



AN INQUIRY INTO THE VALUE AND ACCOUNTABILITY OF DEVOLVED HEALTH SYSTEMS

SCOPE OF THE INQUIRY

Context: Health Devolution - building healthy communities and sustainable health services

The NHS Long Term Plan outlines a fundamentally new direction of travel for the NHS based on the principle of collaboration rather than competition, and the introduction of new structures such as Integrated Care Systems, Integrated Care Providers and Primary Care Networks that bring together health and social care commissioners and providers in new partnerships to plan and deliver integrated and person-centred care. This is very welcome and much work is now underway to identify how this new approach can be made to work in practice.

However, whilst this task is necessary, it is not sufficient to achieve a financially sustainable health and social care system. The starting point has to be much wider, with an understanding of the factors that drive successful places, the contribution that devolution overall can make to addressing these, and the opportunities this opens up for both creating better community health and improving health and social care services.

An understanding of the relationship between poor health, lower productivity, economic growth and a population's ability to participate in the local economy should underpin planning and action that seeks to prevent community ill-health, support economic growth and limit the otherwise ever-growing demand for health services. Action to transform the way that local health and social care services and others are organised to deliver an integrated, person-centred system will then be built on much stronger foundations.

Unless action is taken to address the drivers of physical and mental ill-health (such as poor housing, poor diet, poor environment, and job insecurity/unemployment in local communities) at the same time as addressing the challenges of service integration within the NHS and between the NHS and social care, then the health service will always be subject to increasing demands and pressures with which it will struggle to cope.

One new way of working in Greater Manchester that seeks to improve both a community's health and a community's health services is *health devolution*. This approach is seen by many as having the potential to embrace and address all of the circumstances and services that impact on the health and wellbeing of local communities, as well as improving the nature and quality of its health and social care services.

Every community has assets and strengths in the local voluntary and community sector that can be identified, drawn upon and enhanced to help build healthier communities. *Health devolution* is one way of opening up the possibility of integrating not just disparate services within the NHS, or even NHS and social care services in a locality, but bringing together in a combined strategy and structure all of the services and systems in a community that have an impact upon the health of a local population and the care services to meet their health needs.

There is a growing body of evidence and advice about how the health and social care system can be better integrated, but more understanding is needed of the benefits that health devolution can bring in building healthier communities, growing the local economy and bringing together a much wider range of services that impact upon people's health and care.

The Health Devolution Commission

Against this background, the Commission will investigate two primary questions about health devolution as a means of building successful places, building healthier communities and transforming health and social care services:

- What does *good health devolution* look like in building a community's health and improving a community's health services?
- What are the implications for accountability, power and control? In particular what are, and should be, the relationships between 'vertically structured' NHS services and 'horizontally structured' Council or Combined Authority services such as social care, public health, regeneration and housing?

Our intention is that the Commission's findings will be of value to policymakers at national, city region and local levels who are interested in adopting health devolution and will generate the following outputs:

- identifying the potential of health devolution for place shaping, building healthier communities and transforming services to meet local health needs
- outlining the impact of health devolution on specific conditions such as cancer and mental health, and on specific populations such as older people
- identifying issues and potential solutions to the challenges of accountability, power and control in devolved health systems presented by the close working relationships required between local authority leaders and services; and local health leaders and services (service commissioners, clinical leaders, and health and social care providers in the public, private and third sectors)
- summarising the key lessons from the experience of health devolution within England in areas such as Greater Manchester and to a lesser extent London and the West Midlands, and elsewhere in the UK.

3 Subsidiary questions

Within the two primary questions outlined above there are a number of subsidiary questions that the Commission will seek to address and some examples of these are given below:

1 What does good health devolution look like?

- In what ways does health devolution enable the building of healthier communities and the prevention of ill-health?
- In what ways does health devolution enable the marshalling of a wide range of services and partners across local authorities and the NHS to address the wider drivers of ill-health in local communities?
- Are there any barriers to the potential benefits of health devolution being realised; and if so how could these be addressed?
- How does health devolution affect the outcomes and experience of care for people with specific conditions such as cancer or mental health, or specific population groups such as older people with health and social care needs such as dementia?
- To what extent does health devolution accelerate integration within the NHS and between health and social care services, and make the NHS Long Term Plan a reality?

2 What are the implications of health devolution for accountability, power and control in devolved health systems?

- What is the relationship between central government, NHSE and devolved health areas? In what way is the Secretary of State for Health and Social Care and NHSE held accountable for improving a community's health as well as NHS performance in devolved health and social care systems?
- How can local leaders in devolved health systems be held accountable locally and nationally at the same time for the performance of locally integrated services?
- What is the nature of the relationships between local clinical leaders and civic (professional and elected) leaders? What decisions are each responsible for in a devolved system?
- How do devolved health systems affect policies to empower individuals to have more control over their health and social care services and outcomes?
- What impact do devolved health systems have on the charity sector, social enterprises and the independent sector as providers and partners in health and social care structures?

The Health Devolution Commission is kindly supported by



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