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# LGA briefing: Health and Social Care Bill White Paper

This week the Local Government Association (LGA) published a detailed and thoughtful response to the government's health and social care white paper.

GGI shares the LGA's view that the white paper contains much to feel positive about - but also that it falls short in a few key areas.

Our collective focus must now be on finding ways to make integration work. That means ensuring sustainable services, better population health and a broader recognition of the actors who can make it all real. Above all, when it comes to creating governance structures, GGI welcomes any attempt to simplify. We have a well-founded aversion to needless complication. More governance certainly does not equal better governance. Lean, agile governance built around an ethical culture creates legitimacy and better control.

Like us, the LGA is keen to see that the principle of subsidiarity is, as they put it, 'hard-wired into the way ICSs, NHSE, councils and DHSC work with places, building from the bottom up'. And, also in common with GGI, the LGA supports the emphasis on place, stressing the need for flexibility and freedom for local areas to develop place-based partnerships and build on existing health and wellbeing boards and local delivery partnerships.

## Key elements of the LGA response

The LGA's response to the white paper highlights how much common ground already exists between local government and the NHS. Many of the points made by the LGA could easily have come from NHS leaders. Among them are the following:

- The White Paper provides a promising base on which to build a more collaborative culture. It sets out a clear direction of travel for enabling NHS organisations to work more effectively together, and for the NHS to work as an equal partner with local government.
- We [the LGA] will continue to work with Government to ensure there is clarity regarding the respective roles and responsibilities of the proposed ICS NHS Statutory Bodies and the ICS Health and Care Partnerships, including how they relate to health and wellbeing boards and integrated activity at local level, and support local leaders in developing arrangements that work best for local areas.



- We are keen to work with NHSE and DHSC to ensure that the principle of subsidiarity is put into practice and hard-wired into the way ICSs, NHSE, councils and DHSC work with places, building from the bottom up.

Public health is better when it's led locally. We share the LGA's concern that the proposal to create a power for the Secretary of State to require NHSE to discharge public health functions will undermine local leadership on preventing ill health and promoting wellbeing.

## More common ground

GGI agrees that the NHS and local government must be equal partners in delivering integrated care and that more clarity is needed over the roles of NHS statutory bodies and ICS health and care partnerships.

We also agree that the principles of local democratic accountability and subsidiarity must be cornerstones for the relationships forged and structures built over the months and years ahead.

We agree that the white paper falls short on the subject of integration between the NHS and local government, which represents something of a missed opportunity. The white paper could certainly have been more ambitious on this point.

However, we would add that there is nothing to stop the two sectors going beyond the formal proposals and building those crucial relationships now. This is already done well in some parts of the country, including South Yorkshire and Liverpool.

We now face an important opportunity to do the groundwork on integration and forge those vital cross-sector links – not just between the NHS and local government, but also with the private and third sectors.

Despite the extraordinary pressure on both health and local government due to the coronavirus pandemic, there is no time to waste. We will soon be embroiled in the detail of integrated care legislation – now is the time to lay down the foundations on which that integration will be built. The first step in this process is for all parties to adopt a mindset of partnership working – in some cases for the first time.

## Building a collaborative culture

A guest at this week's special GGI webinar to discuss the white paper made the acute observation that one of the big challenges of integrating health and care services is to find a way to create a common collaborative culture across organisations that have fundamentally different purposes – bureaucracies, political entities, private companies, clinical providers and voluntary groups.

This collaboration will not just spring up overnight. And once the legislation is in place and discussions are taking place within a more formal context, it will be harder for this fledgling culture to take root and thrive. But until the laws are passed and the structures created, there is a window of opportunity to come together, find the common language we need and start to generate the right collaborative mindset.

GGI is committed to facilitating these important conversations and bringing to them the benefit of all the experience we've built up working with successful ICSs across the country.

# illuminations



## Illuminations

- We have a brief window of opportunity to build the collaborative culture that will be essential to the success of integrated care.
- We should not allow the shortcomings of the draft legislation to stop us reaching out to other sectors to explore ways of working together.
- There is considerable common ground for future partners of integrated care – but there remain cultural hurdles in the way of occupying it. We must consciously and urgently deal with those hurdles.

If you have any questions or comments about this briefing, please call us on 07732 681120 or email [advice@good-governance.org.uk](mailto:advice@good-governance.org.uk)