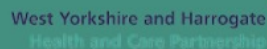


# A Real Opportunity to Level Up Health

## Briefing for Members of the House of Lords on the Health and Care Bill

By Phil Hope and Steve Barwick  
Health Devolution Commission  
6th December 2021

### The partners of the Health Devolution Commission:



# Agenda

## **3:00 Welcome and introductions:**

- Chair: Baroness Sally Greengross

## **3:05 A Real Opportunity to Level Up Health:**

- Phil Hope and Steve Barwick

## **3:20 Comments from Health Devolution Commissioners**

- Peter Hay former President of ADASS,
- Dr Linda Patterson,
- Steve Mulligan, BACP
- Edward Jones, NHS Confederation
- Andrew O'Brien, Social Enterprise UK

## **3:30 Questions and contributions from the floor**

## **4:20 Conclusions**

- Chair: Baroness Sally Greengross



# The Health Devolution Commission

## PURPOSE

- To promote integration and devolution of the health, social care and public health infrastructure to better meet the needs of those who draw upon health, care and support services; improve population health; and reduce health inequalities.

## APPROACH

- Evidence based with expert witnesses and range of stakeholder input
- Activities: essay collection, Commission report 'Building Back Health and Prosperity', various responses to reform proposals by NHSE and the Government White Paper

## COMMISSIONERS AND ADVISERS

- Co-chairs Andy Burnham and Norman Lamb

# The opportunity to level up health

1. Provide an explicit focus on reducing health inequalities
  2. Create a genuine partnership of equals between the NHS and Local Government
  3. Establish place-based partnerships
  4. Support the social care workforce
  5. Support parity of esteem for mental health
  6. Support for health and care social enterprises
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# Reducing health inequalities: the guiding light of the NHS

## **The Triple Aim Duty on the NHS:**

Currently: 'Consider the effects of their decisions on the better health and wellbeing of everyone, the quality of care for all patients, and the sustainable use of NHS resources'

**Our ask: Reducing health inequalities should be explicitly included within the wording of the 'Triple Aim'**

## **Integrated Care Boards:**

Currently: 'must, in the exercise of their functions, have regard to the need to reduce inequalities between patients in relation to their ability to access health services and in the outcomes achieved from health services'

**Our ask: The NHS must seek to reduce health inequalities within the population as a whole not just its services**

## **Measuring success in delivering the Triple Aim:**

**Our ask: The broader Triple Aim duty should apply to both the IC Board and the IC Partnership; and criteria established for measuring their success**

# ICS: A Partnership of Equals

## A Partnership of Equals:

- Each ICS should be a genuine partnership of equals to produce both the Partnership's health and wellbeing strategy for their area and Board's forward plan for making this strategy a reality

## Relationship between the IC Board and the IC Partnership:

- Make clear what it means for an Integrated Care Board to 'have regard' to the strategy produced by the Integrated Care Partnership.

## Board and Partnership Chairs:

- IC Board Chairs should be appointed for an initial 2 years and reviewed to assess potential conflicts of interest. Thereafter appointed locally and jointly by the NHS and Local Government partners without involvement from the Government.
- A presumption in the guidance that the Partnership Chair is a Local Government leader or metro mayor – plus a democratically elected council leader could be a Vice Chair of ICB

# ICS: Delegation to place-based partnerships

- **Purpose:** The Bill should make clear that place-based partnerships based on the principle of subsidiarity and co-terminous with the footprints of councils with adult social care responsibilities are the fundamental building blocks of Integrated Care Systems, and the principal level at which integration, and delivery of services are taken forward.
- **Decentralisation:** The Government should make clear its support for decentralisation, with reserve powers only for NHSE to intervene if place-based partnerships are not in place after a suitable period of time.
- **Accountability:** The Secretary of State should not have the power to intervene in any local decisions of an ICS unless there is a clear breach of the NHS mandate or constitution.
- **Budgets:** Place-based, whole population, joint health, social care and public health budgets for a place should be actively promoted by the Government as the norm in every system.
- **Provider collaboratives:** ICSs should delegate their budgets to place-based committees, and ensure that provider collaboratives are full members.

# Other issues

## Workforce:

- The workforce plan proposed in the Bill should include the social care workforce to take forward the new strategy in the Adult Social Care White Paper and this should be published by the Government every 2 years
- Each ICS should be required to develop a joint plan for the development of the health and social care workforce in its area.

## Mental Health:

- The Bill provides an important opportunity to legislate for the *principle* of parity of esteem between physical and mental health services and to deliver parity in *practice* through the inclusion of formal representation of mental health providers on the IC Board as well as those charities and social enterprises who promote greater awareness of mental health services on the IC Partnership
- The Government should make clear its expectation that ICSs will give priority to improving the population's mental health



# Other issues, VCSE

## Health Social Enterprises:

- The Commission believes greater recognition of the unique status and added social value that health social enterprises can bring to local health and care systems is needed to avoid the unintended impact of jeopardising the viability of health social enterprises in the way that the new structures will operate to commission health services.

## Value of the VCSE sector:

- The Government should make clear its support for the NHSE view of the value of the VCSE sector as a whole in integrated care systems and reflect this more clearly in the legislation.

## VCSE Concordat:

- The Government should support the principle of each ICS developing a VCSE Concordat describing how integrated care boards will invest in and support the sector, to enable it to play its part in delivering better care and reducing health inequalities including the option of a VCSE Alliance as suggested by NHSE in its ICS design framework

**Questions please after hearing from  
Commissioners present**

