



Purpose: For Decision

Cabinet report

Date	14 OCTOBER 2021
Title	IMPLICATIONS OF THE HEALTH AND SOCIAL CARE BILL (2021-22) FOR THE COUNCIL AND THE FUTURE OF THE ISLE OF WIGHT INTEGRATED CARE PARTNERSHIP
Report of	LEADER AND CABINET MEMBER FOR STRATEGIC PARTNERSHIPS AND THE CABINET MEMBER FOR ADULT SOCIAL CARE, PUBLIC HEALTH AND HOUSING NEEDS

EXECUTIVE SUMMARY

1. The Health and Social Care Bill (2021-22) is currently making its way through Parliament and will formally see Integrated Care Systems established as statutory bodies from April 2022. NHS clinical commissioning groups will be dissolved, with their functions, responsibilities and staff transferring to Integrated Care Systems. The Isle of Wight will be part of the Hampshire and Isle of Wight Integrated Care System, but the Bill envisages a significant number of services being organised in an integrated way across a smaller geographical area based on upper tier local authority boundaries.
2. This paper examines the wide range of options for a multi-agency locally based health and care partnership based on the Isle of Wight's footprint and the opportunities this might create to improve population health outcomes for the whole community.
3. Notwithstanding these opportunities the fundamental challenge to overcome is the structural deficit in the NHS model for funding health services on the Island which will negatively impact the clinical and financial success of any new locally based organisation if it is not addressed.

RECOMMENDATION

4. This paper recommends options (a) and (d) and that the council:

Explores the potential for forming a place based joint committee for the delivery of NHS services and Isle of Wight Council Services on the Isle of Wight, on the basis of delegating responsibility for the delivery of Better Care Fund activities to the joint committee in the first instance.

AND

Looks to abolish the Isle of Wight Integrated Care Partnership at the point that a new Local Place Based Partnership is established for the Isle of Wight by the Hampshire and Isle of Wight Integrated Care System.

BACKGROUND

5. The Health and Care Bill 2021-22 is currently making its way through the Parliamentary approvals process. Amongst other things it will formally establish new statutory bodies to be known as Integrated Care Systems (ICS) which will bring together providers and commissioners of NHS Services, local authorities and other partners to plan health and care services to meet the needs of their population. As a result of the formulation of ICS's the government will dissolve clinical commissioning groups effectively bringing an end to the client provider split in the NHS.
6. The Isle of Wight will be part of the Hampshire and Isle of Wight Integrated Care System, serving a population of c1.9 million people and with an NHS budget of c£3billion; it is expected to operational from April 2022.
7. Integrated Care System's will be made up of two parts, an Integrated Care Board and a Health and Care Partnership:

The Integrated Care Board:

This is the NHS Body responsible for NHS strategic planning, the allocation of NHS resources and NHS performance management across its geography. It will receive a financial allocation from NHS England (NHSE) for the majority of health services across its area and will be accountable to NHSE for its performance in caring for its population.

The Integrated Care Board (ICB) will comprise as a minimum a chair, chief executive, three executive directors, two non-executives and members from NHS trusts, general practice and local authorities. As a single board, all members will share accountability for its work. The body is also able to make local decisions about appointing other members to the organisation. NHS trusts or foundation trusts will continue as independent bodies.

The ICS Health and Care Partnership:

A partnership between the organisations that provide for health and care needs across an area. It is jointly convened by the NHS and the upper tier local authorities in its geography. It has responsibility for preparing an 'integrated care strategy' setting out how the assessed needs of the population are to be met by the exercise of functions of the Integrated Care Board, NHS England and the responsible local authorities. It will coordinate services and plans to improve population health and reduce inequalities between different groups. The Integrated Care Board and local authorities will have a duty to consider the Partnership's care strategy when making decisions about the services and outcomes they are looking to deliver for their community.

The membership of the partnership is to be determined locally to complement existing local configurations and arrangements such as Health and Wellbeing Boards. The Health and Care Bill sets out the minimum membership for Health and Care

Partnerships as one member appointed by the Integrated Care Board and one member appointed by each of its upper tier local authorities. The committee can appoint any other members and determine quoracy arrangements.

There is a clear expectation that local authorities, including directors of public health and people who access care and support, or their nominated representatives, have a key role to play. Other potential members identified in Integrated Care Systems' guidance are: Healthwatch, Health and Wellbeing Board members, other statutory organisations, voluntary, community and social enterprise (VCSE) sector partners, social care providers and organisations with a relevant wider interest, such as employers, housing and education providers and the criminal justice system. It is likely that membership may change as the priorities of the partnership evolve.

8. There is an explicit expectation in the Health and Care Bill that a significant amount of the work to be undertaken by the Integrated Care Board will be delegated to a more local level based on the concept of 'place', this is generally acknowledged to be an upper tier local authority area – such as the Isle of Wight.
9. The creation of Local Place Based Partnerships to accept this delegation of responsibility (and funding) from the Integrated Care Board is not prescribed in the Health and Care Bill and local partners are able to work together determine the approach that best suits their needs and to agree that approach with the Integrated Care Board.
10. The introduction of Local Place-Based Partnerships represents a significant opportunity for more formal and closer working between NHS organisations, local authorities social care providers, the voluntary and community sectors and community leaders, with shared commitments to and accountability for improving the health of a local area such as the Isle of Wight. However, the success of Local Place Based Partnerships will still rely on the quality of the frameworks that are created and the strength of the leadership of the partnership.
11. Local Place Based Partnerships are expected to work closely with Health and Wellbeing Boards and have due regard to local joint strategic needs assessments and health and wellbeing strategies. It should be noted that Health and Wellbeing Boards also have a duty to improve the health and wellbeing of their local population and reduce health inequalities. Any local partnership or Health and Wellbeing Board is integral to underpinning any approach to population health management (PHM) and understanding the current and future health and care needs for local residents.
12. The challenge for all local authorities is in determining to what extent they are willing or able to commit to any of the new structures as a means of improving the overall approach to health and wellbeing locally. This includes their active involvement in both the Integrated Care System and also the Local Place Based Partnerships. However, the involvement of local government will be essential for the Integrated Care Systems to be able to drive meaningful improvements in health and wellbeing due to the need to impact the wider determinates of health alongside clinical interventions. Equally the local authority needs to work with NHS partners to deliver its public health duties and improve outcomes. Therefore, there is an argument that local authorities will want to be closely involved with the introduction and development of these partnerships so that they can secure the best possible outcomes for their community.

13. Local authority engagement in the Integrated Care System will provide a further way to influence and develop NHS funded services. The council's active involvement with the Integrated Care System and in developing a Local Place Based Partnership for the Isle of Wight would allow it to influence the new place based arrangements and consider what of its own local authority funded responsibilities it would be prepared to delegate to the Local Place Based Partnership for the wider good of the community. This would need to build on opportunities for improving population health and social care outcomes and not for any other reason.
14. In coming to this decision, the council would want to consider the range of services on the Isle of Wight that will be the responsibility of an Integrated Care Board:
- Planned hospital care, rehabilitative care, urgent and emergency care (including out-of-hours and NHS 111) - provided by the IW NHS Trust, Portsmouth Hospitals University NHS Trust is a strategic partner.
 - Mental health services - provided by the IW NHS Trust, Solent NHS Trust is a strategic partner.
 - Learning disability services - provided by the IW NHS Trust, Solent NHS Trust is a strategic partner.
 - Ambulance services - provided by the IW NHS Trust, South Central Ambulance Services (SCAS) is a strategic partner
 - General practice services – provided through three primary care networks

The Health and Care Bill proposes that dental, optometry and community pharmacy services will remain the responsibility of NHS England although it is likely that responsibility will transfer to the Integrated Care System from April 2023.

15. It is arguable the fundamental purpose of a local authority is to improve the overall quality of life for the residents of its area. However, there are some services that align more closely to the health and care agenda than others and which more naturally fall into consideration for delegation to a Local Place Based Partnership. These include:
- | | |
|--------------------------|-----------------|
| • Adult social care | • Public health |
| • Children's social care | • Housing |
16. The Isle of Wight, as a place, currently has all of its key NHS services (other than primary care) provided through a single body, the IoW NHS Trust and commissioned by the Hampshire, Southampton and Isle of Wight Clinical Commissioning Group. However, whilst this has meant an easily recognisable lead body for the NHS on the Isle of Wight it has brought significant challenges in terms of financial and clinical sustainability. Addressing these issues has been central to the delivery of the health and care improvement plan produced in 2018.
17. This plan was key to recent improvements in the Trust's overall performance (as rated by the Care Quality Commission) supported by the strategic partnerships outlined earlier. However, the health and care improvement plan also identified a demonstrable structural financial deficit inherent in the delivery of health care to a small population. This must be resolved by the partners within the Integrated Care System as it becomes responsible for NHS finance and performance (including clinical) across the area.

18. As the development of the Integrated Care System progresses it is likely that the role of these strategic partners will develop further to support the sustainable delivery of high quality clinical services on the Isle of Wight to the extent that they warrant inclusion in the new place based body. These partners include Portsmouth Hospitals University NHS Trust, Solent NHS Trust and South Central Ambulance Service (SCAS).
19. There are a number of possible place-based governance arrangements which could be agreed with the Integrated Care Board to drive and oversee health and care integration to improve the health and wellbeing of the Island's population in association with the local authority and other partners.

A Consultative Forum:

20. This would effectively meet to inform decisions taken by the Integrated Care System NHS body, local authority and other partners. It would have no accountability for the decisions taken about the delivery of health and care services at a local level but would be able to question the Integrated Care Board about the impact of the decisions it has made on behalf of the community. It is effectively a continuation of the remit of the current Isle of Wight Integrated Care Partnership (ICP)

B. Committee of the Integrated Care Board:

21. The committee would have delegated authority to take decisions about the use of the Integrated Care Board's resources in the area. So effectively it can shape and influence the work of the Integrated Care Board locally to improve the overall health and wellbeing of the Island's population. However, the range of the delegations, impact of the delegations and the degree of 'influence' of the council and other bodies are likely to be limited in scope if the committee did not have a wider influence over other contributors to the health and care agenda (e.g. some council services).

C. Joint Committee of Statutory Organisations:

22. In this model the Integrated Care Board and other organisations such as the council would delegate decision making on specific functions and/or services to a joint committee. This would require the council to agree to delegate some of its responsibilities and resources to the joint committee to align with those of the Integrated Care Board and with the objective of making best use of all resources to meet the statutory requirements of both bodies and improve population health and wellbeing.

D. A single accountable officer with delegated authority:

23. A single accountable individual would have delegated authority from the Integrated Care Board body (and possibly other statutory agencies) to take decisions about the delivery of health and care services across a geography. They could possibly be advised by a local area committee of interested parties however, this would be influenced by the degree of delegation and involvement of other statutory agencies in the arrangements.

E. Lead Provider Agency:

24. A single organisation would contract with the Integrated Care Board for delivering all of its required outcomes across a single geography. This could for example be the Isle of Wight NHS Trust or one of its partners, but ultimately one organisation would be responsible for the delivery of all services. The specification of the outcomes would be agreed with the Integrated Care Board but could be co-produced with the lead provider agency.
25. Health and care partners on the Isle of Wight have a long track record of working collaboratively to improve overall population health and wellbeing since 2015. This was firstly through a Local Care Board (LCB) and more latterly through an Integrated Care Partnership (ICP). However, neither the LCB or the ICP had any formally delegated authority from any of the members to act on their behalf and therefore both have been limited as to what they can do by the limitations on each statutory partner's constitutional governance and decision making process. The introduction of Integrated Care System's and the proposed place based partnerships do offer an option for closer meaningful integration and management of health and care services. The extent of that integration locally would seem to be determined by the appetite of the partners to grasp and commit to the opportunity that is on offer.
26. The Better Care Fund (BCF) on the Isle of Wight has remained consistent and largely unchanged since its inception in 2013. Additional schemes were added in 2017 as a result of the Improved Better Care Fund (iBCF) which increased the funding received from central government. Further schemes were included in 2019 as a result of the integration of continuing healthcare with the council's adult social care services. The majority of expenditure (with the exception of the iBCF funding) is recurrent. The Better Care Fund is delivered through existing contractual relationships and internal service delivery teams This is now overseen by the Hampshire, Southampton and Isle of Wight Clinical Commissioning Group and the council in collaboration and agreement via a section 75 agreement.
27. The current Better Care Fund section 75 agreement is a complex and extensive document which has the opportunity to be simplified thereby reducing the burden for reporting and accounting. Many schemes now overlap, and a review of each scheme will help to remove duplication. Information is being sought from NHS England Regional BCF Lead, Hampshire and Isle of Wight BCF leads to maximise alignment and reduce administration in the BCF planning for 2021/2022.
28. A review of the Better Care Fund schemes is being undertaken during 2021/2022 that will lead to a revised framework for Isle of Wight delivery of effective integrated services at local place based level by 2022/2023. This will also lead to a structured review of the BCF section 75 agreement framework around the development of local place based principles and Isle of Wight health and care plan refresh. This coincides with the work underway to review and consider the council's approach to the Local Place Based Partnership agenda.

STRATEGIC CONTEXT

29. The council's new draft corporate plan is to be considered at the same meeting of the Cabinet as this paper. It will include a provision for the council to work to the Island being a place where everyone "is part of the community and enjoys good health". Active engagement with the development of the Hampshire and Isle of Wight

Integrated Care System and more importantly in shaping a new Local Place Based Partnership for the Island would support the council in delivering this aspiration.

CONSULTATION

30. This paper has been developed following discussions with the Isle of Wight Local Care Board, Hampshire, Southampton and Isle of Wight Clinical Commissioning Group and representatives from the Isle of Wight NHS Trust.

SCRUTINY COMMITTEE

31. The subject was debated at the Policy and Scrutiny Committee for Health and Social Care in September and it concluded that:
- It was vital that the Director of Adult Social Care have a position on the ICS NHS body as well as on the Hampshire and Isle of Wight ICS Partnership.
 - The Island's MP be requested to assist the Council in pressing the Government for additional funding for adult social care as a matter of urgency.
32. The comments of the Corporate Scrutiny Committee will be reported verbally following its meeting of the 12 October.

FINANCIAL / BUDGET IMPLICATIONS

33. The Hampshire and Isle of Wight Integrated Care Board has yet to determine to a financial allocation for the Isle of Wight or the services that it will delegate for local management in any form. However, it is known that the Island's health services provided through the NHS Trust have an annual structural deficit of £20m as a result of providing services in a unique Island context and a further additional operating deficit of c£16m in the current year.
34. The Isle of Wight Council has agreed a lawful and balanced budget in 2021/2022 which is predicated on savings of some £3.5m on its budget for 2020/2021. It cannot set a deficit budget and has forecast a need to save £9m over the three years starting in 2022/2023. If any investment is required for a Local Place Based Organisation it would need to be funded from existing resources.
35. The value of the 2021/2022 Better Care Fund is £52.4m, which includes £6m as Integrated Better Care Fund and winter pressures funding. The Isle of Wight Better Care Fund operates more as an aligned rather than a pooled budget currently. The Integrated Better Care Fund and winter pressures funding is non-recurrent and subject to central government determining its continuation on a year on year basis.

LEGAL IMPLICATIONS

36. The Better Care Fund Policy Framework set out by the Department of Health & Social Care (DHSC) and the Ministry of Housing, Communities and Local Government (MHCLG) provides the mechanisms for joint health, social care, and housing, planning and commissioning of integrated care to support independence (including reducing admissions to care homes), avoid hospital admissions and delays at discharge to appropriate care.

37. The Better Care Fund is mentioned throughout the NHS White Paper “Integration and Innovation” (February 2021) mainly in the context of:
- a). changes to the legal functioning of the Better Care Fund (standalone from the NHS Mandate) and
 - b). re-invigoration of place-based structures for NHS/Adult Social Care (ASC) integration (Health & Wellbeing Boards (HWB) and BCF/S.75 arrangements) as a mechanism for agreeing priorities, particularly local mental health, community and primary care services integrated care pathways.
38. The Isle of Wight Better Care Fund section 75 agreement is a large and complex document dating back to its inception 2013, revised for 2017-2019 with the Integrated Better Care Fund, which has been rolled forward in 2019/2020 and 2020/2021 by Deed of Variation. The document sets out the legal basis, governance, key performance indicators and reporting, schemes descriptions/service specifications for the delivery of the fund. There is an opportunity to simplify the section 75 Agreement to reflect new governance and aspirations based on a Local Place Based Partnership and the principles, priorities, and fit with both the Integrated Care System and local authority direction of travel.
39. The NHS England Better Care Fund programme is managed regionally with an allocated regional manager. The Isle of Wight is part of the Better Care Fund Forum to ensure exchange of NHS England guidance and information is obtained.
40. The oversight of the Better Care Fund’s section 75 for the Island is done in collaboration by the Hampshire, Southampton and Isle of Wight Clinical Commissioning Group and council commissioners. Proposals to use the funds must be submitted to both the Integrated Care Partnership and then the Health and Wellbeing Board for formal sign off and approval. This is in addition to the sovereign organisations’ internal governance routes (e.g. Hampshire, Portsmouth and Southampton CCG Partnership Board and the council’s Cabinet). Monitoring of Better Care Fund spend is provided via a quarterly reports for section 75 aligned budget use.

EQUALITY AND DIVERSITY

41. The council as a public body is required to meet its statutory obligations under the Equality Act 2010 to have due regard to eliminate unlawful discrimination, promote equal opportunities between people from different groups and to foster good relations between people who share a protected characteristic and people who do not share it. The recommendations in this paper should in the long term lead to improved health outcomes for all including those with the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

OPTIONS

42. The options available to the council are as follows:
- (a) Explore the potential for forming a joint committee for the delivery of Integrated Care System NHS services and Isle of Wight Council services

for the Isle of Wight, on the basis of delegating responsibility for the delivery of Better Care Fund activities to the joint committee in the first instance.

- (b) Work with the Integrated Care System's Integrated Care Board to develop a consultative committee to advise the Board on the delivery of health services on the Isle of Wight.
- (c) Work with the Integrated Care System's Integrated Care Board to develop an Isle of Wight Committee to advise on the delivery of health services on the Isle of Wight and secure whatever influence possible without any delegation of council services and resources.
- (d) Look to abolish the Isle of Wight Integrated Care Partnership at the point that a new Integrated Care System sponsored Local Place Based Partnership arrangement is established for the Isle of Wight.

RISK MANAGEMENT

- 43. If the council is not engaged with the development of the Hampshire and Isle of Wight Integrated Care System and in trying to shape a Local Place Based Partnership for the Island then it risks missing the opportunity to impact on improving the overall health and wellbeing of the Island's population. Its only impact would be in following the statutory requirement to collaborate with the NHS on improving population health. However, improving public health is part of its wider responsibilities already so it does run the risk of not making the best use of all available opportunities to do this.
- 44. The council may choose to engage with the new Hampshire and Isle of Wight Integrated Care System arrangements and the Local Place Based Partnership to as much or little a degree as it wishes. The more it engages then the greater the likelihood of the responsibility for the management and allocation of more NHS resources being delegated to the Isle of Wight. However, the council would need to delegate the control of some of its own resources to the partnership with the risk, which could be mitigated with appropriate conditions for delegation. That the partnership is not able to deliver on the council's statutory responsibilities in these areas. Therefore, the degree of delegation needs to be carefully considered to not expose the council to risk of challenge in any failure to discharge its statutory duties effectively and properly.
- 45. In delegating some of its resources to be discharged by the Local Place Based Partnership, the council would be giving up the opportunity to use some or all of these resources to help manage the overall challenges within its budget. However, it is possible that by the partnership making better use of the totality of health and care resources available there could be wider efficiency and service delivery savings which could be to the council's benefit.
- 46. The council will want to be minded to guarantee that there is adequate local democratic representation and oversight at the level of both the Integrated Care Board and also the Local Place Based Partnership. This will ensure the views of the community can be clearly heard alongside those of people who need care and support in the development of delivery of strategies to improve local population health.

47. The Integrated Care Board and Local Place Based Partnerships are new bodies, and it will take them time to understand and shape the role they wish to play in transforming population health. However, if the Local Place Based Partnership is successful it is going to require local leadership and dedicated resources to drive the organisation forward and bring together all partners to make a significant difference to the health of the Island's population. The model favoured by NHS partners would be for an independent chair of the Local Place Based Partnership accountable to all partners for the finance and performance of the partnership.
48. At this time there are considerable pressures across the NHS to deliver services in response to the ongoing covid-19 pandemic, deal with winter pressures and catch up with the delivery of services delayed by covid-19. The delivery of care services may be overshadowed to some extent by these wider agendas and the council may therefore want to take a deliberate, incremental and phased approach to the delegation of all or any of its services to the remit of a Local Place Based Partnership.
49. The formation of the Hampshire and Isle of Wight Integrated Care Board by April 2022 is unlikely to provide sufficient time for it to agree the delegation of resources and responsibility for outcomes to place based arrangements in 2022/2023. As a result, the existing arrangements will be likely to continue in the coming year. Therefore, there is time to build a strong local arrangement in readiness for the delegation of responsibilities from 2023/2024 onwards, provided their leadership and governance can be identified early
50. There can be no successful Local Place Based Partnership model if the Integrated Care Board or the NHS nationally is unable to properly fund the structural deficit in the NHS funding for the Isle of Wight.

EVALUATION

51. There is still a significant amount of uncertainty about how the proposals in the Health and Care Bill will impact on the Isle of Wight and its relationship with Hampshire, Portsmouth and Southampton Clinical Commissioning Group/Integrated Care System. However, the Health and Care Bill and the developing Local Place Based Partnerships do offer an opportunity for the council to play a full and active role in shaping improvements in population health and wellbeing for many years to come.
52. On this basis it would be sensible for the council, as a community leader, to secure a role in which it is able to influence the allocation and spending of NHS resources on the Isle of Wight, ensuring that the benefit of that spend is maximised for the local community. At the same time, it should also consider to what extent it is able to make best use of its current and future resources to increase the integration of health and care services, making the most of all the funding available to the Island and thereby making the biggest difference for the Island's community. The more the council is able to commit to a shared arrangement then the more influence it is able to exert over the Local Place Based Partnership arrangements.
53. However, there are a significant number of unknowns at this time; not least of which the degree to which the structural and operating deficits in the health budget will be addressed when the new arrangements come into place. The level of delegation of the functions and services of the Integrated Care Board is also unclear. Both of these factors impact on any potential Isle of Wight partnership arrangements, as do any existing partnership arrangements in place with Isle of Wight health partners.

54. In addition to the uncertainty relating to the NHS position it must be noted that the lack of clarity as to the future funding of adult social care also has the potential to impact on future Integrated Care System partnership arrangements. Government announcements in recent weeks do not give any indication about additional funding for council services and continue to leave open the opportunity for local authorities to level a social care precept as part of the council tax as the means of funding the increasing demand pressures on the adult social care budget.
55. The picture is still taking shape and the council may choose to wait and see how it evolves or could seek to find a route into the emerging arrangements that minimises its risk but maintains its ability to extend its input should things progress successfully. On this basis the joint committee would offer the more suitable approach, making use of the council's investment in the Better Care Fund, which is already considered a 'shared spend' with health and subject to formal agreement with health partners. In effect this offers no more than the council is committing at present but does open up the possibilities of sharing responsibility for developing and integrating arrangements for the delivery of health and social care services on the Island with shared accountabilities for its success.
56. The joint work between the council, health and other partners has demonstrated over the last six years the strength of mature and collaborative arrangements between all the players in the health and care system locally. Strong place-based networks will be central to extending the success of these arrangements. However, the Isle of Wight's existing Integrated Care Partnership has been restricted in its ability to act as more than a 'consultative' committee, on the basis that it has no formal delegation of responsibility or resources. It has been a coalition of the willing but has contributed to strong and effective working arrangements across the area.
57. It is unlikely the council would be able to exert more influence other than as an existing stakeholder were the place-based model to be in the form of a committee of the Hampshire and Isle of Wight Integrated Care Board. The local organisation would need to continue to work with the council as needed when services interact, but the ability to influence and shape the decisions and direction of the Integrated Care Board would be limited by the extent to which the council is able to influence the Integrated Care System Health and Care Partnership. The same would also be true in all other potential models of place-based delivery.

BACKGROUND PAPERS

58. ["The Health and Social Care White Paper explained"](#), Helen McKenna, Kings Fund, March 2021
59. [Integrated Care Systems: design framework](#), NHS, June 2021
60. [Isle of Wight Health and Care Plan 2018-21](#)

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