**National Care Forum – Comments on the Health Bill**

The National Care Forum (NCF) is the membership organisation and leading voice for not-for-profit social care and support providers. Our members collectively deliver more than £4.3bn of social care support to over 216,00 people through more than 8,000 care and support settings, employing over 146,000 colleagues and 16,000 volunteers.

As part of our advocacy work, we welcome the opportunity to provide comments on the Health Bill in response to the Public Bill Committee's call for evidence.

**Overall NCF position on the Health Bill**

We recognise that as a piece of legislation, the Bill primarily has an enabling role, with much of the operational detail - particularly around Neighbourhood Health - expected to follow through secondary legislation and the Neighbourhood Health Framework.

NCF supports the proposed shift away from fragmented, hospital-centred care towards preventative, community-based and integrated models of support. However, we are concerned about a potential gap between ambition and delivery, particularly given:

- Structural changes that look likely to weaken collaboration across health and social care at the very time when the ambition is to build more integration
- Concerns about a potential narrowing from a broader approach which promotes health and wellbeing outcomes, including prevention and early intervention, to a potentially more NHS-driven emphasis on clinical pathways and health-focused outcomes.
- The cumulative impact of multiple simultaneous reforms on partners' energy, capacity and ability to work together to implement positive transformation which improves health outcomes, and ultimately, transforms people's lives.

Despite the Government's stated commitment to devolution, the Bill also appears to centralise decision-making within Whitehall while reducing the formal role of local authorities in place-based NHS decision-making.

**1. Collaboration and system architecture (Clauses 21-23)**

NCF is concerned about the removal of the requirement for local authority membership on Integrated Care Boards (ICBs), alongside the abolition of Integrated Care Partnerships (ICPs). We share the Health and Social Care Select Committee's concerns that reducing

local authority influence could weaken integration across health, social care, public health and the wider determinants of health for which councils are responsible.

The loss of formal partnership forums such as ICPs could also diminish the voice of social care providers, including not-for-profit organisations, the VCSE sector and local communities.

**Recommendation**

- **We support Amendment 46, which would reinstate and consolidate the full range of required ordinary members of Integrated Care Boards.**

**2. Local government reorganisation, ICB governance changes and Neighbourhood Health: ambition versus delivery (Clauses 1, 4-11, and 24)**

The Bill abolishes NHS England and transfers many powers to the Secretary of State. Alongside local government reorganisation, devolution reform and ongoing financial pressures, these changes are already contributing to the loss of expertise, reduced institutional memory and disruption to established partnerships. For social care providers, including not-for-profit organisations, this context risks making it harder to engage in meaningful and effective system redesign, influence strategy and maintain effective local relationships.

The Bill also replaces the joint duty on local authorities and ICBs to develop Joint Health and Wellbeing Strategies, with a new duty to develop a Neighbourhood Health Plan. While NCF supports the ambition behind Neighbourhood Health, we caution against a model that becomes overly focused on NHS-led clinical priorities at the expense of prevention, community wellbeing and the wider determinants of health.

Neighbourhood Health should be delivered as a genuinely whole-system approach, bringing together social care, housing, voluntary organisations and other community assets alongside health services. Not-for-profit social care providers are a vital part of this infrastructure, often delivering community-based services that strengthen relationships, promote wellbeing and prevent escalation of need.

Many existing community assets already contribute directly to Neighbourhood Health objectives, including community buildings, local voluntary organisations, faith groups, housing providers, parks, leisure services and volunteers. These resources should be recognised and supported as part of future system transformation.

**Recommendations**

- **Regulations and guidance should explicitly support social care providers, including not-for-profit organisations, to participate as equal partners in the development of Neighbourhood Health.**
- **People who draw on care and support, and unpaid carers, should be recognised as key partners in Neighbourhood Health arrangements.**
- **Success measures for Neighbourhood Health should include social care outcomes alongside health outcomes.**
- **NCF supports Amendment 39, requiring the Secretary of State to publish a health and social care integration plan.**

**3. Patient and public voice (Clauses 64 and 65)**

We are concerned about the proposed abolition of both national and local independent Healthwatch organisations and the transfer of these functions to a range of organisations including providers, ICBs and local authorities. This risks fragmenting the patient and public voice, creating confusion around complaints and accountability, weakening independent advocacy and creates a potential conflict of interest, with commissioning bodies finding themselves effectively responsible for supporting people to raise concerns about their experiences of care, in relation to services and supports for which those commissioning bodies are simultaneously responsible.

In this situation, people may also be less willing to raise concerns if they fear, rightly or wrongly, that this could affect future care for themselves or their families.

It is also unclear whether funding will transfer to support these responsibilities. Without adequate resources, there is a significant risk that these functions will become diluted.

**Recommendations**

- **Independent national and local Healthwatch organisations should be retained. Where this is not possible, sufficient resources must accompany the transfer of responsibilities, alongside safeguards to ensure under-represented voices continue to be heard.**
- **We support the proposal put forward by joint social care sector leaders (coordinated by the Carers Trust) that voluntary sector organisations should be able to contribute intelligence and insight into any new public and patient voice functions on access, discharge, social care and community support.**

**4. Single Patient Record (Clause 47)**

NCF supports the introduction of a Single Patient Record, including social care data. This has considerable potential to improve experiences and outcomes for people using health and care services and to support closer working between health and social care providers.

We also support the recommendation made by others (including the joint adult social care sector leaders' response coordinated by the Carers Trust) that this should be viewed as a broader 'single person record' reflecting factors such as housing and wider wellbeing.

However, challenges around trust, governance and public confidence in data sharing must be addressed. Implementation will also be complex given the fragmented nature of health and social care provision.

**Recommendation**

- **Regulations and guidance should ensure that the Single Patient Record works effectively for social care providers, including not-for-profit organisations.**

**5. Better Care Fund and Section 75 / pooled budget arrangements (Clause 43)**

The Bill introduces an important change to pooled budgeting arrangements following the abolition of NHS England. While the Better Care Fund and Section 75 arrangements are not being removed, current legislation requires certain integration funding to be placed in pooled budgets with local authorities. The Bill would remove this national requirement and instead allow the Secretary of State to determine whether funding should be pooled each year.

Ministers have stated that pooled budgets will remain available, and that local areas will continue to be able to enter Section 75 agreements voluntarily. Nevertheless, moving from a system in which some integration funding must be pooled to one in which pooling becomes discretionary presents significant risks.

As has also been highlighted by the joint adult social care sector leaders' response (coordinated by the Carers Trust), there is a risk that funding intended to support integrated, preventative and community-based services may become increasingly focused on NHS operational priorities. In the worst case, funding relied upon by social care to support local communities could be diverted towards acute services.

**Recommendations**

- **National guidance on pooled health and social care budgets should explicitly protect investment in adult social care, prevention, unpaid carers, VCSE and not for profit organisations and community support.**

- **Future uplifts to pooled funding should be protected.**
- **We support the amendment proposed by adult social care sector leaders, coordinated by the Carers Trust, to enable the Secretary of State to require that certain pooled funds are used for social care services, including for prevention and early intervention.**

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