

**Health Devolution Commission Online Meeting 12<sup>th</sup> December 2025**  
**Cllr David Fothergill, Chair, Local Government Association Wellbeing Board**

**Context**

1. We have been encouraged by the wide and inclusive approach to engagement and policy development for this 10-year plan, and we hope this is something that can be built upon to address the much-needed urgent reform of adult social care. Without this, the full value of the new funding for the NHS in the recent budget, and the full potential of changes coming out of the 10-Year Plan for health will never be realised.
2. The NHS is one of local government's most important partners. What each side does can impact the other; often positively, sometimes not. We know that the NHS plays a key role in helping us to live the life we want to lead, but it cannot do it alone. Health is about more than healthcare. Only 15 to 20 per cent of the variation in health outcomes can be directly attributed to differences in healthcare. Councils play a vital role in addressing the wider determinants of health - be that through their role in housing, green spaces, sustainable travel, youth services, economic growth – the list goes on and on
3. We welcome the three strategic shifts that this Government has set out. But these are not new. We have long known that this is the direction of travel needed to improve health outcomes. Whilst great work is happening across the country to shift in the right direction much more can and should be done.

**Priorities**

4. Tackling health inequalities must be at the core of the 10-year plan. Lord Darzi's recent diagnostic of the NHS highlighted the scale of the challenge well – inequalities are facing people at all stages of life – in terms of access, quality, and ultimately outcomes. To meaningfully tackle the deepening inequalities, we need to truly embrace a left shift in priorities and back this up with the necessary activity and resources. This must be place based and build on data and insight rather and not solely focus on those already known to services. No one organisation holds all the levers to tackle these challenges alone. Much can be learnt from those areas that have adopted Marmot principles – but this needs to be scaled and accelerated.
5. That leads to a further priority – Integration. A collaborative culture, systems and processes that promote joined up working from planning through to delivery are essential to realising the three shifts. Integration must be shaped around people and communities and not be about organisations and structures. We need to understand and respect what each part of the system brings to the table – and 'lead' and 'lean' as appropriate.

6. Whilst our response focused on the role of local government, it is vital that the 10-year plan recognises the vital role that the voluntary and community sector play in keeping people healthy and well. They offer huge amounts to local areas through the services they provide, the wealth they generate, and the knowledge they hold about local communities.
7. Our response highlights the challenges facing the health and care system but does not highlight some specific groups given the scale of the challenge facing them. We don't have time to go into the detail here today, but it is useful to pause and remember that whatever structures, governance and ways of working put in place, it must have at its core the people it is there to support and be informed by their voice, experiences and wants. A few headlines:
  - **Mental Health** - We need to move away from just focusing on mental illness to helping everyone stay mentally well.
  - **Children and Young People's health and wellbeing** is all too often overlooked. Prioritising and investing in children's physical and mental health and wellbeing now will have a positive effect on later health outcomes and subsequent spend over the life-course.
  - **Working age adults** – all too often people see adult social care as a service for older people, but a recent report by the County Councils Network highlighted that 40% of people receiving adult social care in England are working age adults aged 18 to 64 with a learning disability, physical disability or long-term health condition including mental health.
8. Our response reiterates the need for a more preventative, pro-active approach. We all know prevention is better than cure. It's not just a nice to have. It not only stops costs escalating along with people's needs, but most importantly delivers better outcomes for people. But at a time of escalating need and years of funding flowing the wrong way into acute, we need the 10 year plan to truly embrace prevention in what it funds, what it measures and the narrative that sits around this.
9. It is essential that action is taken on adult social care reform – it can not be left behind again. The absence of any announcements on reform, alongside severe escalating financial pressures, and increases in the volume and complexity of demand is becoming more and more of a concern across local government and the wider care sector. I cannot overstate the level of concern which exists in local government and care partners, across the political spectrum, over these issues. Councils are reporting they will need to make further cuts to core adult social care and other services to balance budgets next year, with pressures rising further in future years. They are telling us of the high likelihood of more care providers going bust, making redundancies or handing back council contracts. They are likely to see increased waiting times for assessments, delays to care packages, rising unmet and under-met needs, and further strain on the care workforce and unpaid carers.

## Devolution and the 4<sup>th</sup> pillar

10. We look forward to seeing the detail contained in the Devolution White Paper which will include proposals for devolution as well as potential reorganisation. Understandably this is a time of apprehension for many LGA members about what this may mean for their local places and communities. The LGA will respond to the White Paper in due course, working with all members across geography, political composition and type and tier of council.
11. For ICSs to flourish, local government must be an equal partner, jointly driving forward the agenda. They must build on clear, locally owned, insight driven visions. Delivery and commissioning must build on the wealth of knowledge, skills and levers available to all ICS partners – each must recognise and respect what each brings to the table. Their role as anchors is important - ICS anchors should model what they want to achieve for the economy; environment; wider social value through the actions they take. Transparency and robust relationships will continue to be key.
12. In summing up, it is important to remember the important role of local government as place leaders. We are the democratically elected leaders of local places, and uniquely positioned to bring agencies together around the needs of residents. You cannot build a safe and thriving high-street from a desk in Whitehall and you cannot tackle multi-generational health and income inequality through departmental silos. To fully unlock the potential of people and places we need a new conversation between national and local government about how funding for one place can be combined, rather than being divided into different pots, in order to improve outcomes and drive efficiency. This should apply the lessons of successful approaches, such as Total Place and Whole Place Community Budgets to the challenges of the coming decade. To support this, we need a radically improved approach to collecting and sharing data so that the interactions between different public services, expenditure and outcomes are mapped and aligned. This will ensure services are designed in partnership to meet the needs of communities, not organisational silos.