

THE HEALTH DEVOLUTION COMMISSION

Putting Policy into Practice in 2022

A work programme for 2022 to promote best practice in health devolution and inform policy debate on key issues for Integrated Care Systems



AND AN INVITATION TO PARTNER

1. INTRODUCTION

In 2021 the independent, cross party [Health Devolution Commission](#), co-chaired by Rt Hon Andy Burnham, Mayor of Greater Manchester and former Secretary of State for Health, and Rt Hon Norman Lamb, former Minister for Community and Social Care, delivered constructive and respected thought leadership bringing together and co-ordinating a wide range of perspectives into an influential and authoritative voice.

The Commission – full membership appended - launched its major report, [Levelling Up Health](#), in June 2021. This followed on from the publication in January of [its submission](#) to NHS England’s consultation document “Integrating care - Next steps to building strong and integrated care systems across England” and its position statement, [A Glass Half Full](#), in response to the [Integration and Innovation White Paper](#).

There were also two very well attended evidence sessions, one on the purpose of ICSs chaired by Norman Lamb and one on their governance chaired by Andy Burnham, at which the following spoke:

- **Professor Michael Marmot - on health inequalities**
- **Anita Charlesworth, The Health Foundation - on health in all policies**
- **James Bullion, President, ADASS – on the integration of social care**
- **Imelda Redmond from HealthWatch - on patient voice**
- **Bill McCarthy, NW Director, NHS England**
- **Lord Victor Abedowale, Chair, NHS Confed and Chair Social Enterprise UK**
- **Cllr David Fothergill, Chair, LGA Community Wellbeing Board**
- **Jacqui McKinlay, Chief Executive, Centre for Governance and Scrutiny**

Levelling Up Health set out a total 28 recommendations across six key topics:

- The purpose of ICSs
- The balance of power in ICSs
- Engaging patients and wider stakeholders in ICSs
- Innovation
- Scrutiny, and
- Funding and Social Care Reform

Once the Health and Care Bill was published a [briefing for Second Reading](#) was drafted and then shared with MPs from across the political spectrum and a number of 1-2-1 meetings were held including with the Labour frontbench. Following Committee Stage in the House of Commons, a further briefing was prepared for Peers in advance of [Second Reading in the Lords](#) and a Zoom meeting, chaired by Baroness Greengross and attended by both the Labour and Liberal Democrat health spokespersons, was held on December 2nd.

The Secretariat also produced press releases and drafted op-ed articles, for example [here](#). In addition it submitted evidence to the HCLG (now LUHC) Committee which wholeheartedly endorsed the approach advocated by the Commission – see its ‘Progress of Devolution’ report [here](#).

Regular meetings were held with the Commissioners and its eight Partners - the LGA, NHS Confederation, Greater Manchester Health and Social Care Partnership, West Yorkshire ICS, London Councils, Social Enterprise UK, the Northern Health Science Alliance and the British Association for Counselling and Psychotherapy.

The key issues promoted in 2021 by the Health Devolution Commission were that the Government and the legislation should lead to an approach based on partnership, innovation and new ways of working in order to:

- I. **Provide an explicit focus on reducing health inequalities in communities** as well as delivering better, more integrated health and social care services.
- II. **Create a genuine partnership of equals between the NHS and Local Government** to deliver person centred care and improve population health
- III. **Establish place-based partnerships as the building blocks** for delivering the system-wide goals of an integrated care system including pooled budgets and provider collaboratives as well as enhanced links to the clinical and science/research communities
- IV. **Support for the social care workforce:** The Bill should include require the Government to publish a Social Care People Plan that, in the longer-term could become part of a national Health and Social Care workforce strategy that is reviewed every two years, not five.
- V. **Parity of esteem for mental health:** There is an opportunity for the Bill to enshrine in legislation parity for mental health services. The Bill should also stipulate that Integrated Care Boards include a representative of mental health providers
- VI. **Support for health and care social enterprises:** The Bill should explicitly recognise the key role that the VCSE sector will play in Integrated Care Systems, placed-based partnerships and provider collaboratives.

These major themes should remain the core concerns of the Health Devolution Commission in seeking to promote best practice, address key issues and inform policy debate in the roll out of Integrated Care Systems in 2022. In addition, the Commission will examine the role of Integrated Care Systems in supporting particular groups within the population who may not yet have been the focus of attention such as **children, young people and families; and people with learning disabilities and autism.**

This agreed work programme for 2022 outlines the current policy context, details a number of planned activities and outputs, and invites organisations to be funding Partners of the Commission for the year ahead.

2. CURRENT CONTEXT

The Bill will pass through its remaining stages in the Lords and then the Commons early in 2022. It is expected to become an Act in time for ICSs to be on a statutory footing, which has now been put back from April to July 2022. It is unknown at this point in time if any amendments secured in the Lords will remain in the Bill following Parliamentary “ping pong” between the two Houses but it seems likely that the Bill will be largely unchanged. However, given the significant pressure from a range of stakeholders, there may be changes to the clauses on workforce and a reference to mental health.

Meanwhile, the NHS and social care sectors are facing unprecedented challenge from the new Omicron variant of Coronavirus. The massive backlog in hospital appointments combined with severe staff shortages in social care means that this is a particularly difficult time to be enacting any kind of reform. This means that ambitious expectations regarding any immediate and significant change that the new ICSs may provide should be tempered.

Moreover, while ICSs will be establishing themselves “on the ground” Government and NHS England, increasingly working with the LGA, will be developing national policy. For example, an ‘Integration’ White Paper and ‘Levelling Up’ White Paper are expected in the first quarter of 2022 and new guidance on Integrated Care Partnerships is also due. Further announcements on social care reform, in particular, on the workforce, are also likely.

2022 will therefore be an extraordinarily challenging year for implementing change. The early part of the year will rightly be focused on managing the impact of ongoing pandemic as the NHS and social care system strive to cope with huge demands, increasing backlogs of unmet need and chronic workforce challenges of retention and recruitment exacerbated by the highly contagious Omicron variant of Coronavirus.

NHS and Local Government leaders will be focused in the second quarter of 2022 on ensuring their Integrated Care Systems are not just compliant with the legislation but that their relationships are strong, the governance mechanisms sufficiently robust to be safe and effective, and that there is financial stability to sustain the services for which they are responsible.

It will be later in the year – from the summer onwards – that there is likely to be the space for moving forward more substantially on the wider policy agenda and goals of genuine health devolution. However, the thinking to inform their development could and should begin in April.

3. WORK PROGRAMME FOR THE HEALTH DEVOLUTION COMMISSION

In light of this context, the Health Devolution Commission will adopt a programme for influencing the system that remains *constructive, cross party and well-evidenced*. These will be the Commission’s watchwords and principles. It will also draw on the research, experience and insight of its partner organisations.

The Commission will continue to advocate an approach based on partnership, innovation and new ways of working. Its aim will be to promote, in a positive and timely manner, the evidence - and best practice - that will help Integrated Care Systems deliver on the ambition of reducing health inequalities and improving the population’s health; delivering service integration around the needs of individuals; and contributing directly to improving the wellbeing and prosperity of local communities.

There will be two strands to the Programme of proposed activity in 2022:

- the Commission will continue to respond to national policy announcements, White Papers and consultations, as and when relevant to the six core issues outlined above
- the Commission will promote best practice in two ways – by identifying and showcasing best practice; and by convening key players to crunch “wicked” to support in developing best practice “solutions”

A third strand has been suggested – an appraisal or audit of the performance of the 42 ICSs - with a particular focus on the HDC’s six key themes. This is **not** felt to be an appropriate activity in 2022 for three reasons.

First, all energies are currently being rightly directed at responding to the pandemic. Second, it is too soon to be seen to be assessing the performance of ICSs that are not even statutorily established until the second quarter of 2022. Third, what ICSs need now is help and assistance with the “wicked” issues that will inevitably beset ICSs as they develop.

A potential appraisal of the extent to which ICSs are delivering the Commission’s ambitions, undertaken in a spirit of constructive criticism and starting in 2023, *might* be an option, and Commissioners and partners would be consulted on this at the end of 2022.

Strand One: National Policy

In 2021 NHS England published one consultation paper and eleven guidance papers - see <https://www.england.nhs.uk/integratedcare/resources/key-documents/> - whilst the Government published the Health and Care Bill and two White Papers - on Integration and Innovation and on Adult Social Care.

In 2022 an Integration White Paper and a Levelling Up White Paper are scheduled to be published and further guidance will be published by NHS England including on Integrated Care Partnerships. The Government is certain to make other announcements of relevance to ICS including the relationship (governance, delegation, joint budgets etc) between ICSs, place-based partnerships and Primary Care Networks.

It will be important for the Commission to keep a focus on the national policy framework and political pressures so that the intentions of ICSs are not subverted by the instinctive tendencies towards centralisation and prescription, and NHS dominance of the health and care agenda.

Whilst the focus in the NHS and social care system in the immediate future must rightly be on responding to the pandemic this must not lead to a reversal of thinking back to organisational silos and ‘budget-protecting’ behaviours. A partnership of equals is not about one partner ceding sovereignty to the other, but about pooling sovereignty, joint stewardship and mutual accountability for their shared endeavour.

Specifically, the Commission will want, when the time seems right, to hear views about and respond to the White Papers on Integration and Levelling Up through the particular lens of Health Devolution, respond to guidance on ICSs issued by DHSC and NHSE, and continue to argue the case for implementing the Commission’s wider ‘health and prosperity’ paradigm of health devolution through ICSs.

Subject to relevance and funding, the Commission would expect to draft at least one major response in 2022. These would be agreed in the usual way: circulated to Commissioners and Advisory Commissioners (partners) for comment and input and then sent to Co-chairs for sign off. There will also be the opportunity for shorter letters and contributions on specific issues.

Strand Two: ICS Practice

A) LAUNCH WEBINAR

It is proposed that an initial and public session for Commissioners and Partners is held online in week commencing 4th April. This will begin the process of highlighting best practice as well identifying key issues for further deliberation.

Three exemplar ICSs will be asked to present in relation to one or two of the key themes that have been central to the purpose and work of the Health Devolution Commission over the last two years, namely:

1. **Health inequalities and population health:** How can an ICS ensure that it has a focus on reducing health inequalities, particularly racial inequalities, and improving public health as well as delivering better and more integrated NHS and social care services?
2. **Leadership and accountability:** How can an ICS create a genuine partnership of equals between the NHS and Local Government – how can IC Board decisions have due regard/align with the IC Partnership’s health and wellbeing strategy as well as the SoS?
3. **Place-based partnerships:** how should these building blocks be developed to deliver system-wide goals of integrated care systems including pooled budgets and provider collaboratives as well as enhanced links to the clinical and science/research communities?
4. **Workforce:** In what practical ways can ICSs move towards greater alignment, joint working and potentially integration of the social care and NHS workforces?
5. **Membership:** What are the most effective arrangements for governance, membership and engagement of others such as the VCSE sector in the IC Board and the IC Partnership?
6. **Mental health:** What does it mean to deliver parity of esteem and how in practice can this be taken forward?
7. **Targeted groups:** How can ICSs best improve the health and wellbeing of particular groups such as children and families, and people with learning disabilities and autism, whose needs and circumstances may be overlooked?

This launch event - to be held as an online Webinar in week commencing April 4th and chaired by Andy Burnham and /or Norman Lamb - would be structured in two halves:

Part One: Best practice presentations by three invited ICS leaders on how their system is addressing one or two of the key questions above, each followed by questions and discussion (1 hour), for example:

- I. Cathy Elliot (West Yorkshire) or Sir Richard Leese (Greater Manchester) – ***on leadership and place based partnerships***
- II. Naomi Eisenstadt (Northamptonshire) – ***on health inequality, mental health and children***
- III. Richard Douglas (SE London) – ***on workforce integration and ICS membership including VCSE***

Part Two: Contributions by a panel of speakers on the wider policy implications followed by questions and discussion (1 hour) including for example:

- I. DHSC Minister or NHSE Chief Executive
- II. NHS Confed Chair or Chief Executive
- III. LGA Wellbeing Committee Chair

A paper setting out the issues for consideration at the Webinar would be prepared by the Secretariat in advance and this would inform Commissioners and Partners in their questioning of the six speakers.

The roundtable would conclude by identifying ‘wicked’ issues regarding the delivery of a best practice ICS and where it would be helpful for the Commissioners, Advisory Commissioners and invited experts, to apply themselves to the development of good practice and “solutions”.

After the event, the best practice examples and consensus conclusions would be added to the briefing paper, which would then be disseminated amongst the 42 ICSs as well as more widely across the political and policy decision making and influencer community.

B) PRIVATE ROUNDTABLES

As indicated above, there will be two private roundtable meetings attended by Commissioners and invited experts only and held between May and October 2022. Without prejudging the outcome of the launch event, subjects to consider might include:

- the pooling of sovereignty required by a genuine partnership of equals;
- workforce reform at both the ICS and place based level;
- how to get right the financial flows, and sustain a broad financial narrative including parity with social care and mental health services; and
- the role of ICSs in providing integrated care to children and families, and people with learning disabilities and autism.

For each meeting the Commission’s partners would be consulted and a short briefing paper prepared setting out the key issues including challenges regarding a range of solutions. If appropriate, the Commission will produce short summaries of potential best practice ways to address these issues as the work progresses.

On the basis of the illustrative issues above, experts to be invited – possibly two per event – might include:

- Lord Stevens, former CEX, NHS England
- Stephen Chandler, ADASS President
- Sir David Behan, Chair, Health Education England
- Oonagh Smyth, CEO, Skills for Care
- Amanda Pritchard, Chief Executive, NHS England
- Rob Whiteman, Chief Executive, CIPFA

C) BEST PRACTICE REPORT AND SHOWCASE EVENT

From the start it is proposed that the Secretariat seeks to identify and gather together examples of what the Commission considers best practice in relation to its core concerns with a view to highlighting these during the year and publishing a full report towards the end of the year. Crucially the Commission will seek to draw attention to existing examples of best practice from which others can learn and build, and that show the difference it makes to the health and wellbeing of people and communities. The final report would draw on the contributions of all Partners as well as its private roundtables on “wicked” issues.

The Secretariat will compile a report that would highlight best practice with two or three examples for each of the following:

- **Purpose:** Keeping the focus on health inequalities and improving population health – including public health, mental health, learning disabilities/autism and the levelling up agenda.
- **Partnership working:** Getting place-based partnerships right – including pooling sovereignty, integrated budgets and joint commissioning as well as links to enhanced links to the clinical and science/research communities
- **Delivering workforce reform:** Developing an ICS integrated health and social care people plan, and moving towards parity between NHS (physical and mental health, including learning disabilities) and social care
- **New ways of working:** getting the relationship right with social enterprises and other stakeholders including engaging with patients/service users, providers, the third sector and local businesses.
- **Children, young people and families:** Developing ICS strategies for improving the health, care and wellbeing of children and young people, and integrating local services

The report, which would also consider barriers to best practice and make recommendations, would then be launched at an open event in late 2022. One speaker, from an ICS, would be invited to highlight each of the five themes and a panel invited to respond. The panel might include:

- Sajid Javid MP, Secretary of State for Health and Social Care
- Professor Michael Marmot
- Lord Adebawale, Chair NHS Confederation and Social Enterprise UK
- Cllr Paulette Hamilton, Vice Chair, LGA Community Wellbeing Committee

D) DISSEMINATION OF BEST PRACTICE

The dissemination of the best practice identified or developed by the Commission will be through a number of approaches:

- The Commission has its own website giving easy access to all its reports and contributions to policy. This will be refreshed and Commission Partners will be encouraged to highlight its existence and value to their members and supporters.
- The outputs of the Commission will be produced in different forms to maximise their accessibility including reports, ‘sixty second’ summaries, blogs, podcasts and so on. Attention will also be drawn to all of the outputs through traditional and social media outlets including the Commission’s twitter account.
- Partners of the Commission will also be asked to circulate the outputs of the Commission through their extensive networks within the health and social care landscape

4. An Invitation to Partner

The Health Devolution Commission Inquiry in 2021 was kindly partnered by the LGA, NHS Confederation, Greater Manchester Health and Social Care Partnership, West Yorkshire ICS, London Councils, Social Enterprise UK, the Northern Health Science Alliance and the British Association for Counselling and Psychotherapy.

That funding has now ended and the Commission is now seeking previous or new Partners to commit to the funding of the 2022 programme of activity at a level of £5k per organisation. In order to deliver the activity above – at least one consultation response; the launch Webinar in April, plus two ‘wicked’ issue roundtables; the best practice report and launch in early December plus dissemination - and to provide an ongoing Secretariat to the Commission would suggest a required fee income of £40 to £50k.

All Partners will, as before, input and help shape the programme of activity as well as speak at the meetings. Their logos will be displayed on a refreshed website and they will be invited to all private 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 “Levelling Up Health” please contact steve@devoconnect.co.uk

Appendix 1

CURRENT MEMBERSHIP OF THE HEALTH DEVOLUTION COMMISSION

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 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
- Cllr Isobel Secombe, Leader Warwickshire County Council and Wellbeing Portfolio Holder, WMCA
- Dr Linda Patterson, former Medical Director of CHI and Vice President of RCP
- Peter Hay, former President ADASS
- Nadra Ahmed, Executive Chair, National Care Association
- Naomi Eisenstadt, Chair Northamptonshire ICB
- Imelda Redmond, former Chair, HealthWatch
- Suzi Leather, former Chair, Devon ICS

Advisory Commissioners

- Cllr Paulette Hamilton, Vice Chair, LGA Community Wellbeing Committee
- Sarah Walter and Michael Wood, NHS Confederation
- Clive Grimshaw, Strategic Lead for Health & Social Care
- Professor Jo Pritchard and Dr Andrew Catto, Social Enterprise UK
- Steve Mulligan, Four Nations Lead, BACP
- Seamus O’Neill, Chair, the Northern Health Science Alliance
- Rob Webster, Chief Executive, and Jo Webster, Chief Officer, West Yorkshire and Harrogate Health and Care Partnership
- Sarah Price, Chief Officer, and Warren Heppolette, Executive Lead, Strategy & System Development, Greater Manchester Health & Social Care Partnership