



Department
of Health &
Social Care

Edward Argar MP
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Steve Barwick
Secretariat, Health and Devolution Committee

24th January 2022

Dear Steve,

Thank you for your email dated 3 August 2021 and please accept my apologies for the delay in responding to you. I would like to thank you and the Health Devolution Commission for your interest in the Health and Care Bill and for setting out your concerns so clearly. As I'm sure you are aware, the legislation is now being scrutinised by the House of Lords Committee, where we continue to have important discussions about the Bill's proposals.

I will respond to each of the points you have raised in your letter in turn.

You have proposed including a specific duty to reduce health inequalities in the population within the Triple Aim duty. I hope I can reassure you that NHS England and Integrated Care Boards will hold a duty with respect to health inequalities which they will need to have regard to alongside the limbs of the Triple Aim.

This duty requires them to have regard to inequalities in both access and outcomes for patients from the provision of the health services. As for the triple aim itself, it is a key element of considering the health and wellbeing of the people of England to look at those populations with the greatest levels of need, including those not currently accessing services.

I would also like to address your points on the importance of local authorities and place. Local authorities will be crucial to the success of local systems and the Bill provides for clearly defined roles for local authorities within the structures of both the Integrated Care Board and the Integrated Care Partnership. Integrated Care Boards and local authorities will both be key members of the Integrated Care Partnership. We also expect Integrated Care Partnerships will consider how their strategies and assessments are applied in the system and will want to keep progress under regular review.

There are several mechanisms to ensure ICBs and local authorities will have regard to, and not intentionally disregard, the assessments and strategies being developed in their areas. Firstly, Health and Wellbeing boards have the right to be consulted by ICBs and to provide them and NHS England with their opinion on whether the joint forward plans take account of the joint local health and wellbeing strategy, which will form the basis of the Integrated Care Strategy. Likewise, NHS England, as part of their annual assessment of ICBs, must

consult each Health and Wellbeing Board on how well the ICB has implemented the joint local health and wellbeing strategies that they were required to have regard to. Finally, each ICB must also include in its annual report a review of the steps it has taken to implement any relevant joint local health and well-being strategy and must consult the Health and Wellbeing Board when undertaking that review.

This will formalise local government's position as system leaders and will give local government a greater voice in NHS decision making. We would expect ICBs to be closely linked to their places – via bodies such as health and wellbeing boards (where they will sit as the successor bodies to CCGs), and local authorities, as well as their own place-based structures.

In response to your point on the Secretary of State's power to intervene in local decisions, the Bill will provide more autonomy at a local level, by strengthening local leadership and empowering local organisations to make decisions about their population, whilst also allowing for national accountability. This power will support national accountability. The public, patients and Parliament need to know that when issues arise, there are accountability systems in place to address the issues at the appropriate level. That is almost always likely to be done within systems rather than at a national level and, as such, we are not proposing to change the way either the Secretary of State or NHS England hold local organisations to account.

I understand that you recently met with the Minister for Care to discuss the insights from your research into the future of adult social care. I would like to reassure you that my department is doing a substantial amount of work to ensure we both address the impacts of the pandemic on our health services and social care. We have committed to publishing a plan for elective recovery and in December, we published *People at the Heart of Care: adult social care reform white paper* which set out a long-term vision for adult social care alongside further reforms to improve recruitment and support for our social care workforce.

The White Paper *People at the Heart of Care* includes our strategy for the social care workforce. It sets out three key aims that over the next three years, backed up by an investment of at least £500 million to build:

- a well-trained and developed workforce;
- a healthy and supported workforce;
- a sustainable and recognised workforce.

These reforms are the first steps on the journey towards our vision for adult social care. Our programmes include a Knowledge and Skills Framework, careers pathways and linked investment in learning and development and will ensure staff feel recognised, rewarded, equipped with the rights skills and knowledge and have their health and wellbeing supported. We will develop a new care workforce hub as a central digital platform for the workforce that will allow staff to easily identify themselves as working in care and signpost the new support available for the workforce. We will also develop new policies to identify and support best recruitment practices locally.

The Department also commissioned HEE in July 2021 to refresh its Long-Term Strategic Framework ("Framework 15"). This project will review long term strategic trends for the health and regulated social care settings workforce and produce a robust long-term strategic framework for the health and regulated social care workforce for the next fifteen years, which for the first time will include regulated professionals in adult social care such as nurses and

occupational therapists. This work will review and renew the long-term strategic framework for the health workforce, to help ensure we have the right numbers, skills, values and behaviours to deliver world leading clinical services and continued high standards of patient care. We anticipate publication in Spring 2022.

I hope this fully responds to your concerns and I would like to thank you again for sharing your reflections on the Health and Care Bill; your feedback is very much valued.

Once again, my apologies for the delay in replying.

A handwritten signature in black ink, appearing to read 'Edward Argar'.

EDWARD ARGAR MP