

Committee(s): Health and Wellbeing Board	Dated:
Subject: Health and Social Care Act	Public
Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?	2,3,4
Does this proposal require extra revenue and/or capital spending?	-
If so, how much?	£-
What is the source of Funding?	-
Has this Funding Source been agreed with the Chamberlain's Department?	-
Report of: Remembrancer	For Information
Report author: Philip Saunders, Parliamentary Affairs Counsel	

Summary

- The Act is intended to encourage collaboration and partnership-working across NHS entities
- As is common in recent legislation, the Act creates a framework onto which later secondary legislation, statutory guidance, and good practice guidance will be added.
- The Act has many measures that concern internal NHS operations, such as reducing bureaucracy, and financial and staffing arrangements for establishing new bodies.
- The Act formalises a name change of the NHS Commissioning Board, established through the Health and Social Care Act 2012, so that it will be known as NHS England (NHSE).
- NHSE must have regard to reducing inequalities between persons with respect to their ability to access health services. NHSE must also reduce inequalities between patients with respect to outcomes from the provision of health services – the Act specifies outcomes relating to the effectiveness of services, safety, and quality of experience.
- NHSE must consider the effects of its decisions on people's health and wellbeing, the quality of NHS services, and the efficiency and sustainability of NHS resources. These three aims will be included in the NHS Long Term Plan, a move designed to align the objectives across all parts of the NHS.

Recommendation(s)

Members are asked to:

- Note the report.

Main Report

Structural Changes

1. The Health and Social Care Act 2022 introduces integrated care systems (ICSs), which are partnerships of providers and commissioners of NHS services across a geographical area together with local authorities and other local partners. ICSs will collectively plan health and care services in relation to their local populations.
2. An ICS will be made up of two parts: an integrated care board (ICB) and an integrated care partnership (ICP).

Integrated care board

3. In a change to current nomenclature, ICBs are responsible for the commissioning functions of CCGs (which were closed at the start of July) and will be responsible for developing integration and collaboration, and for improving population health across the system. Under the Act, an ICB must consist, as a minimum, of a chair appointed by NHSE with the approval of the Secretary of State, a chief executive appointed by the chair with the approval of NHSE and at least three other members which will include at least one nominated jointly by NHS trusts and foundation trusts, at least one nominated jointly by primary care services, at least one nominated jointly by the local authorities in the ICB area. One member must have expertise in mental health issues. ICBs may establish sub-committees.
4. The Act retains the existing arrangements requiring Health and Wellbeing Boards to prepare a health and wellbeing strategy for their populations on behalf of their local authority, and replaces references to the participation of CCGs with the new ICBs.
5. The Act gives the Secretary of State new powers to regulate and intervene in relation to NHS proposals to reconfigure its services. These powers will be triggered where there are substantial developments or variations in a health service. Future guidance will provide further details on these arrangements.
6. Each ICB must produce and publish an annual report on how it has discharged its functions in the previous financial year. Annual plans must include reference to any joint local health and wellbeing strategies, e.g. the current City of London HWB strategy in production, and consult with relevant Health and Wellbeing Boards.
7. Each ICB and each 'responsible' local authority in the ICB (local authorities whose area coincides with or falls jointly or partly within the board's area) must establish a joint committee of the ICB – an integrated care partnership.

Integrated care strategies

8. Integrated care partnerships (ICPs) are statutory joint committees established by ICBs and their partner local authorities in the system. ICPs are intended to

bring together a wide range of stakeholders, including local authorities, to address the health, social care, and public health needs of the population.

9. ICPs must include one member appointed by the ICB, one member appointed by each of the responsible local authorities and any members appointed by the ICP. An ICP may determine its own procedure, including quorum.
10. Each ICP must produce an integrated care strategy setting out how the assessed needs of its area are to be met by its ICB, NHSE and its local authorities. Local Healthwatch must be involved in the strategy, as well as people who live or work in the area. ICPs must publish their strategy and give a copy to each responsible local authority.

Care Quality Commission

11. The Act introduces new duties that extend the role of the CQC in two areas: integrated care systems and local government adult social care.
12. Integrated care systems, a form partnership working between the NHS, local government and voluntary sector, have been operating as informal partnerships. The Act puts the arrangements on a statutory footing.
13. The CQC will review healthcare and adult social care in each ICB, with reviews covering how partners work together in the integrated care system. Priorities for reviews will be set by the Secretary of State and include leadership, integration, quality and safety. Reviews will assess “the provision of the NHS, public health and adult social care, the activities of the ICB, local authorities and provider in relation to the care and the function of the whole system including the ICP.
14. On adult social care, the CQC reviews, assesses and reports on council regulated adult social care functions under the 2014 Care Act. The CQC will consider matters such as prevention, information and advice, market shaping and support services. Under the Act, this arrangement continues and the Act provides that the reviews will take place in each ICB. Priorities for reviews will be set by the Secretary of State, however the exact functions of reviews and assessments will be set out in future secondary legislation.
15. During the passage of the Bill, this prospective development, albeit lacking in detail, was noted to and discussed with officers in the Department of Community and Children’s Services officers. Officers noted that City and Hackney services were well regarded in the health and wellbeing sector. When detail is published a further report will be provided as appropriate.

Food advertising

16. Starting in January 2023 restrictions will be placed on advertising less healthy food and drink. There will be a UK-wide 9pm watershed on advertising of less healthy food or drink on television as well as a restriction on on-demand

programme services and paid-for advertising online. Compliance will be overseen by OFCOM. Less healthy food and drink generally includes items high in fat, sugar or salt. Further detail on what counts as “less healthy” will be set out in future regulations and guidance.

Learning disability and autism training

17. Under the Act, health and social care providers registered with the CQC must give their staff training on dealing with those with learning disabilities and autism. The CQC will issue guidance on compliance with this requirement.

Conclusion

18. Officers in the Department for Community and Children’s Services were consulted in the preparation of the Report. Officers await the publication of guidance and will report further as appropriate.

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