

# Building Back Health and Prosperity

Summary Report of the  
Health Devolution Commission



*Authored by Phil Hope  
and Steve Barwick*

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connect

# Foreword

Now is the time for true transformation and to build back a better NHS and social care service.

The Covid-19 pandemic has fundamentally changed our world. It has affected every child, adult, family and community in our country with the biggest impact on the most economically disadvantaged and those from Black, Asian and Minority Ethnic communities. It has put the severest pressure on our NHS, social care and public health services exposing in the starkest terms the divide - the lack of parity - between them. It has touched upon every aspect of our lives – the way we work, our enjoyment of sport and the arts, our leisure activities and holidays, and our family and relationships to name but a few. Crucial action to control the pandemic has had a catastrophic consequence for our economy and jobs that will be with us for years to come.

We began our work as a cross-party Commission before the pandemic hit. Our aim then was to scrutinise, illuminate and spread the potential of a novel approach, already underway in different parts of England, most visibly in Greater Manchester, to improve the health of communities and deliver better health and social care - health devolution.

That aim has changed. We believe we have to go further, faster. There has never been a more important time to think radically about the future. To be bold in the way we build back better health and prosperity, improve public services and tackle health inequalities within and between different parts of the country.

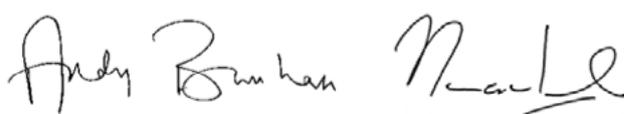
We believe we are at a crossroads. We have a choice between a future in which there is greater centralisation and control of the NHS and social care services, or a health devolution approach which incorporates national entitlements and targets but embeds the delivery of an integrated NHS, social care and public health service within broader, powerful, democratically led local partnerships.

Our report is clear. The pandemic has shown we cannot go back to the way things were. We need a 'new normal' and we believe that comprehensive health devolution is the only viable solution to the challenges the country now faces.

We thank the former Health Department Ministers from the three main political parties for their involvement and support. And we are hugely grateful to the many organisations and individuals who gave written submissions, spoke at our hearings, joined our roundtable discussions and actively participated in meetings of the Commission.

We thank too Phil Hope, former Minister of State for Care Services, and Steve Barwick, a director at DevoConnect, who between them managed our work as a Commission and authored our report analysing the many valuable contributions and developing our conclusions, recommendations and agenda for action.

We commend this report to you.



**The Rt Hon Andy Burnham, Mayor of Greater Manchester, and the Rt Hon Sir Norman Lamb**

*Co-Chairs, The Health Devolution Commission*

# Summary Report

The Covid-19 pandemic has had a far-reaching and profound impact on the future of our health, social care, public health and economic landscape. The pandemic has had a disproportionate impact on economically disadvantaged and Black, Asian and Minority Ethnic communities. People living with particular conditions such as cancer, mental ill-health and dementia have been badly affected. Health inequalities are worsening, NHS and social care services are deeply divided, demand for care is increasing, the capacity of the system to respond is weaker, community institutions are struggling, and the prospects for the economy and jobs is alarming.

If ever there was a compelling 'burning deck' of circumstances that requires an urgent and radical response it is now.

We must not only integrate our NHS and social care services but also relocate the NHS within a new and comprehensive framework for rebuilding the health and prosperity of our communities and our nation.

***We cannot go back to where we were.  
There needs to be a 'new normal'.***

The cross-party Health Devolution Commission believes there is now a fundamental choice to be made: between greater centralisation of NHS and social care services or a comprehensive health devolution approach which incorporates national entitlements and targets but embeds the delivery of an integrated NHS, social care and public health service within broader, powerful, democratically led local partnerships.

We are clear about the case for change, submit this report as a formal contribution to that debate and call on the Government to build back healthy, resilient and prosperous communities through radical comprehensive health devolution that delivers the 'levelling up' of our economy. The Government should:



## Agenda for Action

### **1 Commit to the principle of comprehensive health devolution**

Good health devolution should be comprehensive with the purpose of delivering better health and social care outcomes, improving public health and reducing health inequalities, integrating health, social care and public health services, and helping to build local economic prosperity through a local democratically led, place-based way of working.

### **2 Adopt comprehensive health devolution as the best way to reform social care**

Comprehensive health devolution should be adopted as the most viable solution for radical reform of social care through integrating local social care and public health services with NHS (physical, mental and acute care health) services, and delivering a 'health in all policies' approach to other services such as housing, employment, transport, education, the environment and economic development.

### **3 Implement a rapid delivery programme for comprehensive health devolution across England**

Comprehensive health devolution plans should be developed in all parts of England within 12 months through a new comprehensive health devolution mandate agreed jointly with locally elected leaders that reflects local boundaries and organisational footprints.

### **4 Accelerate integrated workforce planning and management**

Comprehensive health devolution should be supported through integrating the planning and management of the health, social care and public health workforce within devolved areas, as part of a broader People Plan and in consultation with employers and trades unions, to meet local employment needs now and in the future.

### **5 Support parity of esteem within mental and physical health, and between health, social care and public health funding**

Comprehensive health devolution should be enabled through an immediate increase in social care and public health funding together with a commitment to parity of esteem within and across NHS, social care and public health funding; the creation of single local NHS, social care and public health budgets; and a new, well-funded long-term settlement for social care that provides better support to more people in need.

### **6 Recognise the central importance of partnerships, engagement and involvement**

Comprehensive health devolution should have at its core genuine and deep-rooted partnerships with key stakeholders and community-based networks including patient voice and carers organisations, clinicians, voluntary, community and social enterprises, and local employers and trades unions. At the heart of good health devolution should be close working relationships between clinical and civic leaders; community involvement and active citizenship; and parity of esteem between the public, private and voluntary sectors.

### **7 Implement the twelve specific recommendations of the Commission**

Comprehensive health devolution should be taken forward through delivering the twelve detailed recommendations of the Commission: for taking early action to adopt and implement comprehensive health devolution; properly fund and integrate NHS, social care and public health services; establish new mechanisms for accountability and scrutiny; and give legislative support to the changes.

## Rationale

Health devolution is already underway in different ways and in different areas such as Greater Manchester, London, West Yorkshire and Harrogate, and Combined Authority Areas, as well as through different bodies such as Integrated Care Systems, Cancer Alliances and Health and Wellbeing Boards. However, there is no common, consistent or comprehensive understanding of what good health devolution looks like, the benefits it brings or how it should be developed.

This was the starting point for the work of the Health Devolution Commission. Since then the Government has not only sought to implement the NHS long term plan, it has also published a Green Paper on prevention, put in place a task group on social care reform and published an NHS People Plan. The White Paper on Devolution remains eagerly awaited.

The Covid-19 pandemic began after the Commission started its work and has had a profound impact upon the health and social care landscape and the economy in England with key lessons to be learnt from the experience here and in other countries for the future.

It is clear that as the nation recovers we cannot afford to return to the previous ways of doing things. The pandemic has served to emphasise in the strongest possible terms the case for comprehensive health devolution as the most viable solution for delivering an integrated NHS, social care and public health service, improving public health, reducing health inequalities, re-building the economy, and being better prepared for any future pandemic.

## Comprehensive health devolution

Drawing on written submissions and oral evidence from over 30 organisations and individuals the Commission describes comprehensive health devolution as:

*The creation of healthy, resilient and prosperous communities through 'health in all policies', place-based, democratically led, local partnerships that explicitly aim to:*

- *improve patient health and social care outcomes*

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- *improve the population's health and reduce health inequalities*

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- *deliver a single local NHS, social care and public health service*

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- *combine health improvement with economic prosperity*

The Commission believes that every area of England should be on a journey to comprehensive health devolution. This means developing new 'health and prosperity' organisational structures that reflect local boundaries to deliver these aims and support the nation's economic recovery and growth.

## **Health, social care and public health integration**

The Commission believes that comprehensive health devolution is the most viable route to integrate local NHS, social care and public health services in a single place-based service. This requires clear locally accountable leadership; a single NHS, social care and public health budget; and joint commissioning of local NHS (mental and physical health and acute care), social care and public health services.

Comprehensive health devolution is not about creating a set of local NHS services that lead to a 'postcode lottery' in health care. The 'N' in a devolved and integrated NHS is a national set of health, social care and public health outcomes and standards that every member of the public is entitled to expect. Comprehensive health devolution is about the local management and delivery of these outcomes in ways that are responsive to the needs of local populations with appropriate checks and balances, combined with locally determined ambitions and priorities for each area. Some highly specialised services such as the treatment of rare diseases would continue to be commissioned nationally.

## **Reducing health inequalities and building healthier communities**

The Commission believes that comprehensive health devolution is the most effective way of addressing the 'Marmot' social determinants of physical and mental ill-health such as poverty, poor housing, poor diet, poor environment, and job insecurity/unemployment in local communities. 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 in devolved areas with the aim of building healthier communities, reducing health inequalities, supporting economic growth and managing the demand for health services.

## **Funding**

The Commission believes that comprehensive health devolution is dependent upon sufficient, equitable and sustainable funding of NHS, social care and public health services. There must be an immediate and substantial boost in the funding of social care and public health services; a move to parity of esteem within and between NHS care (physical, mental and acute), social care and public health funding in the medium term; and a new well-funded long-term settlement for social care that provides better support to more people in need. A new funding mechanism should support a place-based approach to integrated service commissioning and delivery, and the creation of locally led single NHS, social care and public health budgets.

## **Leadership**

The Commission believes that leadership of democratically accountable devolved health areas must be based on an agreed mandate with central Government and include robust structures for independent scrutiny. Specific health leadership roles should be identified for Metro Mayors, leaders of Combined Authorities (CAs) with no Metro Mayors including the Mayor of London and designated leaders in non-CA areas. There must be a strong and open partnership between civic and clinical leaders in devolved health areas.

A strategy for implementing comprehensive health devolution across England should be co-designed by Government and local partners that enables fast progress in some areas, and clearly identifies how Integrated Care Systems will play their part in new 'health and prosperity' strategies.

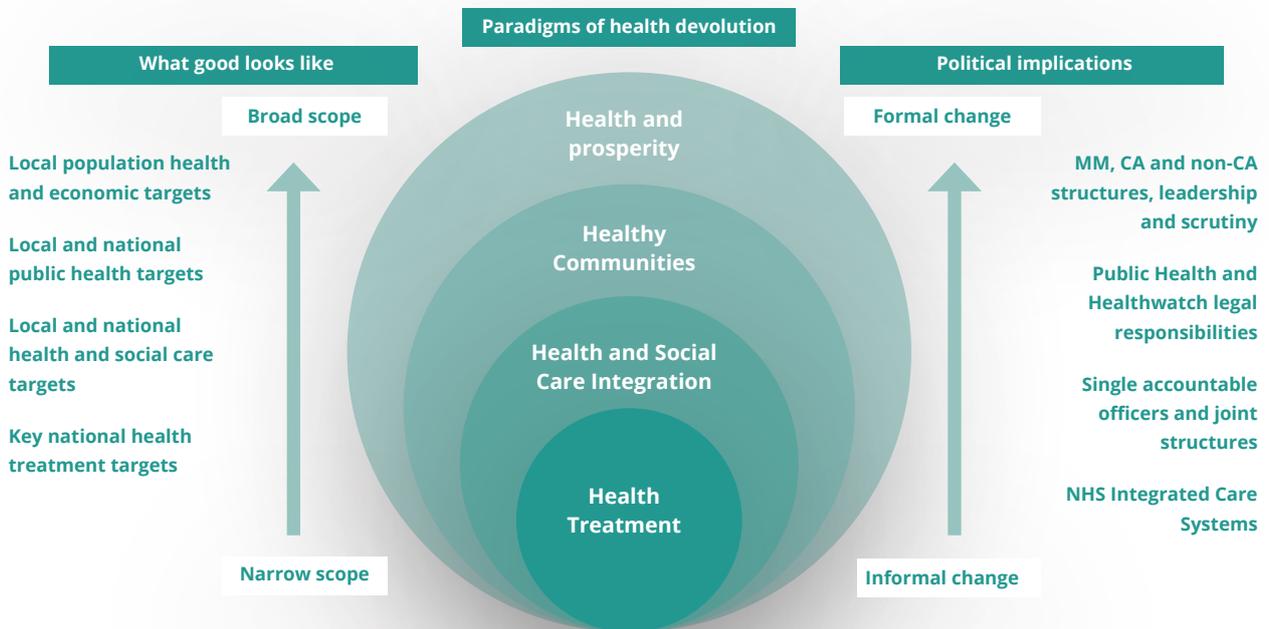
## Partnership working

The Commission believes that active community involvement, and personalised care are central to building personal resilience, promoting healthy behaviour and ensuring responsive public services. Citizen involvement and the voice of the patient and carers are core features that cannot be delivered from the centre.

The Voluntary, Community and Social Enterprise (VCSE) sector including patient voice and carers organisations plays a crucial role in linking together services and communities, harnessing the voice of communities in local debates and in delivering services to people and communities that other parts of the system find harder to engage with.

Integrated planning and management of the NHS, social care and public health workforce within devolved health areas in ways that involves employers and trades unions as part of a broader People Plan is key to accelerating the process of comprehensive health devolution as it is through the workforce that change will happen and be visible on the ground.

## Statutory basis of different health devolution paradigms



## Detailed Recommendations

The Commission calls upon the Government to:

### 1 Take early action to adopt and implement comprehensive health devolution

- I. Develop comprehensive health devolution in every part of England through a new Common Framework and a rapid joint implementation programme that best reflects local boundaries and organisational footprints

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- II. Integrate NHS, social care and public health workforce planning and management to accelerate local joint working and service integration

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- III. Produce a new Partnership Compact for working with key stakeholders such as clinicians, patient voice and carers organisations, the VCSE sector, trades unions and health and social care providers in devolved areas

### 2 Fund and integrate health, social care and public health

- I. Establish parity of esteem between physical and mental health funding within the NHS, and between the NHS, social care and public health funding in a new comprehensive health mandate.

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- II. Provide an immediate and very substantial increase to the funding of social care and public health services.

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- III. Create a new, well-funded long-term settlement for social care that provides better support to more people in need and supports a place-based approach to delivering integrated NHS, social care and public health services including a locally-led, single comprehensive care budget.

### 3 Establish new mechanisms of accountability and scrutiny

- I. Establish an Annual Joint Mandate (AJM) between the Secretary of State for Health and Social Care and each devolved health area leader (Metro Mayors, leaders of Combined Authorities with no Metro Mayor and designated leaders in non-Combined Authority areas)

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- II. Give a formal health role to Metro Mayors, leaders of Combined Authorities with no Metro Mayor and designated leaders in non-Combined Authority areas

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- III. Establish new city region health and prosperity scrutiny committees and give a statutory role for Healthwatch in every devolved health area

### 4 Give legislative support to comprehensive health devolution

- I. Give a statutory public health improvement role to Metro Mayors, leaders of Combined Authority areas with no Metro mayors and leaders of partnerships in non-Combined Authority areas

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- II. Create a permissive legislative framework that enables locally determined proposals for health devolution to be brought forward in Metro Mayor areas, Combined Authority areas with no Metro Mayors and non-Combined Authority areas

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- III. Ensure any stocktake and reformulation of the law governing the NHS, the outcomes from the social care task force, proposals arising from the prevention Green Paper, a future White Paper on devolution, and reform in response to the pandemic all support comprehensive health devolution

# The Health Devolution Commissioners

- **Rt Hon Andy Burnham**, Mayor of Greater Manchester and former Secretary of State for Health (Co-chair)
- **Rt Hon Sir Norman Lamb**, former Minister of State (Co-chair)
- **Rt Hon Alistair Burt**, former Minister of State for Community and Social Care
- **Rt Hon Stephen Dorrell**, former Secretary of State for Health
- **Phil Hope**, former Minister of State for Care Services
- **Sally Warren**, Director of Policy, the King's Fund
- **Dr Linda Patterson**, former Medical Director of CHI and Vice President of RCP
- **Liz Gaulton**, Director of Public Health and Wellbeing, Coventry City Council
- **Peter Hay**, former President ADASS
- **Michelle Mitchell**, Chief Executive, and **Shaun Walsh**, Head of Public Affairs and Campaigns, Cancer Research UK (advisory capacity)
- **Jon Restell**, Chief Executive, Managers in Partnership (advisory capacity)
- **Christina McAnea**, Assistant General Secretary, UNISON (advisory capacity)
- **Dick Sorabji**, Deputy Chief Executive, London Councils (advisory capacity)
- **Sophie Corlett**, Director of External Relations, and **Karen Mellanby**, Director of Networks and Communities, Mind (advisory capacity)

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*The authors of the report are Phil Hope, former Minister of State of Care Services and Associate of DevoConnect, and Steve Barwick, Director of DevoConnect*



DevoConnect is a public affairs and thought leadership consultancy with a difference: it has a purpose - to help build more and better devolution across the UK. Working with public, private, and voluntary organisations it designs and delivers communications strategies and thought leadership, research and intelligence, training and event management, that help organisations communicate their ambitions and influence tomorrow's decision-making process today.

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