ICSs: A great deal done - a great deal more to do

Health Devolution Commission Annual Report, 2022

Contents

1 Executive Summary

The evidence presented to the Health Devolution Commission demonstrates that a great deal has been done during 2022 to develop Integrated Care Systems as the new platform for delivering better, more joined up and person-centred health and social care services as well as improving the community's health and wellbeing.

However, the combined impact of the Covid 19 pandemic and the cost-of-living crisis is putting severe pressure on both the health and wellbeing of families and communities, and the financial sustainability of health and social care services. There is a real risk that the gains made could be lost in 2023.

In these circumstances the Commission has arrived at six overarching conclusions:

A There is no alternative to health and social care integration

Stakeholders and leaders across health, social care and wider public services know that pressing forward with broad-based Integrated Care Systems and local partnerships in 2023 is the only long-term solution to creating a financially sustainable and successful NHS and social care system; improving the population's health and reducing health inequalities. There is no alternative to this direction of travel – rather, we should be finding ways of illuminating and accelerating the development of ICSs as a top priority at every level of government.

B Devolution is essential for genuine integration

Integration within the NHS, and between the NHS, social care and wider public services, can only be achieved if there is devolution of resources and power to local organisations working collaboratively and with mutual accountability in the shared geographies of ICSs, place-based partnerships and neighbourhood networks. The 'Local' in Local Government requires robust development of the 'Local' in the NHS if genuine collaboration, partnership working and mutual accountability is to be achieved. The Independent Review into the oversight of ICSs should ensure that Integrated Care Boards do not, as before, 'look up' for instruction and permission to move. But rather, to 'look out' and fully and formally collaborate with organisations which are locally democratically accountable.

C ICS should adopt 8 key design principles to be effective

Effective ICSs are best built around eight design principles:

- Genuine parity of esteem within the NHS between physical and mental health services
- Genuine equality between the NHS and local government services at every level in the new structures
- Shared responsibility for improving public health and reducing population health inequalities
- A strong voice in the system at every level for people who draw upon care and support
- Meaningful partnerships with the voluntary, community and social enterprise sector
- Effective place-based partnerships and neighbourhood networks as the engine rooms for delivery
- An integrated approach to the planning and development of the health and social care workforce
- Freedom and flexibility for partners to agree and act upon locally determined priorities

D ICSs should focus on 5 key priorities to maintain progress during 2023

The five areas of work to be given high priority by ICSs in 2023 should be to ensure:

- A clear 'health in all policies' approach to a wide range of public services including an explicit focus on the links between health, housing, work and economic productivity
- A strong 'economic wellbeing in all health policies' approach to all NHS and social care services including hospitals and neighbourhood partnerships as anchor organisations
- A relentless attention to tackling health inequalities among those needing care and treatment, and to preventing health inequality in local communities
- An unwavering focus on the health and care needs of those most often overlooked in the system such as people with learning disabilities/autism and mental health needs
- A robust policy framework for improving the health, care and wellbeing of children and young people including the contribution to be made by schools and academies

E Guard against risks to the ICS ambition

Experience suggests that positive and concerted action will be required to avoid the return of a fortress mentality with the following identified as potential risks in 2023:

- A retreat into silo thinking and behaviour by NHS institutions as demand pressures and funding reductions have an impact on services
- A narrow focus on treatment and clinical care - particularly acute care at the expense of implementing strategies for public health, prevention and early intervention
- A drop in the priority given by system leaders to reducing health inequalities for both those already in need of health and social care support, and the population as a whole
- Failing to increase funding for social care services that are already at breaking point
- Reducing social care to a problem of patient discharge from hospital and ignoring the far wider social care reform agenda and its potential to benefit the NHS more widely
- ICSs becoming "talking shops" rather than doing shops – a place to articulate good intentions rather than a place where things get done and get better

F Government should actively support Integrated Care Systems

It is vital that the external policy and operating environment of the government, NHSE and system regulators enables rather than prevents ICSs to achieve their mission. Put bluntly, ICSs should not be viewed as, nor treated as a new layer for top-down performance management by NHSE. To that end, national bodies should:

- Set out fewer, more focused national targets
- Respect local autonomy and let local health and local government leaders lead
- Actively support the development of place-based and neighbourhood partnerships
- Actively acknowledge the key role of partners outside of the NHS and local government in delivering the ICS mission
- Produce a comprehensive and funded workforce strategy that addresses the profound challenges in social care and health
- Actively support new models of care and digital ways of working across the health and social care system
- Ensure that wider policies affecting the social and economic determinants of health support rather than undermine action on the ground to improve the health of the population, and make real the pledge by the Government 'to protect the most vulnerable'
- Commit to close and meaningful engagement with the public on self-management and personalisation
- Be clear that health and social care services are an 'investable proposition' that are critical for wider economic and social development
- Develop a new devolved model of community-based care for children and adults with learning disabilities/autism or mental health needs that is less institutionalised, more transparent to family members and much closer to home

Conclusion

2023 will be another year of significant financial challenges for all of the partners in Integrated Care Systems who are at risk of retreating into a 'fortress mentality' in order to survive. The Health Devolution Commission is convinced that there is no alternative to a devolved system of health and social care integration built on fundamental design principles, and clearly focused on locally determined priorities, to meet those challenges.

The Commission recognises that ICSs will need to deliver on centrally driven targets – and be seen to deliver. However, it is vital that at the same time they build on the foundations laid in 2022 and start to make permanent their aspirations towards partnership working and integrated planning and delivery of services as well as early intervention and prevention.

2 Introduction

This is the final report of the Health Devolution Commission in 2022. It summarises the outputs from its deliberations, draws key conclusions about Integrated Care Systems, identifies 8 design principles for ICSs to adopt and highlights 5 priorities for attention in 2023 as well as 5 risks to ICS's goals.

The Commission adopted an ambitious programme for influencing the establishment and roll out of Integrated Care Systems. The approach was constructive, cross party and well-evidenced. Through its roundtables the Commission drew on the research and insight of its eight partner organisations and the experience and expertise of its Commissioners, which include people with a lived experience of care. It also secured input from a range of high-level experts (see appendix 1).

Each roundtable was informed by a detailed briefing paper prepared by the Secretariat and, after each roundtable, a report summarising the main findings and conclusions was published by the Secretariat. These can be found here: April, June; and October.

In addition, the Secretariat:

- prepared a substantive submission to the DHSC Select Committee on its Key Line of Enquiry into accountability within ICSs
- gave written evidence to the DHLUC Select Committee on its wide-ranging inquiry into the social care system
- arranged a number of senior briefings including the House of Lords and with DHSC officials
- prepared a podcast and published blogs in the Municipal Journal
- maintained the Commission's website and twitter account

The Commission, through working in this way, has enabled partners from all sectors to continue to contribute collectively to thought leadership that actively promotes its wide and progressive paradigm of devolution and integration of the NHS and Local Government to:

- tackle the social determinants of ill-health as well as improving the quality and patient experience of health and care services;
- actively promote the third sector as system partners as well as service providers;
- give a voice to patients and service users, particularly those that are often overlooked such as people with learning difficulties/autism and users of mental health services.

3 2022: A Great Deal Done

3.1 Statutory Integrated Care Systems

2022 saw the establishment of Statutory Integrated Care Systems (ICSs) that provide a robust platform for the collaborative development and delivery of integrated, place-based NHS, social care and public health services. The Commission supports strongly the creation of the new ICSs - their purpose, structure and the devolution to place-based and neighbourhood partnerships within them.

There is a general feeling of positivity and optimism about the potential of Integrated Care Systems (ICSs) to herald a wholly new approach to our health as a nation. It is a new system that is genuinely transformational and has a high level of support among local and national leaders across all sectors.

3.2 New aims to transform health and wellbeing

The four statutory aims of ICSs make explicit the wider and transformational role of this new collaborative system to bring partner organisations together to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

A specific set of shared outcomes for **all** four of the primary aims of ICSs to achieve may be best structured around a Life Stage approach such as 'Start Well, Stay Well, Age Well' that clearly reflects local population health inequalities.

3.3 New partnership culture

The welcome shift from competition to collaboration as the organising principle of the health and social care system requires a new culture of partnership working and mutual accountability for shared outcomes; new collaborative processes and structures; and a new transparency in the way decisions are made.

The relationship between the Integrated Care Board and the Integrated Care Partnership is central to the success of the new system in achieving its four broad aims. Consequently, the IC Board Plan for their area should be publicly assessed on whether it sufficiently meets four core criteria:

- Does it reflect the integrated care strategy of the IC Partnership?
- Is it financially viable?
- Is it consistent with the commitment to reducing health inequalities?
- Does it reflect local population priorities?

3.4 A new place-based approach

The focus on place is at the very heart of the new system and place-based partnerships must in reality become a true partnership between the NHS, Local Government and the Third Sector (VCSE).

Relationships: Place-based collaboration will require partners to agree shared values for working together, build trusting relationships, develop a joint learning culture, and adopt a performance development approach to service improvement. NHS, Local Government and VCSE sector leaders should be exemplars of this new culture of collaborative behaviour.

Bottom-up: The existing JSNAs, HWB Strategies and local health scrutiny committees provide a strong platform for establishing and monitoring priorities among place-based partnerships. NHSE Guidance published in November 2022 emphasises that ICB and ICP leaders within local systems, informed by the people in their local communities, need to have regard for and build on the work of HWBs to maximise the value of place based collaboration and integration, and reduce the risk of duplication. However, the current NHS operating model appears to reflect a continuation of the top-down, silo approach that ICSs are designed to change. This needs to be replaced with a bottom-up approach that starts with the lived experience of local people as well as granular local data.

Neighbourhood partnerships: The development of Primary Care Networks (PCNs) as the foundation for broad-based Neighbourhood Partnerships provides the opportunity to work closely with local people and develop new ways of working with a diversity of local partners to improve health and social care services and address population health inequalities. Clarity is needed on the relationship between neighbourhood partnerships and the wider place-based partnerships they are located in.

Neighbourhood anchor organisations: formed from the co-location of services at the neighbourhood level give added momentum to the provision of support to local people and communities to improve their health and wellbeing.

Innovation: As a result of devolving money and power down through systems, places and neighbourhoods, local people are better able to develop innovative ways of delivering better services, reducing health inequalities and improving population health in local communities.

Financial delegation: The aim should be for ICSs to maximise delegation of their non-hospital spend to place-based partnerships responsible for delivering shared outcomes. Five design principles for financial flows within ICSs that will reflect a collaborative and place-based approach are:

- remove financial disincentives to achieving the shared outcomes;
- create maximum funding certainty for providers;
- maximise financial delegation to providers;
- maximise flexibility in spending (but protect long-term prevention investment); and
- ensure full budgetary transparency

3.5 Priority to reduce health inequalities

Addressing the social determinants of ill-health is key to creating a sustainable health, social care and public health system. Improving the population's heath and reducing health and wellbeing inequalities has to focus on the social determinants of health, 80% of which lie outside of clinical health care and require action by local government, the third sector and the business community as well as the NHS and wider Government policy. In particular, ICSs should recognise the causal link between health and productivity at different ages, and view work as a health outcome for many people, particularly those with mental ill-health.

The Commission focused upon the challenge for ICSs to pursue its aim of reducing health inequalities and identified a number of key strands that should inform this task:

Health and wealth: The Covid pandemic showed that health and wealth are not in competition with each other but have to be mutually supporting. A strong economy requires people of working age in good health – and vice-versa. Work is a health outcome and the impact of losing a job on people's health is now widely recognised – the longer people are out of work the more their health, particularly mental health - deteriorates. The 2019 Greater Manchester Independent Prosperity Review found that productivity gap between the north and the rest of the UK average could be reduced by up to 30% if participation in the workforce was raised by addressing ill-health.

Whole System Approach: To succeed will not be easy as the public's expectation for the prioritisation of acute services – for example cancer treatments – will remain. But ICSs offer a chance to move beyond institutional and silo thinking, towards a whole system approach in which the NHS works in a joined-up way with a range of partners – local authorities, voluntary and community organisations, police, education, business - to deliver health improvement across a far wider agenda including air quality, regeneration, transport, housing, employment and skills. An evaluation reported in the Lancet concluded that Greater Manchester had better life expectancy than expected after devolution. The benefits of devolution were apparent in the areas with the highest income deprivation and lowest life expectancy, suggesting a narrowing of inequalities. Improvements were likely to be due to a coordinated devolution across sectors, affecting wider determinants of health and the organisation of care services.

Health in All Policies: A 'Health in All Policies' approach must be adopted by ICSs to tackle the social determinants of ill-health if there is to be a significant reduction in health inequalities. This approach is being developed at every level - local, city, region, national and supra-national - as emerging evidence from Coventry and Greater Manchester shows that it works. But much more must be done nationally in the UK, underpinned by law, to reverse the last decade's shocking decline in health equality if ICSs are to succeed in this goal. The Fuller stocktake report on the development of Primary Care Networks into neighbourhood partnerships reflects this shift in approach as it incorporates a social as well as a clinical model of health improvement. This new culture of care that shifts power from a professional/clinical to personal/social relationship between people and services includes elements such as social prescribing and wider mobilisation of community action that developed in response to the Covid pandemic to help prevent ill-health in local areas. And most recently in the development of new forms of support in the community such as warm spaces for people in fuel poverty and a 'Warm Home' prescription as the winter approaches.

Equality and Quality: The goal of equality as well as quality should be embedded in ICS and organisational codes of governance, and clear evidence shown that institutional resources are being shifted upstream towards prevention. The 'bottom-up' voice of communities and 'top down' action by system leaders should be combined to crack the challenge of improving the population's health and reducing health inequalities.

Hospitals as Community Anchors: Large hospitals are increasingly recognising their role and impact as anchor institutions in local communities, and want to work in partnership with local government, the voluntary sector and local businesses to address health inequalities in the population as well as addressing inequalities in access to health services.

ICSs should adopt an 'economic wellbeing in all health policies' approach to ensure the NHS plays a full part in the social and economic development of the areas in which it is located. ICSs should ensure that every hospital adopts this approach and develops their role as anchor institutions in the community.

Neighbourhood Anchor Organisations formed from the co-location of services at a neighbourhood level can provide integrated services to the local community and give momentum to supporting the health and wellbeing of the local population as a whole.

Evidence and data: The use of evidenced-based decisions that has the active support of all partners is key. This may best include robust population health and clinical data; be sufficiently granular to identify localised places or communities experiencing health inequalities; draw on professional knowledge and insights; and use real-time data that is cost-effective to gather.

3.6 Children and Young People

The scope of ICSs was widened to include the health and wellbeing of children and young people during the passage of the Health and Social Bill in the Lords in 2022. This was welcomed by the Commission who explored its implications for the work of ICSs and identified a number of key issues:

Children's Mental Health First: The key health challenge now for children's health is the major decline in their mental health. Recent excellent recommendations for reform of children's care services are in danger of being overwhelmed by the impact of this mental ill-health epidemic. It is simply wrong that children in severe distress are now being put on a waiting list. ICSs must put children's mental health high up on their agenda ensuring that all partners – NHS, local government and the voluntary sector - identify and act to reverse this situation.

National Leadership for Children: The landscape for children and young people is more complex for ICSs to manage as it includes education – schools and academies – as well as the NHS, local government and the voluntary sector. Effective data sharing is still not in place and there are no dedicated national funding streams for children's health as there are for conditions such as the Cancer Drugs Fund for cancer. National cross-departmental leadership between health, social care and education is required to support integrated action at the level of the ICS, place and neighbourhood levels.

ICS Children's Policy Framework: ICSs should develop a children and young people's policy framework based on a common set of design principles and containing clear indicators of success. This should be led by a dedicated Children and Young Person member on the Integrated Care Board. Place-based partnerships should build on existing systems and structures, and clearly value the benefit for children and young people of accessing informal support in the community as well statutory services.

Avoid over-medicalisation: Care services for children and young people should not become medicalised unless clearly necessary, but address the wider social, family, financial, educational and cultural factors influencing their growth and development. Schools must be fully engaged in the strategy and recognise their role as anchor institutions in local communities. The voice of children and young people is essential if change is to be successful.

3.7 Mental health services and support for people with learning disabilities

The Commission sees one of its tasks to be shining a light on those groups or policy areas that history has shown are often hidden or overlooked in the current system, but who should be given priority by ICSs. The Commission explored the position regarding mental health services, and the support given to people with learning disabilities, and identified a number of ways forward:

ICS Mental Health Recovery Plan: ICSs have a critical role to play in improving people's mental health, improving the services they rely on, reducing health inequalities and improving access to mental health services for marginalised groups in need. ICSs should be committed to parity of esteem between physical and mental health services and funding. Making improvements to primary care mental health services should be a priority for ICSs. Not only should they look to maximise the impact that the existing Improving Access to Psychological Therapies (IAPT) services can have for their local populations, but they should also look to augment this with additional primary care mental health services and with providers from the VCSE sector. This could expand the range of effective mental health services available and be more reflective of the needs of their local populations. ICSs should develop a fully funded post-Covid mental health recovery plan for their area supported by a robust workforce development strategy which draws on the experience of diverse VCSE sector mental health providers.

ICS Leadership of mental health: Mental health services should be represented at every level in the ICS system with a full place on the ICS Board. There should be a process to allow the voice for mental health service users to be heard at every level – the ICS, place-based partnerships and Primary Care Networks.

ICS Learning Disability Action Plan: The Commission heard directly from someone with a learning disability who made clear that providing the right extra support to ensure an active and full life is key to good health and wellbeing. ICSs should develop a learning disability action plan that includes driving up the numbers on the Learning Disability Register that is a passport to other services and benefits; exceeding their national target for Annual Health Checks; and ensuring GPs provide a Health Action Plan for all people with learning disabilities/autism.

ICS Leadership of learning disabilities: The ICB member for Learning Disabilities and Autism should use their position to request regular reports on the delivery and impact of the Learning Disability Register, Annual Health Checks and Health Action Plans as a means of influencing the system.

3.8 Integrated workforce planning and development

There is a big opportunity for ICSs to pursue integrated workforce planning and development for their health and social care workforce that treats social care as an equal partner to the NHS, in ways that reflect the values, diversity and strengths within the cultures of both sectors.

Relational Culture: The health and social care workforce should shift from a transactional relationship to a relational relationship in which people who draw on health, social care and support are seen and treated as whole individuals.

Hard-wire social care values: The design principles that underpin the best social care – being person-centred, co-production, and support for self-directed care – should be hard-wired by ICSs into their integrated health and social care workforce recruitment and development strategies to 'make it real'.

Triple win: Investment in the health and social care workforce should be recognised for bringing a unique 'triple win' for each ICS - resulting in the delivery of better care services, supporting communities to be healthier and reducing demand pressures on the NHS.

Avoid unintended consequences: ICSs must avoid short-term solutions to achieving their service targets (such as improving hospital discharges) that have wider unintended negative consequences for the social care workforce.

3.9 Inspection and regulation

CQC: The CQC regards itself as a critical friend to ICSs that wants to ensure the voices of people are heard and properly represented and places a high priority on both reducing health inequalities among current service users and preventing future health inequalities. CQC believes it knows what good looks like and three main themes of its work in future will be leadership, integration, and service quality and safety. It will be important that the CQC's method of operating and the understanding of its inspection teams really reflect a systems approach in which partners in an ICS work in collaboration and partnership, and not be viewed as just a collective of NHS provider trusts in which CQC aggregate provider performance to arrive at an assessment of ICS performance.

Ofsted: Ofsted Inspection of councils' Children's Services takes a whole system approach and is clear about what good looks in children's services. The 20% vacancy rate in children's services is a major contributory factor to the number of highly vulnerable children currently waiting for a secure care placement; and the mental health, self-harm and suicides among young people.

Learning disability/autism: Ofsted and CQC are scheduled to launch a new area Special Educational Needs and Disability framework in early 2023 and it is vital that the voice of autistic people and people with learning disabilities of all ages is properly heard within the NHS generally, and acute care to ensure they get the care and treatment they need.

Schools: Now that ICSs have the health and wellbeing of children and young people within their scope they will, consequently, have a direct interest in the quality of children's care services, the impact that schools have on children's health and wellbeing, and the enhanced role that Ofsted can play through its school inspections. Ofsted should be looking at the mental and physical health contributions that schools make including for example looking at healthy food and anti-bullying policies.

4 2023: A Great Deal More to Do

4.1 Coming of Age

ICSs are now in a good position to go forward in 2023 to make real their ambition to deliver better health and outcomes, provide a better experience of care, a reduction in health inequalities and improvements to the health of the population.

However, the combined impact of the Covid 19 pandemic and the cost-of-living crisis is putting severe pressure on both the health and wellbeing of families and communities, and the financial sustainability of health and social care services. There is a real risk that the gains made could be lost in 2023.

4.2 There is no alternative to health and social care integration

Stakeholders and leaders across health, social care and wider public services know that pressing forward with broad-based Integrated Care Systems and local partnerships in 2023 is the only long-term solution to creating a financially sustainable and successful NHS and social care system; improving the population's health and reducing health inequalities. There is no alternative to this direction of travel – rather, we should be finding ways of illuminating and accelerating the development of ICSs as a top priority at every level of government.

4.3 Devolution is essential for genuine integration

Integration within the NHS, and between the NHS, social care and wider public services, can only be achieved if there is devolution of resources and power to local organisations working collaboratively in the shared geographies of ICSs, place-based partnerships and neighbourhood networks. The 'Local' in Local Government requires robust development of the 'Local' in the NHS if genuine collaboration and partnership working is to be achieved.

4.4 ICS should adopt 8 key design principles to be effective

Effective ICSs are best built around eight design principles:

- Genuine parity of esteem within the NHS between physical and mental health services
- Genuine equality between the NHS and local government services at every level in the new structures
- Shared responsibility for improving public health and reducing population health inequalities
- A strong voice in the system at every level for people who draw upon care and support
- Meaningful partnerships with the voluntary, community and social enterprise sector
- Effective place-based partnerships and neighbourhood networks as engine rooms for delivery
- An integrated approach to the planning and development of the health and social care workforce
- Freedom and flexibility for partners to agree and act upon locally determined priorities with fewer top-down targets

4.5 ICSs should focus on 5 key priorities to maintain progress during 2023

The five areas of work to be given high priority by ICSs in 2023 should be to ensure:

- A clear 'health in all policies' approach to a wide range of public services including an explicit focus on the links between health, housing, work and economic productivity
- A strong 'economic wellbeing in all health policies' approach to all NHS and social care services including hospitals and neighbourhood partnerships as anchor organisations
- A relentless attention to tackling health inequalities among those needing care and treatment, and to preventing health inequality in local communities
- An unwavering focus on the health and care needs of those most often overlooked in the system such as people with learning disabilities/autism and mental health needs
- A robust policy framework for improving the health, care and wellbeing of children and young people including the contribution to be made by schools and academies

4.6 Guard against risks to the ICS ambition

Experience suggests that at a time of great pressures on the NHS positive and concerted action will be required to avoid the return of a fortress mentality and, in particular, to guard against:

- A retreat into silo thinking and behaviour by NHS institutions as demand pressures and funding reductions have an impact on services
- A narrow focus on treatment and clinical care - particularly acute care at the expense of implementing strategies for prevention and early intervention
- A drop in the priority given by system leaders to reducing health inequalities for both those already in need of health and social care support, and the population as a whole.
- A reduction in funding for social care services that are already at breaking point.
- Reducing social care to a problem of patient discharge from hospital and ignoring the far wider social care reform agenda and its potential to benefit the NHS more widely
- ICSs becoming "talking shops" rather than doing shops – a place to articulate good intentions rather than a place where things get done and get better

4.7 Government should actively support Integrated Care Systems

In order that ICSs can achieve their goals and avoid the risks above, it will be important that the external policy and operating environment is one that enables and supports rather than undermines and prevents them from doing so. Put bluntly, ICBs should not be viewed as a new layer for top-down performance management by NHSE. The government, NHSE and the system regulators can all play a positive part in enabling ICSs to be successful by presenting a less centralised approach that reflects the different health and care landscape and the new operating model.

Specific actions should include:

- Setting out fewer, more focused national targets
- Respecting local autonomy and letting local health and local government leaders lead
- Actively supporting the development of place-based and neighbourhood partnerships
- Actively acknowledging the key role of partners outside of the NHS and local government in delivering the ICS mission
- Producing a comprehensive and funded workforce strategy that addresses the profound challenges in social care and health
- Actively supporting new models of care and digital ways of working across the health and social care system
- Ensuring that wider policies affecting the social and economic determinants of health support rather than undermine action on the ground to improve the health of the population
- Committing to close and meaningful engagement with the public on self-management and personalisation
- Being clear that health and social care services are an 'investable proposition' that are critical for wider economic and social development
- Develop a new devolved model of community-based care for children and adults with learning disabilities/autism or mental health needs that is less institutionalised, more transparent to family members and much closer to home

5 Conclusion

The Commission will support ICSs to 'come of age' in 2023 as the new structures, partnerships and relationships within the NHS and between the NHS, Local Government, the voluntary sector, and those who draw on care and support services mature, deepen and grow. (Its indicative programme for 2023 is appended below.)

The Commission will take every opportunity to reinforce the reality that the success of our NHS is dependent upon the success and support given to our social care services, and to strategies involving a wide range of partners to tackle the social determinants of health among individuals and local communities.

Stakeholders and leaders across health, social care and public health know that pressing forward with broad-based Integrated Care Systems is the only long-term solution to creating a financially sustainable and successful NHS. There is no alternative to this direction of travel – rather, we should be finding ways of illuminating and accelerating the development of ICSs as a top priority at every level of government.

The Commission recognises that in 2023, ICSs will need to deliver on centrally driven targets – and be seen to deliver. However, it is vital that at the same time they must build on the foundations laid in 2022 and start to make permanent their aspirations towards partnership working and integrated planning and delivery of services as well as early intervention and prevention.

The challenge for ICSs will be to deliver on these twin goals – achieving the highly visible health targets set by national and local leaders and the less visible but nonetheless critical work of securing a strong platform for long term sustainability of the system and a healthier population.

Appendix 1 Contributors to the work of the Commission

- **Naomi Eisenstadt,** Chair ICB, Northamptonshire
- **Cathy Elliot,** Chair ICB, West Yorkshire
- **Richard Douglas,** Chair, ICB South East London
- **Sir Richard Leese,** Chair ICB, Greater Manchester
- **Mark Cubbon,** Chief Delivery Officer, NHS England and Improvement
- **Cllr Rosemary Sexton,** Wellbeing Board, LGA
- **Sarah Walter,** ICS Network, NHS Confederation
- **Professor Michael Marmot,** Director, UCL Institute of Health Equity
- **Dame Jackie Daniel,** Shelford Group and Chief Executive, Newcastle Upon Tyne Hospitals NHS Trust
- **Darren Banks,** Group Strategy Director for Manchester University NHS Foundation Trust
- **Roland Sinker,** Chief Executive, Cambridge University Hospitals NHS Foundation Trust
- **Steve Crocker,** President, the Association of Directors of Children's Services
- **Russell Viner,** Professor of Adolescent Health at the UCL Great Ormond Institute of Child Health
- **Rukshana Kapasi,** Director of Health, Barnardo's
- **David Weaver,** President, British Association for Counselling and Psychotherapy
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- **Clenton Farquharson,** Chair, TLAP
- **Jenny Paton,** Director of Strategy, Skills for Care
- **Dr Neil Modha,** Co-chair North Place, Cambridgeshire and Peterborough ICS and contributor to 'Next Steps for Integrating Primary Care'
- **Cllr Tim Oliver,** Chair, Surrey Integrated Care Partnership
- **Scott Durairaj,** Director of Integration, Inequalities and Improvement, Care Quality Commission
- **Yvette Stanley,** National Director for Regulation and Social Care, Ofsted

Appendix 2 The Health Devolution Commission's Priorities For 2023

The Commission will continue to highlight and promote best practice by ICSs that reflect its vision for transformation of our health and social care system; seek to understand and resolve issues and themes that continue to be a challenge; and seek to influence national policymakers in central government, local government and the NHS to take this agenda forward with enthusiasm.

New policy areas the Commission will explore include:

- Developing ICS policy in response to the cost of living crisis and its impact on health inequalities including for children
- Developing ICS policy regarding the importance of better (physical and mental) health to better economic participation and vice versa
- Developing ICS policy regarding housing, social care and health, including the implications of the case of the tragic death of Awaab Ishak in Rochdale

Areas of best practice that the Commission will highlight include:

- Inclusive health – engagement and participation
- Prevention – improving public and population health
- Mutual accountability in integrated health and social care systems
- Mental health and learning disabilities/autism

Policy areas the Commission will revisit include:

- Health inequalities (with or without a new White Paper being published)
- ICS and children and young people
- Getting places right including genuine partnership between local authorities and the NHS and how neighbourhoods and PCNS are integrating with the wider ICS structure
- The planning and delivery of an integrated workforce plan including capacity constraints at all levels within NHS, social care and public health staffing

The Commission will draw on the views of independent experts, leading practitioners and those with lived experience, including of learning disabilities.

The cross party independent Health Devolution Commission would like to acknowledge and thank its eight partners who have contributed financially and intellectually to the work of the Commission in 2022.

Report prepared by Phil Hope and Steve Barwick, the Health Devolution Commission Secretariat

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