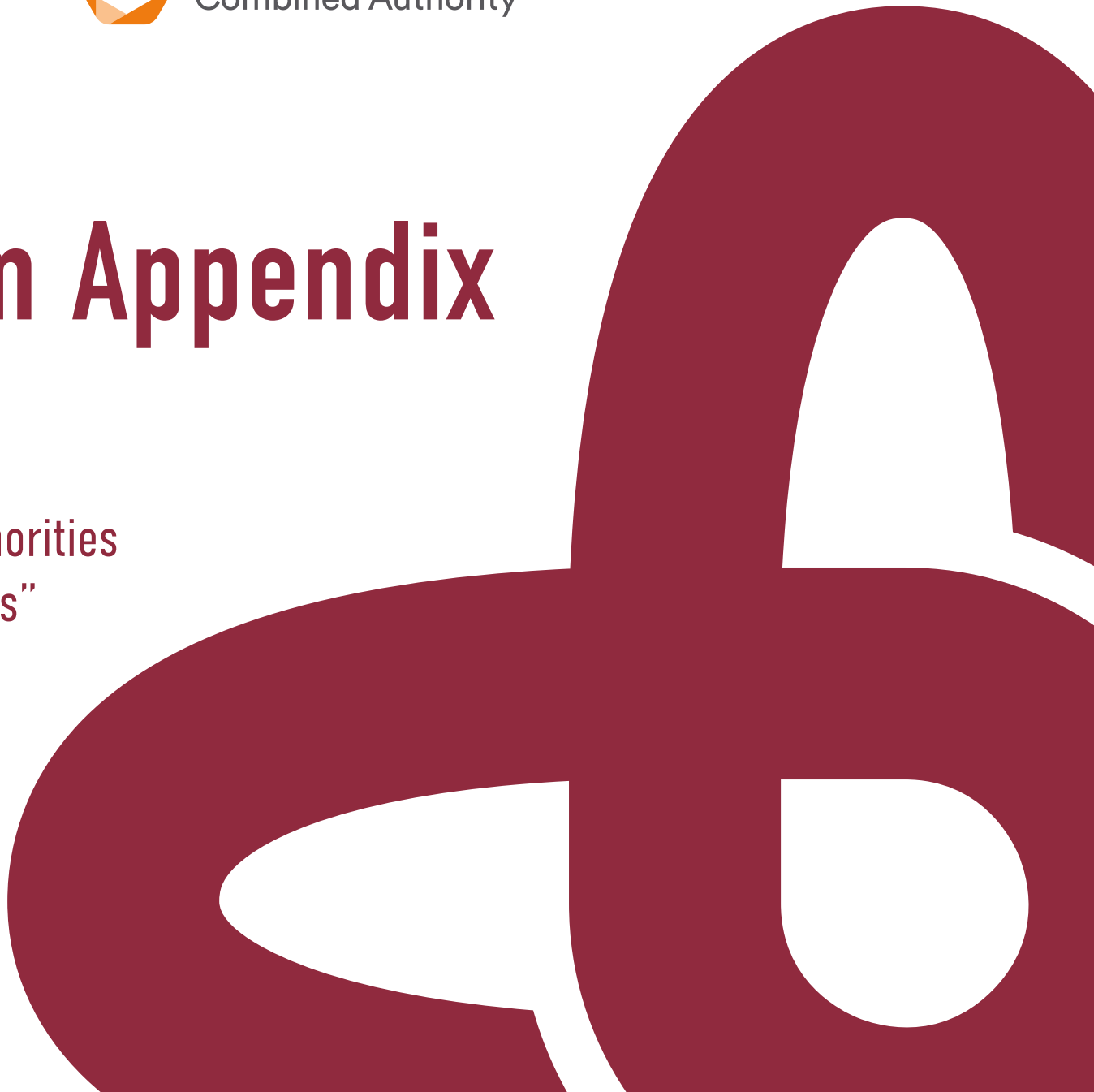
Mayoral Regions Programme

Supported by: The Health Foundation

Lead delivery partner: West Midlands Combined Authority

Health System Appendix

Supplementary resource for "Getting the foundations right: A practical guide for Strategic Authorities to take action on health inequalities"



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Recent reforms set out in the Health Bill and wider devolution agenda envisage a stronger role for Strategic Authorities in health improvement and in relationships with NHS bodies. While SAs do not hold formal NHS commissioning responsibilities, their role has the potential to gain greater significance at regional scale, particularly in enabling prevention and improving population health through the wider determinants.

However, the reforms combine elements of devolution and partnership working with greater national direction and significant organisational change within the NHS. The proposed changes would alter national and system architecture, including the roles and arrangements of NHSE, ICBs and ICPs. Their implications for local autonomy, partnership working and system leadership will depend on the final legislation and its implementation. In this context, expectations for local and regional leadership, collaboration and place-based alignment are likely to increase. SAs are therefore emerging as key convenors and system leaders, working alongside Local Authorities, ICBs and NHS providers to support coordination.

Alongside this, proposed legislative changes would create new mechanisms for alignment between mayoral SAs and the NHS, including mayoral representation in ICB governance and changes to strategic planning arrangements. Other mechanisms, such as delegated functions, joint governance and pooled funding, may be available or developed locally but should not be presented as automatic consequences of the Health Bill.

While these reforms strengthen links between SAs and the NHS, the primary contribution of SAs remains their ability to shape the social, economic and environmental conditions that drive health outcomes, through regional policy, investment and place shaping functions.

This evolving framework places SAs in a position to better align upstream determinants (e.g. employment, housing, transport) with downstream health services. It reflects a wider shift towards shared responsibility for health outcomes, creating opportunities to embed prevention across policy areas and decision making. However, these changes also raise questions around accountability, coordination and capacity. The extent to which SAs can realise this potential will depend not only on governance arrangements, but also on their ability to align investment, use devolved powers effectively, and work collaboratively with system partners to deliver meaningful improvements in population health and reduce inequalities.

These developments position SAs as key actors in enabling system-wide prevention at regional scale, not by delivering health services directly, but by shaping the conditions that support healthier populations and more sustainable public services.

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Understanding the role of Strategic Authorities in an evolving regional health system

The health and care system in England is undergoing significant transformation and Strategic Authorities (SAs) are playing an increasingly important role in shaping population health outcomes through the wider determinants.

The NHS 10 Year Plan

NHS Modernisation Bill (Health Bill)

Devolution Act

These reforms signal intention to shift from:

- Centralised > devolved
- Organisational silos > system working
- Treatment > prevention

There is increased policy emphasis on:

- Neighbourhood health models
- Care in the community
- Population health as the organising principle

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National

NHS England (NHSE):
The government has announced its intention to abolish NHS England and bring its functions into DHSC. The Health Bill contains measures supporting the proposed new operating model. Subject to legislation and implementation, this would simplify national governance and strengthen direct ministerial accountability. The implications for the balance between national oversight and regional or local autonomy remain uncertain.

Department for Health and Social Care (DHSC): NHS England roles are to be combined with DHSC powers. It continues to define overarching health and care policy, agreeing NHS budget, and sponsoring the NHS and arms length bodies. It will absorb and deliver NHSE operational functions and determines national priorities.

Regional

Office for Health Improvement and Disparities (OHID): National leadership on prevention and health inequalities. Provides policy, evidence, and support (not delivery).

UK Health Security Agency (UKHSA): Leads health protection (prevention and reduction of harm caused by infectious disease, chemicals, radiation, climate change and environmental hazards).

Integrated Care Boards (ICBs): ICBs are statutory NHS bodies responsible for planning and commissioning NHS services and managing NHS resources across their areas. Government policy proposes refocusing them as strategic commissioners, alongside significant reductions in running costs and changes to their geographical footprints and operating arrangements. The Health Bill also proposes changes to ICB membership and planning duties, including closer alignment with SAs and mayoral representation. These changes remain subject to legislation and implementation. They may affect ICBs' wider role as system convenors and their capacity to support collaboration and population health improvement.

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Integrated Care Partnerships (ICPs): The Health Bill proposes removing the statutory requirement for each area to establish an ICP and produce an integrated care strategy. If enacted, the reforms would replace elements of the current planning framework with ICB plans at neighbourhood and strategic level. Areas may retain non-statutory partnership arrangements, but their form and role are likely to vary.

Integrated Health Organisations (IHOs): The 10 Year Health Plan proposes developing IHO models in which selected NHS foundation trusts may hold responsibility for improving outcomes and managing healthcare resources for a defined population. The model is intended to strengthen incentives for prevention, integration and population health management. Its design, contractual basis, selection process and implementation timetable are still developing.

Local

Authorities and Public Health: Local Authority public health teams have statutory responsibilities to improve and protect the health of their populations and to commission prescribed public health services, including sexual health services, NHS Health Checks and elements of health protection. They must appoint a Director of Public Health jointly with the Secretary with of State, establish a Health and Wellbeing Board, and prepare a Joint Strategic Needs Assessment and Joint Local Health and Wellbeing Strategy with NHS partners.

The Director of Public Health is a statutory chief officer and principal adviser on the health of the local population, with responsibility for exercising the authority's public health functions and producing an independent annual report.

Community and Neighbourhood Health: The 10 Year Health Plan sets out an ambition to shift more care from hospitals into community and neighbourhood settings. This includes neighbourhood health centres, integrated neighbourhood teams and new contractual approaches intended to support more coordinated, proactive and preventative care. The precise models, providers and governance arrangements will vary by place and develop over time.

Primary Care Networks (PCNs): Coordinate/deliver primary care services at neighbourhood level.

Health and Wellbeing Boards (HWBs): Statutory local authority committees bringing together local government, NHS, public health and other partners. Local authorities and ICBs are responsible through these arrangements for producing Joint Strategic Needs Assessments and Joint Local Health and Wellbeing Strategies. The Health Bill's proposed changes to ICPs and NHS planning may increase the importance of HWBs in connecting neighbourhood, place and strategic planning, although the final arrangements remain subject to legislation and local implementation.

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Place-Based Partnerships: Non-statutory collaborative arrangements bringing together organisations involved in health, care and the wider determinants. Their geography, membership, governance and functions vary considerably; many, but not all, operate across local authority footprints. They can provide a practical forum for coordinating services and action around the needs of a defined population.

Voluntary, Community, Faith and Social Enterprise (VCFSE) sector: These organisations improve health outcomes and tackle health inequalities not only by delivering services but also by shaping their design and advocating for, representing and amplifying the voice of service users, patients and carers. Their input is essential to a vibrant local health economy.

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