

Health Devolution Commission

**An outline work programme to research and promote
Integrated 'Health and Prosperity' Care Partnerships
in 2021**

INVITATION TO PARTNER



1 Introduction

The independent, cross party [Health Devolution Commission](#), co co-chaired by Rt Hon Andy Burnham, Mayor of Greater Manchester and former Secretary of State for Health, and Co-chair Norman Lamb, former Minister for community and Social Care, launched its report [Building Back Health and Prosperity](#) in August 2020 following three evidence sessions and written evidence from more than thirty organisations. The report was well received including reports in the [Guardian](#), [Yorkshire Post](#), [MJ](#) and [LGC](#) and has led to a number of high level meetings with senior NHSE officials and a DHSC Minister.

On the 5th of January 2021 the Commission was reconvened to agree [its submission](#) to the “Integrating care - Next steps to building strong and integrated care systems across England” consultation by NHS England. It welcomed NHSE’s proposals as “a major step forward towards its vision of comprehensive health devolution and collaborative ways of working”, but concluded that “there is a strong case for going further and giving local areas more choice about the nature of their local system in order to deliver better NHS and social care services, and build healthier and more prosperous communities.”

The Commission’s preferred option is that a third “Health and Prosperity” model of Integrated Care Systems is added to the two proposed in the NHSE consultation. This should inform the proposed legislation which it is envisaged will come into effect in Spring 2022. The report also outlined a case for dispensing with “the technocratic term” Integrated Care Systems and adopting the title Integrated Care Partnerships to better reflect that the next iteration of reform must be predicated on a genuine and democratic partnership between the NHS and local government as well as clinical and third sector stakeholders.

The meeting of the reconvened Health devolution Commission on the 5th of January also unanimously agreed that it should be re-established – in effect become a Standing Commission. This document sets out potential future areas of work and invites organisations from the public, third and private sectors to partner with the Health Devolution Commission to support and input into its programme of work in 2021.

2 The ICS Agenda

The next iteration of ICS bodies must avoid becoming a technocratic rearrangement of traditional ‘command and control’ in the NHS, predicated on a model in which ICS bodies are clinically led and primarily accountable to NHSE or central Government. Legislation for ICSs offer the opportunity to do things differently and the Health Devolution Commission’s preferred model would embed a ‘health in all policies’ approach as well as the genuine integration of NHS and social care.

The key principles of the Commission’s proposal for a ‘Health and Prosperity’ model of Integrated Care System bodies are that future ICSs should:

- Embrace a wider purpose to include better social care and public health services, tackling health inequalities and improving economic prosperity
- Embed the principles of person-centred care, active citizen engagement, and ‘health in all policies’ in its ways of working
- Ensure parity of esteem between physical health, mental health, social care and public health
- Enhance local democratic accountability through joint civic and clinical leadership in a ‘partnership of equals’
- Ensure single health and social care budgets and commissioning at the locality level
- Enable the best alignment of new ICS body footprints with established boundaries of Local or Sub-Regional Government
- Embrace health and social care workforce planning and management
- Establish robust external scrutiny arrangements to ensure quality

The Commission is keen that its third 'health and prosperity' model is included within primary legislation which it is understood is planned to be considered by Parliament in Q3 of 2021. However the Commission believes that in advance of legislation there is value in developing further the Integrated 'Health and Prosperity' Care Partnership model. In particular the Commission is keen to contribute the experience and expertise of its members and partners to work with national and local Government, the NHSE and wider stakeholders in developing these proposals and options further. This could include thought leadership and research in:

- developing more detail regarding a third 'health and prosperity' model of ICS bodies as an option for local partners to adopt
- understanding the institutional relationship between local partners responsible for improving population health, promoting economic prosperity (e.g. Mayoral Combined Authorities) and delivering better care services
- identifying how national partners (government departments, NGOs and so) could act to support local collaborative action
- understanding what joint civic and clinical leadership means in practice and how ICS bodies can be democratically accountable to both their local area and to Parliament.
- developing an ICS-level Partnership Compact as guidance for engaging a wide range of partners and stakeholders
- developing a mechanism for independent external scrutiny of ICS bodies

3 The Advocacy Dimension

Solid, independent research requires advocacy to promote it and ensure that it is seen and understood by key decision makers and influencers. The Health Devolution Commission is therefore considering a number of activities that would be advisable in 2021 in order to win support for the core propositions of its Integrated 'Health and Prosperity' Care Partnerships model. This activity, subject to appropriateness and further discussion, might include:

- Launch events of further research
- Targeted 1-2-1 contact programme with Ministers/Spads/SCSs/NHSE as well as key "influencers"
- Profile raising roundtable and/or summit events at LGA/NHS Confed conferences
- Fringe meetings at the Party Conferences
- Detailed Bill work once legislation is published
- The creation and servicing of a network of ICS leaders keen to develop and implement the health and prosperity ICS model - a new Integrated Care Partnership Group

4 Invitation to partner

The Health Devolution Commission Inquiry was kindly partnered by Cancer UK, Mind, MiP and London Councils. Their funding has now ended and the Commission is now seeking new or previous partners to commit to the funding of the 2021 programme of activity at a level of £5k per organisation.

All partners will input and help shape the programme of activity including the balance between research and advocacy. Their logos will be displayed on a refreshed website and they will be invited to all meetings of the Commissioners in an advisory capacity.

To discuss this proposition further with Steve Barwick, Director of the Health Devolution Commission Secretariat and Phil Hope, lead author of "Building Back Health and Prosperity" and "Integrating Care: A Unique Opportunity To Build Back Better Health and Prosperity" please contact steve@devoconnect.co.uk

Appendix 1

CURRENT MEMBERSHIP OF THE HEALTH DEVOLUTION COMMISSION

- Rt Hon Andy Burnham, Mayor of Greater Manchester and former Secretary of State for Health (Co-chair)
- Rt Hon Sir Norman Lamb, former Minister for Community and Social Care (Co-chair)
- Rt Hon Alistair Burt, former Minister 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

Advisory Commissioners

- Michelle Mitchell, Chief Executive, Cancer Research UK (advisory capacity)
- Jon Restell, Chief Executive, Managers in Partnership (advisory capacity)
- Dick Sorabji, Director of Policy, London Councils (advisory capacity)

Appendix 2

STATEMENTS BY HDC CO-CHAIRS ON SUBMITTING RESPONSE TO INTEGRATING CARE CONSULTATION

Andy Burnham, Co-chair of the HDC, Mayor of GM and former Health Secretary said:

"The Covid crisis has shone an even sharper spotlight on the struggles of our social care system, which, despite the incredible sacrifices and efforts of many thousands of outstanding staff, I have argued has been broken for a long time. The pandemic has also demonstrated the need for a 'health in all policies' approach.

"We must be radical in how we improve the system and build on where local partnerships are already working. That's why we are proposing a third 'Health and Prosperity' model of Integrated Care System bodies. This would extend the two options being proposed and give more autonomy to local ICS bodies to tackle health inequalities. It would also help secure an integrated approach to NHS and social care services as well as improve the health and economic prosperity of their communities. This model also recognises devolution in England and devolving power and budgets to more local and regional areas are the best way to deal with health and social care issues in those areas."

Norman Lamb, Co-chair of the HDC and former Health Minister said:

"The next iteration of ICS bodies must avoid becoming a technocratic rearrangement of traditional 'command and control' in the NHS, predicated on a model in which ICS bodies are clinically led and primarily accountable to NHSE or central Government. The Commission also believes there is a case for dispensing with the technocratic term Integrated Care Systems and adopting the title Integrated Care Partnerships.

The principles of effective integration of health and social care are: a person-centred and co-productive approach; collaborative leadership; subsidiarity – decision-making as close to communities as possible; and a preventative, assets-based and population-health management approach.

"The welcome replacement of competition – as an underlying principle of the NHS to drive health service improvement – with collaboration between commissioners and among providers requires alternative means of ensuring quality. The Commission suggests that the new collaborative approach should be accompanied by both greater local democratic accountability and enhanced external scrutiny."