Position statement by the Health Devolution Commission on the Government White Paper 'Integration and Innovation'

A Glass Half-Full

INTRODUCTION

This is a short position statement by the Health Devolution Commission in response to the Government's White Paper 'Integration and Innovation'. It includes a summary of the key questions that will need to be addressed before and during the passage of any legislation through Parliament.

The Health Devolution Commission spelt out its aspirations for the future of our health and social care system in its 2020 report 'Building Back Health and Prosperity' and in its response to the NHSE consultation on Integrated Care Systems in January 2021.

The Commission will be working in partnership with a wide range of stakeholders over the coming weeks and months to identify and advocate for changes in the White Paper proposals to better reflect the vision it holds for the future.

OVERVIEW

The White Paper is primarily about reform of the structures and 'wiring' of the NHS in England and ways that that the NHS may work more closely with Local Government and the social care system to achieve the objectives of the NHS Long Term Plan. The shift from competition to collaboration as the organising principle of the NHS is a major and welcome change to its way of working. **The proposals are a positive and strong foundation to build equal partnerships between Local Government and the NHS in order to improve health and wellbeing outcomes, improve care and treatment and deliver best value**.

The proposals to devolve more power to place-based partnerships are welcome, and provide a genuine opportunity for health and social care services to work more closely together in a person-centred way. A permissive approach (rather than national prescription) that allows local areas to develop structures best suited to their locality is right. This flexibility requires local partnerships to grasp the opportunity to place their Health and Social Care Partnership Board in the leadership role of the local system; and central government to give clear guidance and expectations about the direction of travel that the NHS and Local Government are a 'partnership of equals.' **A new statutory duty on the NHS to collaborate across all parts of the health and care system is key.**

The proposals, however, do not address the need for fundamental reform and funding of social care and, therefore, **the proposals are not in their current form a comprehensive proposal for the integration of health and social care.** Nor do they necessarily provide the necessary step change for improving and integrating public health, tackling health inequalities, ensuring parity of esteem for mental health services and addressing the social determinants of ill-health.

As it stands the White Paper is a glass half-full in delivering the widely-held aspiration of creating a fully integrated health and social care system and a comprehensive 'health in all policies approach' to deliver better local health and wellbeing. **The proposals herald significant structural change in the system but there is much more to do if the goals of integration and innovation are to be fully achieved, and if there is to be genuine devolution.** There are also significant risks in the current proposals that require further detailed examination before they become law.

TWO KEY AREAS FOR FURTHER DETAILED CONSIDERATION

1 System Purpose: Health in all policies, tackling health inequalities and a voice for patients?

The Commission believes that the pandemic has demonstrated the fundamental link between a community's health and its economic wellbeing, for example the disproportionate impact of the wider determinants of ill-health on particular groups such as BAME and low-income communities.

A key question is the extent to which Integrated Care Systems have the vision, leadership and resources not only to better integrate health services, and join up health and social care services to better meet the needs of patients and service users, but also to address the systemic drivers of poor health and widening inequalities. The original NHSE consultation emphasised the NHS role in economic and social development and the White Paper says "we need the right legislative framework to support the recovery by improving outcomes, reducing health inequalities and making best use of limited resources." But will these reforms achieve those outcomes?

The White Paper also emphasises the importance of the voice of the patient in the new system: "you cannot see the people that services are meant for as just units within the system – their voice and sense of what matters to them becomes really central….there is a real chance to strengthen and assess patient voice at place and system levels, not just as a commentary on services but as a source of genuine co-production." (para 3.10).

1. *If ICSs are to provide a platform for ensuring "health in all policies" and improving the local population's health and economic wellbeing, what else needs to be built into their design and governance? Is a new duty on ICSs to reduce health inequality and promote wellbeing required?*
2. *How will Local Government's public health role be strengthened to address health inequalities and promote wellbeing at the place-based level?*
3. *How will the ICSs support the development of social enterprises and voluntary organisations in delivering better health and care services and promoting health and economic wellbeing?*
4. *How will the reforms lead to greater innovation through enabling new partnerships to develop with sectors such as universities and technological innovators?*
5. *To underpin this, should all Mayoral Combined Authorities have the same statutory public health improvement role as the London Mayor?*
6. *The ambition for a stronger voice for patients and genuine co-production is welcome but what is required to make it happen in practice at every level?*

2   System Governance: Where will power really lie?

The White Paper includes measures to allow both increased central government influence over the NHS in England, and increased local control of health budgets and priorities through 42 statutory Integrated Care System bodies each of will have both an NHS Board and a Health and Social Care Partnership Board.

The key question about the new governance structure for the NHS is therefore where the balance of power will lie, firstly, between the government and the ICS; secondly, between the NHS Board (NHSB) and the Health and Social Care Partnership Board (HSCPB) within each ICS; and thirdly between the ICS and place-based partnerships.

The White Paper says that the new Partnership Board will be responsible for 'developing a plan that addresses the wider health, public health, and social care needs of the system – the ICS NHS Body and Local Authorities will have to have regard to that plan when making decisions' (para 5.8). The requirement on the ICS Health Board to 'have regard to' the ICS Partnership Board plan is necessary, but is it sufficient to achieve the traction required for ensuring an 'outward looking, more connected and integrated health and care system focusing on population health, public wellbeing and technology enabled innovation' (para 2.11) if the operational NHS Board has all the resources?

There is also a clear expectation that the new governance structures of ICSs, Joint Committees, collaborations and place-based partnerships will actively involve stakeholders such as the Voluntary Community and Social Enterprise (VCSE) sector in planning and delivering services.

1. *Should the proposals go further to ensure the Partnership Board has a statutory duty to set the strategy within which the operational NHS board and Local Government do their work?*
2. *How will mechanisms for central accountability of the NHS connect to, build on and enhance existing local democratic accountability?*
3. *What specific measures should be included in the proposed new duty on the NHS to collaborate with Local Government to embrace a 'health in all policies' approach at both system and place-based levels?*
4. *Do the rules of engagement or, at the very least descriptions of best practice, with the VCSE need to be set out in a compact style statement that guides future governance arrangements drawing on existing models for ways of working?*
5. *Should a system based on collaboration rather than competition as its operating principle be reinforced by a stronger emphasis on transparency, accountability and independent scrutiny for how resources are used?*
6. *What mechanisms will be in place to hold ICSs to account if they do not give sufficient regard to Partnership Boards or fail to engage relevant local stakeholders in their creation?*

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