

NHS Confederation response to Health Devo Commission call for evidence

Key points

- The NHS Confederation through its Networks and Health Economic Partnership work programme has significant experience in supporting health and care systems and organisations to understand the nature, scope and potential of place-based working and devolution.
- At present devolution is a favoured policy tool of both national health and care leaders and economic leaders. Despite this, policy often appears to be made in isolation and there lacks a central narrative that connects, for example, Integrated Care Systems to the wider local growth and devolution agenda.
- The importance of health and well-being in ‘levelling up’ the economy and the emergence of inclusive growth as a key policy goal is helping to bring about much stronger alignment locally. Similarly, our external partner sectors would welcome a greater level of ‘place sensitivity’ within the health and care system around issues such as research and innovation, skills, and anchor institution activity.
- Devolution, whether health or otherwise, should not be seen as an end in itself, rather the means to achieve stated policy goals. In the context of this Commission, the NHS Confederation strongly believes that empowering local leaders within geographical footprints to work together across sectors is an important enabler in developing healthy, prosperous and productive communities and economies.

About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of the whole NHS. We represent over 500 members across health and social care, including hospitals, community and mental health providers, ambulance trusts, independent sector organisations providing NHS care, and clinical commissioning groups. Our website is: www.nhsconfed.org.

We have three roles:

- to be an influential system leader
- to represent our members with politicians, national bodies, the unions and in Europe
- and to support our members to continually improve care for patients and the public.

The NHS Confederation has offices in England, Wales, Northern Ireland and in Brussels and operates three areas of work that strongly relate to the focus of the Health Devo Commission:

Integrated Care Systems Network

The NHS Confederation is supporting emerging systems and helping local areas on the journey to becoming integrated care systems by April 2021. Alongside tailored support for ICS/STP independent chairs, programme directors, clinical leads, mental health leads, workforce leads, non-executive directors and lay members, we have now established a national network for ICS and STP leaders – this is called the Health and Care Leaders Forum. This was set up in response to feedback from ICS/STP leaders across the NHS and local government who told us they wanted an

independent safe space to exchange ideas, share experiences and challenges, and develop solutions.

Health Economic Partnerships

The NHS Confederation is the only national body directly helping the health sector to engage with the devolution and local growth agenda – building partnerships with local economic leaders which drive lasting improvements in public services for our local communities. The Health Economic Partnerships work programme focuses on the many policy areas which connect health and wealth locally; including skills, innovation, population health, estates, and finance. We combine national leadership with tailored local services.

PCN Network

Primary care networks (PCNs) are critical to the delivery of the NHS Long Term Plan. Bringing together GP practices into networks with other primary care and community organisations, PCNs will enable more integrated provision of services to local populations. To support them, the NHS Confederation has established the PCN Network, which will:

- be a strong national voice for PCNs across the system
- influence national policy and debate and ensure that expectations are informed by insights from PCNs
- promote the role of PCNs within the NHS Long Term Plan and their essential role, both now and in the medium term
- ensure PCNs have access to the information, advice and support they need to grow and fulfil their potential
- ensure that PCNs have influence within local health and care systems, through links with other NHS Confederation networks
- work with other partners and stakeholders to develop a vision of the possible for the future.

This response reflects several perspectives from within and across the NHS Confederation. In particular:

- 1) The Head of Health Economic Partnerships will reflect on the how devolution is developing as a policy both within and outside the health sector
- 2) The ICS Network has recently published briefings exploring local autonomy for health and care leaders
- 3) The Welsh office has offered some context to health in a Devolved Administration

We would be very happy to discuss any of the information contained within this response in more detail with the Commission.

Michael Wood
Head of Health Economic Partnerships
NHS Confederation
Michael.wood@nhsconfed.org
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1) Understanding Health Devolution – exploring the concept of decentralisation

There is a growing focus on devolution as a policy lever both within the health and care sector but also more broadly through the government's attempts to rebalance the economy. While there is a strong degree of conceptual alignment in the evolving decentralisation of both the health sector and the economy, in practice it often appears that these policies are being developed in isolation from each other. The NHS Confederation believes strongly that there should be a much greater level of co-design and alignment. Further to this, while devolution offers policymakers and place leaders significant opportunities to develop healthy, thriving and prosperous communities, the policy should not be seen as an end in itself (as some undoubtedly do), but rather a means to achieving stated policy aims.

The two fundamental questions the Commission ask are important in mapping out this next phase of devolution, however for many in the NHS answering the detailed questions at this early stage is challenging. This response attempts to briefly highlight areas of recent progress on decentralisation, both within and outside the health and care sector, and outline where opportunities to harness place-based working can arise. In it, we will cover:

- Aligning health with growth
- YHealth for Growth
- Future health devo work

Aligning health with growth

The NHS Confederation is clear that ensuring a thriving, healthy, productive and prosperous place is a shared priority and responsibility. While we have seen the emergence of the government's local growth agenda and NHS England's recent focus on 'system by default' we believe that there needs to be a much stronger alignment between these twin tracks of devolved policy. In short, there is no central government narrative, with the responsibility often left to local leaders to pick up.

The work of the NHS Confederation's Head of Health Economic Partnerships is focused on supporting a place-based approach to devolution that understands the role the NHS in particular can and should play in this. Some initial reflections are as follows:

The NHS Confederation reported on the role health could and should play in the local growth agenda in its June 2017 report: **Local Growth and the NHS – building the foundations of a healthy economy** (https://www.nhsconfed.org/-/media/Confederation/Files/public-access/NHSC-briefing-296_final.pdf).

This report stated that: 'Situated at the heart of the local community, the health service should be involved in local decisions that determine its future. There is a clear mutual benefit in making the local economy as prosperous as it can possibly be. Despite this, the NHS' involvement in, and understanding of, the localisation of economic planning and strategy and its impact on the service has been limited – though recent devolution deals such as Greater Manchester point to an increasing awareness. The renewed focus around the place through sustainability and transformation plans/ partnerships (STPs), and the blurring of lines between the local health

economy and the wider economy, offer the NHS new opportunities to share the burden, and benefits, of investments in healthcare more widely.’

More recently, the NHS Confederation published **Health in all Local Industrial Strategies** in June 2019 (<https://www.nhsconfed.org/resources/2019/06/health-in-all-local-industrial-strategies>), which reflected on the emerging importance of health to many of the early draft local industrial strategies, explored the opportunities for the NHS that exist at both system and organisational level and outlined how to engage with and influence the development of these strategies in the coming year.

The emergence of inclusive growth as a central policy lever has focused minds on the need to enable more people and places to benefit from the proceeds of economic growth. In parallel to this, the positioning and importance of population health in the NHS Long Term Plan has ensured an ICS’s focus stretches beyond simply the NHS to the wider determinants of health that have been shown to play the critical part in the health of communities.

The government has committed to publishing an English Devolution white paper in summer 2020 with a dual focus on levelling-up existing deals and outlining a more transparent process for new ones to be shaped and signed. This framework should, in our view, highlight the importance of inclusive growth as a strategic priority.

YHealth for Growth

YHealth for Growth is a joint initiative between the NHS Confederation, Yorkshire and Humber AHSN and Yorkshire Universities. It is focused on the role of health and care in driving economic and inclusive growth strategies in the Yorkshire and Humber region and explores the close correlation between the low regional health and economic outcomes and the low levels of R&D. The presentations from a large conference held in Leeds in December 2019 can be downloaded here: <https://www.yhahsn.org.uk/news/exploring-the-role-of-health-in-economic-and-inclusive-growth/>.

A report will be issued in March 2020 entitled **Levelling up Yorkshire: creating wealth, improving health**, which will call for national government and local place leaders to empower, design and implement interventions that improve health, inclusive growth and well-being across the region. With devolution across Yorkshire an emerging issue this is an important and timely report in ensuring strong alignment between the two ICSs and one STP and the Combined and local authority areas and LEPs.

Within the region, the close working between West Yorkshire and Harrogate ICS and the Leeds City Region LEP/West Yorkshire Combined Authority on aligning plans for health and care and the Local Industrial Strategy merits particular attention. The December 2019 Partnership board: (https://www.wyhpnership.co.uk/application/files/9615/7478/1205/23-19_Health_and_Growth_-_Local_Industrial_Strategy.pdf) states that:

‘The priorities within the Local Industrial Strategy strongly link to health and care, and there are some significant opportunities to better join up action between the Local Industrial Strategy and WY&H Five Year Strategy. A health focus enables us to address some of our biggest challenges in an

inclusive way such as increasing productivity through healthy workplaces, and the scale of the goods and services that supply the health sector.

Following discussions with both West Yorkshire & Harrogate Health and Care Partnership and Leeds Enterprise Partnership members, the following four themes emerged as areas of action to collaborate on:

Life - led – people’s lives being at the centre of our ambitions for regional growth and wellbeing

Climate – becoming leaders through investments, culture change and mitigation

Good work – good work drives good health, and good health enables good work

Ageing well – focus on the strengths that our older population brings to our region and coproduce with them the ideas and solution.’

Many of these principles apply to other areas and reflect a good basis for what devolved leaders might usefully focus on.

Future health devo work

The NHS Confederation will in the coming months be establishing a Health Devo Community, which will virtually link up members and ICS leads in those parts of England which have agreed devolution deals to discuss:

- An increased understanding of devolution as a policy driver
- Partnership working with Mayors and Combined Authorities
- The informal and formal role of health and care in devolution
- Influencing future deals
- Sharing good practice and exchange of ideas to maximise local impact

This planned work is in response to member concerns that the potential of what could be achieved locally in addressing population health issues is not being fully realised.

The NHS Confederation would be very happy to speak to the Commission about engaging with members of the Health Devo Community when operational.

2) Empowering local leadership

The NHS Confederation, mainly through its newly established ICS Network, has recently produced several important reports on the appetite for, and progress and impact of, local decision-making. In this response we highlight several that we feel are particularly relevant for the Commission:

Letting Local Systems Lead (<https://www.nhsconfed.org/resources/2018/11/letting-local-systems-lead>), published in November 2018, was based on a survey of NHS Confederation members and called for action to remove the barriers to effective local system working. It found that:

- Six in ten leaders (61%) agreed that sustainability and transformation partnerships (STPs) and integrated care systems (ICSs) represented the right approach for partnership working between the NHS and local government.
- The vast majority of respondents considered that only moderate progress (44%) or a little progress (42%) had been made in implementing the system working approach set out in the NHS Five Year Forward View.
- When asked what would make a difference, local leaders identified better local partnership working, improved engagement with staff, patients and communities, more effective local governance and a more supportive oversight regime.

Based on the findings, and our own analysis of the challenges facing the service, the NHS Confederation subsequently called for the long-term plan to:

- Make support for effective local leadership and relationships a priority.
- Focus attention on the key factors that will allow local improvements to health and social care services.
- Shift the focus of regulation from performance management to improvement support.
- Support local systems to strengthen ownership in their communities of the long-term plan vision.

The ICS Network worked with SOLACE to produce **Delivering Together** (<https://www.nhsconfed.org/resources/2020/01/delivering-together>) in January 2020. This report summarised the views of senior leaders from the NHS and local government on how they would like system accountability to develop. It set out the following key points:

1) Internal accountability within systems

Better internal accountability can be achieved through greater clarity about the function of ICSs, developing a clear set of outcomes to deliver collectively and by working through locally how the roles of the constituent organisations can fit together to deliver them.

Local relationships and ways of working should be given time to develop further and this should be key to any future consideration of statutory change.

2) Regional and national system accountability

There needs to be a shift to a more mature oversight and regulatory relationship with systems driven by local needs and aspirations. This should take a broader-based approach beyond delivery of healthcare and be open to challenge about legitimate national aspirations for improving services.

ICSs should be “smart, ambitious, translational systems” which are “confident enough not to need to ask for permission, but able to ask for forgiveness if necessary”.

The NHS’s national improvement goals should be developed much more closely with local systems to ensure their ambition is closely informed by local intelligence and thinking.

3) Accountability to local communities

Local accountability should be driven “from the ground up” within an ICS, incorporating a clear role for elected members of local authorities and accompanied by more acceptance of ‘managed difference’ of services if they are to be tailored to meet local need.

Primary care networks and integrated care partnerships should be used to drive forward an agenda of improving the lives of local people. However, they should not be “smothered” by attaching too many objectives to them at an early stage.

Much more thinking is needed locally and nationally on this subject. The intention is that this report supports the local development of ICS accountabilities alongside further national thinking about the future direction of travel needed to allow ICSs to operate to their full potential.

Two closely linked reports in 2020 focused on empowering and supporting ICSs to become more influential in developing the workforce.

Growing our own Future: a manifesto for defining the role of ICS in workforce, people and skills (<https://www.nhsconfed.org/resources/2020/01/growing-our-own-future>), published in January, called for ICSs to become the default level for future workforce decision making in health and care. This would enable increased autonomy over the development of local system architecture, responsibility for managing strategic external relationships and critically, control of dedicated funding streams.

To support this empowering of local leadership in workforce, the NHS Confederation published **Knowing who to call: supporting ICSs to influence their local labour market** in March. This report is intended to guide ICS leaders on how they can shape their local labour market to best determine and develop the future workforce. It outlined:

- recommendations for how an ICS can better influence local decision-making
- the key sectors with which an ICS should develop system-wide strategic relationships
- and the priority skills-related policy areas on which an ICS should collaboratively focus.

The NHS Confederation will shortly be publishing two further reports through the ICS Network that may be of interest to the Commission:

STPs – one year to go (provisional title) will explore how confident STPs are feeling about reaching ICS status by spring 2021 and where there are shared areas of concern/uncertainty. Against specific concerns, the report will also set out recommendations for how NHSEI can better support systems.

Are systems ready for ‘System by Default’? (provisional title) will reflect ICS views on how the ‘System by Default’ (SbD) approach recently highlighted by NHS England and Improvement may work in future and the need to ensure they have the required tools, levers and capacity to effectively do their job.

3) A view from Wales

The Welsh NHS Confederation published a guide in January 2020 on **The journey towards delivering the Well-being of Future Generations Act (2015) across NHS Wales** (<https://www.nhsconfed.org/resources/2020/01/wellbeing-of-future-generations>). The Act sets out how public bodies need to consider the long-term impact of their decisions, to work better with people, communities and each other to prevent persistent inequalities such as poverty, health inequalities and climate change.

In many ways, the journey to implementing this Act reflects the nature, scope and potential of health devolution. The guidance published by the Welsh NHS Confederation outlines examples of how NHS organisations are seeking to maximise their contributions to the seven well-being goals in the Act, in partnership with other sectors.

It is also worth highlighting that recent discussions around UK-wide post-Brexit policy has led to concerns from within the Devolved Administrations such as Wales that their core national principles are taken more into account. **The NHS and future free trade agreements: Implications for health and social care in devolved nations**, (<https://www.nhsconfed.org/resources/2020/01/trade-agreements-and-devolved-nations>) published in January 2020, started to examine how FTAs negotiated at a UK level could impact the NHS in Wales and how the key asks may differ between national and Devolved Administrations.