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CITIES AND LOCAL GOVERNMENT DEVOLUTION BILL – HEALTH AND SOCIAL CARE

I am writing to provide further response to questions raised during Committee consideration of the Cities and Local Government Devolution Bill, in particular relating to the implications of the Bill for health and social care.

This is clearly an important issue and I welcome the considered debate that took place, particularly around the issue of accountability for health services. As we have been clear throughout the passage of the Bill, whatever devolution arrangements might be agreed with a particular local area, it is the Government's position that health services in that area must remain firmly part of the NHS. This means that existing accountabilities, statutory obligations and national standards for NHS services will still apply, including the NHS Constitution and the Government's mandate to the NHS.

During the debate a number of important questions were asked about what would happen if a combined authority were to take on devolved responsibility for health functions, including for example how to ensure that the combined authority has regard to appropriate public health expertise and the need to address inequalities in its actions. Clause 19 of the Bill sets out some important principles to provide confidence to support the agreement of future devolution deals. In particular it makes clear that the Secretary of State for Health will continue to be bound by relevant statutory duties, and that provision must be made about the duties and standards to be placed on a combined authority or local authority to whom health

functions are transferred, having regard to key NHS duties, including in particular the NHS Constitution and other health service standards.

These principles would be implemented through provisions in the Bill which enable Government, when transferring functions to a combined or local authority, or conferring functions on it, to set out in the Order making the transfer specific conditions or limitations that would apply to that authority taking on devolved responsibility for health functions. Such conditions would therefore be likely to include the need to adhere to the same core NHS duties, with suitable modification as required, that apply to NHS England and clinical commissioning groups under existing legislation. There are also powers in the Bill to enable provisions in existing legislation to be modified so that they apply to combined authorities or local authority transferees. These powers can be used to make sure existing arrangements apply in the situation where a combined authority takes on NHS functions.

You also asked whether NHS pricing rules and procedures would continue to apply. I can confirm that the national tariff payment system applies to all commissioners of healthcare services throughout England, under the provisions of the Health and Social Care Act 2012. The national tariff sets national prices, which may be adjusted by a market forces factor for an area, as well as the rules governing local prices.

Finally, I would like to take this opportunity to clarify how adult social care standards would continue to apply under devolved arrangements. Commissioning of care and support is already devolved to local authorities and could be transferred by order from a local authority to a combined authority if it were demonstrated that doing so would lead to an improvement in statutory functions. Under the Health and Social Care Act 2008, all providers of a regulated activity in England (including adult social care activities) are required by law to register with the Care Quality Commission and have to meet a set of registration requirements around safety and quality in order to be registered (the fundamental standards). This would not change whether a local authority or a combined authority were to be responsible for commissioning social care services in a given local area. While the provisions of clause 19 relate specifically to health services, I am happy to provide reassurance that there is no intention to transfer regulatory functions concerning adult social care either.



I hope that this letter has provided further information and clarity about key principles and safeguards underpinning the Bill. I am placing a copy of this letter in the House of Commons Library.

ALISTAIR BURT

