Mayoral Regions Programme

Supported by: The Health Foundation

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Health and Devolution Policy Appendix

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

Contents

Introduction

This appendix sets out the policy and legislative context underpinning the evolving role of Strategic Authorities (SAs) in improving population health and reducing health inequalities. Please note that for consistency, this briefing will use the term SA to refer to mayoral SAs, Combined Authorities and County Combined Authorities. The aim of this appendix is to:

- Clarify how the new SA health duty sits alongside existing statutory responsibilities of Local Authorities (LAs), Integrated Care Boards (ICBs) and the NHS.
- Provide an overview of the key powers, levers and reforms that enable SAs to act on the building blocks of health (1).
- Explain how these changes collectively support a shift towards system-wide prevention and shared responsibility for health outcomes.
- Highlight the practical implications of this evolving landscape for the role of SAs within the broader health system.
- Consider emerging programmes and policy initiatives, including Place Based Budgets, prevention demonstrators, Health and Growth Accelerators and Regional Health Innovation Zones, where these may create opportunities for SAs to influence health improvement.

This analysis builds on work developed through the Mayoral Regions Programme's Health and Devolution Landscape (2025) policy briefing (2), exploring the implications of recent health system reforms for SA's. Please note that a summary of statutory health duties across the system has been included for reference at the end of this document.

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A shift towards prevention and system leadership

Recent reforms, including the *English Devolution and Community Empowerment Act 2026* (3), and the Fit for the Future: 10 Year Health Plan for England (4), signal a broader transformation in how health is understood and delivered. The SA health duty is intended to operate alongside, and reinforce, the ambitions of the NHS 10-Year Health Plan, which is framed around three strategic shifts: from hospital to community, from analogue to digital, and from sickness to prevention. Taken alongside wider devolution reforms, these changes create an opportunity for earlier intervention, stronger place-based approaches and more integrated system leadership. However, the extent to which these ambitions translate into new ways of working will depend on implementation and relationships between SAs, local government and NHS partners.

In this context, improving health is increasingly seen as a shared system outcome, requiring coordinated action across organisations and sectors. *Local Authorities*, the NHS and SAs each have distinct roles, but all contribute to shaping the conditions for good health. SAs have the potential to act as democratic, system level leaders who can align economic, social and environmental policy with health improvement through the building blocks of health (5).

This marks the shift of framing from “health as a sector” to “health as a system”. As set out by the Academy of Social Sciences (6), the devolution of health in England is not primarily about transferring responsibility for health services, but about reshaping power, accountability and leadership for improving population health and tackling health inequalities through the wider determinants.

SAs have a distinctive contribution within this system. Operating at a regional scale, they are uniquely positioned to:

- Support more coordinated and preventative approaches across local and national systems
- Influence the structural and spatial drivers of health inequalities
- Align policy, investment and delivery across sectors

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Strategic Authorities as enablers of prevention

The evolving role of SAs reflects a growing recognition that effective prevention requires action at scale, across the systems that shape people's everyday lives. Through their powers over transport, housing, skills, economic development, employment and skills and the environment, SAs can influence the conditions that prevent ill health and support wellbeing. Their role is not to replace existing public health or NHS functions, but to:

- Embed a Health in All Policies (HiAP) approach across regional governance
- Use policy and investment to address the root causes of poor health
- Convene partners to align action around shared prevention goals
- Support long-term, sustainable improvements in population health and economic outcomes

Delivering this role effectively requires not only statutory duties, but also fiscal flexibility, institutional capacity and strong partnerships. Mechanisms such as the Right to Request, Integrated Settlements, joint working arrangements and mayoral powers provide opportunities to strengthen this role in practice.

Alongside these, emerging programmes such as Place Based Budgets, Prevention Demonstrators and Health and Growth Accelerators provide practical opportunities to test more integrated and preventative approaches. Drawing on analysis by the King's Fund (2025) (7), the government contends that SAs can address a gap in regional-level policymaking, stating that key decisions can be most effective when taken at the scale of regional functional economies to drive economic growth.

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Health duty and wider system developments

Clause 43 of the English Devolution and Community Empowerment Act - Health improvement and health inequalities duty - calls all SAs to "have regard" to the need to improve the health of persons in their area and reduce health inequalities between persons in their areas, when exercising their functions. It establishes SAs (except the Greater London Authority and certain authorities with existing health duties), with greater strategic oversight over the building blocks of health, working alongside LAs, ICBs and NHS partners. This duty does not create new responsibilities for the delivery of health services. Instead, it formalises and strengthens the role of SAs in shaping the social, economic and environmental conditions that drive health outcomes. In doing so, it reflects a broader shift towards prevention and action on the wider determinants of health, recognising that these factors have a greater influence on population health than healthcare services alone.

The Right to Request

The Right to Request is a separate devolution mechanism available to MSAs that enables submission of proposals to government for additional powers, funding arrangements or partnerships to be added to devolution arrangements. Government is required to consider and formally respond to the request, but the mechanism does not guarantee that the requested functions or resources will be transferred.

In relation to health, an MSA could use the mechanism to seek powers, flexibilities or partnerships that support upstream action, for example, greater alignment of employment, skills, housing or public-service funding around prevention; closer working with NHS bodies; or greater flexibility to pool and coordinate investment around defined population outcomes. The Right to Request therefore does not form part of the health duty, but may provide one route through which an Established Mayoral SA can strengthen its capacity to deliver against it.

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Health duty and wider system developments

Health system reforms

While the health duty is an important statutory requirement, it should be understood as one part of a wider set of powers, levers and responsibilities that collectively enable SAs to influence health and wellbeing. Alongside the duty, SAs have access to a range of mechanisms that support a more proactive and preventative approach to population health, including the following:

Development	Implications for SAs
Proposed NHS reforms	The NHS Modernisation Bill (Health Bill) contains the following proposed changes to ICB governance and planning arrangements (please note that these measures remain subject to the parliamentary process and may be amended before enactment): • The mayor of each geographically overlapping SA nominate a member of the ICB (8). This would provide a formal route for SA priorities and perspectives to inform ICB discussions and strategic planning. Statutory accountability for NHS commissioning, resources and performance would remain with the ICB and wider NHS accountability structures. • A long term objective for ICB boundaries to align with SAs where feasible by 2035, supporting greater coherence between health systems and regional economic geographies. • The NHS 10 Year Health Plan sets out an ambition to shift more care from hospital into community and neighbourhood settings. This includes Neighbourhood Health Centres, integrated neighbourhood teams, neighbourhood-level planning and emerging contractual and organisational models, including Integrated Health Organisations. For SAs, neighbourhood health creates opportunities to connect healthcare transformation with housing, employment, skills, transport, community infrastructure and other building blocks of health. The models and governance arrangements remain in development and will vary between places. The 10 Year Health Plan and Health Bill envisage ICBs becoming more focused on strategic commissioning, alongside changes to their membership, planning responsibilities, operating costs and geographical footprints. This may increase the importance of SAs and LAs as convenors of action on the wider determinants, while also requiring new relationships with larger ICBs that may cover several places or overlap with more than one SA. • The statutory requirement to establish an Integrated Care Partnership is removed. If enacted, this could reduce the consistency of formal partnership arrangements across systems and increase the importance of locally agreed mechanisms connecting SAs, LAs, Health and Wellbeing Boards, ICBs and providers.

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Health duty and wider system developments

Development	Implications for SAs
Health, Wellbeing and Public Service Reform Competency	This area of competency positions SAs as place-shaping leaders with a remit to influence the building blocks of health and drive system-wide prevention and reform alongside economic growth.
Opportunities for joint working and pooled funding	Enables SAs to work jointly with NHS and local government, including through delegated functions, joint committees and pooled budgets, supporting more coordinated and preventative approaches to improving population health (9).
Powers to convene	Alongside the health duty, SAs have powers of competence to support delivery of the duty, which includes the power to convene. This provides SAs with the authority to bring partners together across sectors, strengthening their role as regional system leaders and coordinators of population health improvement alongside system partners. Success depends as much on relationships, alignment and influencing partners as on formal powers, particularly in a complex and evolving governance landscape.
Integrated settlements	Integrated settlements bring multiple funding streams together across a longer period, giving eligible SAs greater flexibility to align investment with regional priorities. Although they are not health budgets, they may support prevention by enabling coordinated investment across transport, housing, skills, employment and other building blocks of health.
Right to Request	Enables established mayoral SAs to propose additional powers, funding arrangements or partnerships to government. It may be used to seek arrangements that strengthen upstream action on health but does not itself confer additional functions or resources.

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Health duty and wider system developments

Development	Implications for SAs
Mayoral power to appoint Commissioners	Mayors may appoint commissioners to support leadership and delivery across the SA's areas of competence. A mayor could choose to appoint a commissioner with a health, wellbeing or public-service reform portfolio, although this is a local governance choice rather than a statutory requirement. Such a role could strengthen visibility, coordination and political accountability for health across SA functions, but would not transfer NHS or LA public health responsibilities to the commissioner.
Prevention Demonstrators and Growth Accelerators	Prevention demonstrators and Health and Growth Accelerators are emerging place-based mechanisms for testing how health improvement can be aligned with economic participation, employment and public-service reform. Although their scope and availability differ between areas, they may enable SAs to convene NHS, local government, employers and other partners around shared outcomes, test new delivery models and demonstrate the economic and service benefits of prevention.
Regional Health Innovation Zones	Government policy proposes Regional Health Innovation Zones to support large-scale development, adoption and evaluation of health innovation. These could bring together NHS organisations, SAs, local government, universities, industry and communities. For SAs, the opportunity is to connect innovation with regional economic development and population need, while ensuring that new technologies and models contribute to reducing rather than widening inequalities. The model, selection process, resources and freedoms attached to the Zones remain in development.

Ultimately, the value of the health duty lies not only in its statutory requirement, but in how it is interpreted and applied in practice. It encourages a shift from viewing health as the responsibility of individual organisations, to recognising it as a shared system outcome, requiring coordinated action across sectors and levels of governance.

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Health responsibilities across the system

The health duty for SAs sits alongside existing statutory responsibilities held by LAs, ICBs and NHS organisations. Taken together, these establish a shared but differentiated framework for improving health and reducing inequalities.

- **Local Authorities** operate primarily at place level and retain statutory responsibility for local public health functions. They also host and are the democratic anchor for Health and Wellbeing Boards (HWBs), which provide a statutory partnership forum for assessing local needs and agreeing joint health and wellbeing priorities. Proposed NHS planning reforms may give HWBs a more prominent role in connecting local priorities with neighbourhood health planning.
- **Integrated Care Boards** are statutory NHS commissioners operating across health system footprints. Their areas generally cover larger populations than individual local authorities, and planned mergers or clustering may further increase their scale. ICB and SA boundaries are not always coterminous: one SA may overlap with several ICBs, or an ICB may interact with more than one SA. This can create additional complexity for governance, planning and accountability.
- **NHS providers** deliver healthcare services across organisational footprints that may be local, system-wide or regional. Their role is distinct from the commissioning and strategic-planning role of ICBs.
- **Strategic Authorities** operate at regional or city-region scale. Their role is not to duplicate LA public health functions or NHS responsibilities, but to use their functions, investment decisions, partnerships and convening role to influence the wider conditions that shape health.

In this model, health improvement becomes a shared system outcome, with different organisations contributing through distinct but connected roles; the table on the next page provides a summary of these roles.

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Health responsibilities across the system

Function	LA	ICB	MSA
Improve population health	✔ Statutory duty	✔ (Population Health Role)	✔ Have regard
Reduce health inequalities	✔ Explicit	✔ Explicit	✔ Have regard
Public health delivery	✔	✘	✘
NHS commissioning	✘	✔	✘
Wider determinants	✔ (Place)	Limited	✔ (Regional)
Geographic Scale	Neighbourhood/place	Multi-place / system	Region

A high-level summary of the specific statutory duties held by SAs, LAs and ICBs has been provided in the appendix of this document.

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Conclusion

The SA health duty is one part of a wider shift in the devolution and health landscape. It formalises the role of SAs in considering health and health inequalities through their existing functions, while leaving public health delivery and NHS service responsibilities with LAs, ICBs and NHS organisations.

The duty is therefore best understood as a mechanism for embedding health into regional decision-making, investment and system leadership. Its impact will depend on how SAs apply it in practice, how they work with partners, and how effectively wider powers and levers are used to support prevention and action on the building blocks of health.

There is no single model for how SAs should respond. In keeping with the principles of devolution, approaches will vary depending on local context, powers, partnerships and ambition. However, the wider policy and legislative landscape create important opportunities for SAs to strengthen their contribution to improving health, reducing inequalities and supporting more coordinated action across the public sector.

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Technical Appendix – Summary of statutory health duties across the system

This section provides a high-level summary of the statutory basis underpinning the roles described in this briefing. It is not exhaustive but highlights the key duties relevant to improving population health and reducing health inequalities.

Strategic Authorities (SAs)
The English Devolution and Community Empowerment Act (10) introduces new statutory responsibilities for SAs in relation to health.

Health Duty (Clause 43)
SAs must "have regard to the need to improve the health of persons in their area and to reduce health inequalities" when exercising their functions.

This duty applies across all areas of competence, including:
- Transport and local infrastructure;
- Skills and employment support;
- Housing and strategic planning;
- Economic development and regeneration;
- The environment and climate change;
- Health, well-being and public service reform;
- Public safety;
- Culture;
- Rural affairs and coastal communities.

These functions collectively shape the wider determinants of health at a regional scale.
Powers of Competence (Clauses 20–22)

SAs also have statutory powers that support delivery of the duty:
- **General Power of Competence:** enables action across their areas of competence
- **Power to Convene:** enables mayors to bring system partners together, with a duty to respond
- **Duty to Collaborate:** establishes formal expectations for cross-boundary working

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Technical Appendix – Summary of statutory health duties across the system

Local Authorities (LAs)
LAs hold primary statutory responsibility for public health.

Under the Health and Social Care Act 2012, upper tier and unitary authorities must:

- Take steps to improve the health of their population
- Reduce health inequalities
- Deliver public health functions, including prevention and health protection

This includes mandated responsibilities under the NHS Act 2006 (Section 6C), such as:

- Health protection and emergency preparedness
- Sexual health services
- NHS Health Check and national screening programmes
- Public health advice to NHS commissioners

LAs also:

- Receive a ring-fenced Public Health Grant
- Appoint a Director of Public Health
- Lead Health and Wellbeing Boards to support integration

Integrated Care Boards (ICBs)
ICBs and NHS bodies have statutory duties to address health inequalities under the NHS Act 2006 (as amended by the Health and Care Act 2022) and the Equality Act 2010.

They must:

- Have regard to the need to reduce inequalities in access to services and health outcomes
- Consider the needs of the whole population, including those not currently using services
- Act to ensure integration between health services and wider health-related services where this improves outcomes or reduces inequalities

These duties apply across commissioning, service design, delivery and system leadership.

References

1.What builds good health? | The Health Foundation
2. MRP Briefing - Health Devo Landscape.pdf | Mayoral Regions Programme Learning Network
3. English Devolution and Community Empowerment Bill 2025
4. NHS England » Fit for the Future: 10 Year Health Plan for England
5. Not just a duty: unlocking the full potential of strategic authorities to tackle the wider determinants of health | The Health Foundation
6. The Devolution of Health in England – Academy of Social Sciences
7. English Devolution White Paper: Will It Be Good For Your Health? | The King's Fund
8. Health Bill: ICBs as strategic commissioners - fact sheet - GOV.UK
9. Existing legislative routes include joint working and delegation arrangements under section 65Z5 of the NHS Act 2006, which enable NHS bodies, local authorities and combined authorities to exercise functions jointly, establish joint committees and, where appropriate, pool funds. Further proposals to expand and simplify partnership arrangements have also been consulted on through reforms to section 75 arrangements.
10. English Devolution and Community Empowerment Act 2026

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