs Board, responsible for assurance of ICS decisions.

In most if not all instances, current governance is still in proposed or transitional form. One of the current priorities for the ICSs in these areas is therefore agreeing and

confirming how decision making will work within their ICS constitution. While local flexibility is expected, this will also be shaped by the contents of legislation.

Sub-region/ICS	Political representation	Officer representation	Other engagement
North West London	ICS Chairs Board - Two Leaders	Partnership Board - One Chief Executive, One DASS, One DPH	The Local Authority Leaders and NHS Group – all eight borough Leaders, all eight Chief Executives as well as health partners. Chaired by a borough Leader
North Central London	One Leader	One Chief Executive sits on the ICS Leadership Team	
North East London	*To be confirmed – reported that all boroughs have a seat at the table*		
South West London	Collaborative Leadership Group – includes Health and Wellbeing Board Chairs	SWL Chief Executive Lead for Health and Social Care, one director from each borough (either DASS, DPH or DCS) as well as one SWL DPH representative	
South East London	Partnership board – all six leaders	ICS Board – one local authority lead	

CCG

On 1 April 2021, CCGs across London and the rest of the country merged to cover larger areas, mirroring the footprint of the ICS areas.

CCG Board membership consists of clinical representatives from the GPs with the area, as well as lay members. Chairing arrangements include a Clinical Chair, a Deputy Clinical Chair as well as a non-clinical Deputy Chair able to take on responsibilities in the event clinical members of the Board must withdraw from an item due to a conflict of interest.

As shown in the table below, although local authority representatives are not permitted to attend meetings of the CCG Governance Board as voting members, limited observer attendance is generally permitted. This tends to be in the form of one or two local authority representatives from across the area. While there is some consistency in permitting borough officer representatives, this is not always the case for elected members. For example, in North Central London, the Cabinet Leads for Health in the five boroughs are asked to mutually agree on two representatives to attend the CCG Governing Board meeting with speaking rights but not as voting members. The CCG also provides a joint briefing to all five health leads in advance of meetings.

Sub-region	Political representation	Officer representation	Frequency of meetings
North West London	One borough Leader attends as a non-voting member	One senior officer attends as a non-voting member. An additional senior officer will also sit on the NWL Primary Care Commissioning Committee	Quarterly
North Central London	Two elected members attend as observers	One DPH attends as a non-voting member	Quarterly
North East London			Every two months
South West London	None	One DASS and one DPH attend as non-voting members	Monthly
South East London	None	Two governing body members hold joint roles within a local authority and the CCG	Every two months

Integrated Care Partnerships

In many areas, alliances at 'place' level are referred to as integrated care partnerships (ICPs). However, there are variations on this terminology, for example, in the South East London ICS they are referred to as 'local care partnerships' (LCPs) and in Greater Manchester as 'local care organisations' (LCOs). These different acronyms reflect local preferences.

Members of the London Health and Wellbeing Board Chairs' Network were asked to comment on the development of ICPs in their local areas. 18 responses were submitted to the survey on Integrated Care Partnerships (ICPs). However, due to shared governance arrangements in some authorities, and information gained from other sources, partial information is available for an additional five boroughs, bringing the total to 23.

Of these 23 authorities, 20 have an ICP either in place or in development. Four of the ICPs reported in the survey operate on a cross-borough basis. 10 of these ICPs are chaired or co-chaired by a borough officer or elected member.

Separate from the presence of ICPs, a number of boroughs also reported that they have borough-based boards (BBBs) established locally, as part of the ICS framework. Several boroughs indicated that they planned to integrate the ICP with the BBB, with the intention being that the ICP takes on the role of the place-based component of the ICS structure.

Borough(s)	Does your borough have an ICP?	Does a borough officer or member chair or co-chair the ICP?	Political representation	Officer representation
North West London				

Hammersmith & Fulham	Yes	Yes - Co-chaired by DASS and Borough Health Director Lead from NHS	None	DASS and DPH
Harrow	Yes	Yes - Co-Chaired by borough	None	Chief Executive, DASS, Corporate Director, Strategic Commissioners
Hillingdon	Yes	No	None	Officer representation present
Kensington & Chelsea/Westminster	Yes	No	None	DASS and Borough Director of Health
North Central London				
Barnet	Yes	Yes – Director of Adults and Health Chairs	None	ICP Executive Board – Chief Executive, Director of Adults and Health. Operational Group - DPH, Director of Adults and Health, Joint Deputy Commissioner, Deputy DPH.
Camden	Yes	Yes – officer	Cabinet member for health	DASS, Commissioning Lead for Health and Social Care
North East London				
Barking & Dagenham/ Havering/ Redbridge	Yes	Yes – Currently Chaired by LBBD Cabinet Member for Health	ICP Board - Member representation from each borough	Executive Group – Chief Executive or representative from each borough
City of London/Hackney	Yes	Yes – Chair rotates between	Hackney Integrated Commissionin	

		Lead Members for Health in the City of London and Hackney and the Chair of the local CCG	g Committee – 3 Cabinet Members. City Integrated Commissionin g Committee – Chairman and two members of the Community and Children's Services Committee	
Newham	Yes	No – Chaired by Primary Care Lead	None	DASS, DPH, DCS
Tower Hamlets	Yes	No – Independe nt Chair	None	Director for Integrated Commissionin g
Waltham Forest	Yes			
South West London				
Merton	No			
Richmond	Yes	Yes – DASS	Wider board – HWB Chair	Leadership Board - DASS
Sutton	*In developme nt – shadow board will commence in June 2021*	No	None	Director of Social Services, DPH
Wandsworth	Yes – in developme nt	Yes – Chaired by Adult Social Care AD for Health & Care Integration	Wider board – HWB Chair	Leadership Board - DASS
South East London				
Bexley	Yes	Yes – co-chaired by DASS	Communities Lead	Includes places for DCS, DPH, Deputy Director ASC
Bromley	No – however, there is an officer led Integrated Commissioning Board which reports to both the HWB and Adult Care Services Scrutiny Committee			

Greenwich	Yes	Yes – co-chaired by Director of Health and Adult Services		
Lewisham	No – however, a borough-based board exists within the framework of the ICS and is attended by a DASS			

Most responses received indicated that the Integrated Care Partnerships do report, either directly or indirectly, to the Health and Wellbeing Board in each area, shown in the table below. Most responses also noted that the ICP reports to the local ICS and/or CCG governance structure.

	Yes	Indirectly or informally	Plans for ICP to report to HWB in the future	To be determined
Does the ICP report to the HWB?	7	4	1	2

What improvements need to be made at ICP and ICS level?

Respondents were asked what improvements are still required to achieve appropriate member involvement in and influence over both the ICS and the ICP. Comments broadly focused on the role of democratic accountability and scrutiny in engagement with these bodies, as well as the need for clarity over the relationships between the different bodies, such as the HWB, ICP and ICS.

Several boroughs did suggest that the governance arrangements for both their ICPs and HWBs were in the process of being determined or reviewed, and that the completion of this process would aim to provide clarity over the roles of, and relationships between, these bodies.

<u>ICP Level</u>

Eight of the 13 responses to this question highlighted a desire for greater inclusion of elected members on ICP boards or for stronger scrutiny arrangements (such as through the Health and Wellbeing Board) to ensure democratic accountability over commissioning arrangements.

Other noted the need for: the footprints of ICPs to be more clearly determined (such as the level at which particular integrated services should sit); clarity over agenda setting (including more advanced notice of meetings and agendas); wider partners (including VCS) to be appropriately represented the place level.

ICS Level

As with the ICP level, many responses highlighted a need for additional member representation on ICS boards, or concerns that there was currently little detail about what the role of councillors would be. Some responses also expressed a desire for HWB Chairs to sit on Partnership Board. As previously noted, ICS governance arrangements are largely in proposed or transitional form.