Report of the Health Devolution Roundtable on the Hewitt Report and Cost of Living Crisis

Held 22nd March 2023 by Zoom

1 INTRODUCTION

This is a summary of the roundtable discussion of the two topics considered at the March 2023 roundtable of the Health Devolution Commission:

- The Hewitt Review of Integrated Care Systems
- ICS best practice in responding to the cost-of-living crisis

The roundtable was chaired by Sir Norman Lamb, Co-chair of the Commission, and a recording of the session is available here.

2 RECENT POLICY DEVELOPMENTS

Participants considered briefly a number of recent policy developments relevant to the work of the Commission, namely:

I. New health devolution deals in the March 2023 Budget (see below)
II. Potential reductions in funding for social care in the March 2023 Budget
III. The Government's proposal for a new Major Conditions Strategy
IV. The National Audit Office recommendations in its review of mental health services
V. Government proposals for supporting children and young people with special educational needs and disabilities
VI. Care England's conclusions from the 'fair costs of care' analysis by local authorities

A full briefing paper for the Commission roundtable prepared and circulated in advance is available here. The two new health devolution 'trailblazer' deals in the March 2023 budget (not covered in the briefing paper) are:

Greater Manchester

Support for the policy of health devolution to Greater Manchester and taking it forward to next stage including:

- Support for pilots to improve skills/knowledge of social care workforce
- Sharing data to support a 'health in all policies approach
- Review to simplify/support pooled and aligned budgets
- Health and housing 'policy sandbox' to trial changes to welfare, housing, health and social care systems to improve renting and rented accommodation
- Explore joined up funding for multiple disadvantage
- Pilots between DWP and GM to support disabled residents and those facing health inequalities access the labour market

West Midlands

Government recognition in policy that health inequalities, poor health and economic inactivity cannot be tackled in isolation; and that transport, housing and skills have a key impact on health outcomes. New measures include:

- New formal duty on West Midlands Combined Authority to improve the public's health
- Encouragement for innovation to improve population health, address inequalities and prevent ill-health
- Simplify funding streams
- Healthier food environment for Children and Young People
- Regional tobacco alliance
- Exemplar region for disabled people
- Focus on preventative health care, remote monitoring and community diagnosis
- Local transport plans that support accessibility, reduce health, economic and social inequalities
- Support 'health in all policies' approach through data sharing

3 THE HEWITT INDEPENDENT REVIEW OF INTEGRATED CARE SYSTEMS

The Commission made a formal submission to the Hewitt Review and, prior to its expected publication in late March 2023, the Rt Hon Patricia Hewitt, former Secretary of State for Health presented some of the key issues and conclusions from her review to the roundtable (to see her powerpoint slides click here).

I. Make the case for integration

Patricia emphasised the need to continue making the case for integration, namely that the creation of statutory ICSs is a transformation in the way we approach health, wellbeing and care, not 'just another NHS reorganisation'.

She said that ICSs are already making a difference both to immediate system pressures and to long term health inequalities, and are partnerships between local government, the NHS, VCFSEs, social care providers and many others.

Patricia emphasised the importance of the [core purpose of an integrated care system]() that has four very different elements that represent a radical shift in our approach, namely 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.

II. Culture shift

Patricia believes that success in achieving all four of these goals depends upon a shift in leadership, culture and behaviours at all levels. No two ICSs are the same as there is huge variety in geographies, population and systems and any changes must recognise this. She stressed the need to champion the importance of neighbourhood and place, and to embed the principle of subsidiarity in all ICSs' approaches (putting decision making at the lowest level consistent with their resolution) but said this was very much still 'work in progress' and that we all had more to do to 'make it real'.

Patricia emphasised that it will require everyone at every level changing how they work together – a major cultural and behavioural shift towards collaboration both within different parts of the NHS, and between the NHS and others across Local Government and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sectors.

III. Principles

Patricia reiterated the six principles underpinning her analysis and recommendations namely: collaboration, a limited number of shared priorities, give local leaders space and time to lead, systems need the right support, balancing freedom with accountability, and enabling timely, relevant, high quality and transparent data.

IV. Messages and recommendations

Some of the key messages and recommendations from her Review are that:

a) We need to invest in preventative services and put population health management at the heart of ICSs including creating a **national cross-government mission** for health improvement, which works towards a National Health Outcomes Framework.

b) Collaboration must be embedded at neighbourhood, place, system and national level. This requires a tangible and decisive culture shift, which ICSs are best placed to facilitate within systems.

c) ICBs are accountable, not only upwards on spending and performance but also outwards to their local populations and system partners for the outcomes for their communities.

d) Local outcomes frameworks should be developed by systems, supported by a national shared outcomes framework. Each ICS should be able to set local priorities and targets that should be treated with equal weight to national priorities on NHS performance issues.

e) ICSs should be supported to become self-improving systems. They should be given the space and time to improve, with an emphasis on peer support and challenge.

f) ICBs need a greater level of freedom and flexibility, with fewer shared, national priorities and data demands, and a simpler, streamlined relationship with NHSE Regions.

g) That NHSE Regions should support systems in translating national expectations to fit local circumstances. If an ICB requires support then this should be agreed between NHSE Region and ICB.

h) We must also put in place the enabling conditions to allow these changes to take place. This must be reflected in changes to organizational development, workforce, finance, data and digital.

i) That DHSC, DLUHC, DfE and NHSE should align budget allocation timetables for Local Government and the NHS, including social care and public health.

DISCUSSION

During the subsequent discussion a number of topics were raised and responded to by Patricia including:

ICSs and Children and Young People

ICSs should not necessarily take the lead for improving the health and wellbeing of children and young but rather build on the existing best practice with every ICS creating or building on a Children's Alliance based on the Children's Act 2004. This will make a major contribution to improving the health and wellbeing of CYO, and preventing ill health in future years (a core purpose of an ICS). This should be an explicit focus of the CQC's assessment of the performance of ICS systems.

The role of locally elected councillors in the new system

Three ways that councillors are involved in ICSs: ICPs are the convening body of the entire system, and include elected councillors (some ICPs are chaired by a senior local councillor). Health and Wellbeing Boards have councillors in membership and their work directly feeds into the ICP integrated care strategy for the whole system. Local Health Overview and Scrutiny committees of local councillors have an explicit role to scrutinise the system(s) and system working.

Implementation timetable of the report's recommendations

Many of the recommendations are directed towards local leaders and can be pursued by them whatever the nature and timetable of the Government's response (although she is hoping that the report will be supported and acted upon by Ministers).

The unusual degree of cross-party and cross-sector support for this new integrated and collaborative way of working to improve people's health, and deliver better health and care services is a cause for optimism that this fundamental shift in how our health and social care system works will be pursued in the long term.

The challenge of delivering integration given immediate budget and demand pressures on providers, and the longer-term cultural behaviour shift required

Some key elements to support change in the short term that can have a longer term impact on culture are: agreeing and a common purpose; identifying the behaviours the partners want to see (these are well covered in the new NHSE operating framework); jointly doing something practical about a problem that all the partners want to address e.g., developing a falls service that can be of benefits to different parts of the system as well as people themselves; and identifying common tasks that partners can do together e.g., a shared communications strategy between LAs and the NHS for engaging with the public.

Budgetary alignment

Pooled budgets may be helpful but many people feel they could get the benefits of pooled budgets through better alignment and collaboration, without going through the technical and lengthy process of actually pooling budgets.

Workforce issues

The pay, quality and shortages in the social care workforce is a big and important issue, and we need a proper debate about how the system is funded to ensure we have the right care workforce we need to meet the needs of an ageing population.

One key concern is about the productivity of the health workforce, and the variation in productivity between different localities. There is a need to build on examples of best practice in changing the model of care that delivers better outcomes in a more productive way. 'More of the same' won't be enough and each area needs to work out how to do this in their area

Parity of care quality across different places given the local diversity of systems

Need for clarity about the difference between clinical standards on quality and safety that are rightly set nationally and part of the framework for clinical governance; and local decision making about the priorities for services in different areas.

VCFSE

The role of the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector is important in providing whole person care, improving wellbeing and building community resilience. The VCFSE sector must be seen as partners by the NHS and local government if the four goals of the system are to be achieved.

Counsellors and psychotherapists

It is important to make best use of the wide range of health and care professionals across all sectors to help improve people's health and care, including counsellors and ***psychotherapists*** as appropriate.

Support for people with a learning disability

It's a disgrace that people with a learning disability live shorter lives than others with similar health conditions. However, there is some evidence that the system is becoming more aware of this issue and are now trying to change the way they work and respond. As a basic start every person with a learning disability should get a proper physical health check (and not just focus on their learning disability). The national forum convened by the DHSC is an important opportunity for people with a learning disability to feel they have a voice in the system and are heard at the highest level.

What do we mean by integration?

The four purposes of the ICS describe what integration is designed to achieve; integration is the joining up of services around the individual in an integrated way e.g., integrated care pathways for people with or at risk of diabetes that includes tackling obesity; integration of services and actions to support particular communities at high risk of ill health is another approach that has great value.

Next steps for the Commission

It is expected that the Hewitt Report will be published in early April 2023. The Commission will produce a formal response to the report in April based on its submission to the Review and the roundtable discussion, including its assessment of the Review's recommendations.

4 ICS BEST PRACTICE IN RESPONDING TO THE COST-OF-LIVING CRISIS

I. Commission briefing paper

The Commission briefing paper for the roundtable contains an analysis of ICS best practice in responding to the cost-of-living crisis in two parts:

- **The impact** on incomes, communities, children and families, older people, people with LD/autism, mental health, health and social care workers

- **ICS best practice and proposals for government action** towards reducing food insecurity, reducing fuel poverty, support for mental health and people with LD/autism, support for health and social care workers

II. Presentations

The Commission roundtable received presentations from two speakers:

- **The Cost of Living and Health** by David Finch, Assistant Director, the Health Foundation
- **Cost of Living Impact – North East London**, by Zina Etheridge, Chief Executive of the North East London Health & Care Partnership

III. The cost of living and health

David Finch's full presentation is available here and contains an excellent and detailed data set in charts and data on how money and resources affect health. His introductory points were that:

- Financial pressure or inadequate financial resources are a source of stress
- Lacking adequate resources to maintain a basic standard of living, including to access health and care services
- Relative deprivation – stress associated with lacking the goods, services and status of mainstream society
- Any exposure to poverty as a child compared to no exposure is associated with worse health

The evidence of the impact of the cost-of-living crisis shows that:

- Areas with lower income tend to have worse health
- Families are less able to afford essentials
- Families are increasingly going hungry
- Severe and moderate food insecurity rose sharply
- Health is being harmed, particularly that of low-income families
- Those behind on bills are susceptible to feeling anxious, unhappy and depressed
- Affordability of heating is associated with stress from the rising cost of living
- Non-housing debt has risen for lower income families
- Problem debt is associated with worse health

His concluding thoughts were:

- Immediate health impact is among groups likely to be in contact with health and wider public services - lower income families, social renters, larger families with children, singles who are likely to also have worse health.

- There is significant risk that problems will worsen in future:
  - Inflation is still high and prices are not expected to significantly drop
  - Debt and financial strain are likely to continue to take a toll on health

- A concern is whether existing support (e.g., household support fund) is getting to people who need it and whether key links are being made between services?

IV. Cost of Living Impact – North East London

Zina Etheridge's full presentation is available here and includes an overview of the impact of the costof-living crisis in north east London on:

- residents e.g. 15% have been unable to adequately heat their home
- the health and care workforce e.g. use of food banks by nursing staff
- the cost of care equipment at home from a case study of a patient at Barts Health NHS Trust e.g. increased electricity costs for use of a pressure mattress
- the take up of prescriptions for those without an exemption to pay e.g. reduced use of asthma inhalers

V. Impact of Poverty

Zina emphasised that the underlying issue for people's health is poverty, that has been exacerbated by the cost-of-living crisis, but which will still be there once the crisis is over. Fundamentally, all systems must analyse, understand and act to address the health inequalities that have their roots in poverty.

VI. Impact of increased demand/complexity/acuity

She also stressed the need to recognise and understand the impact of increased demand - both numbers of people and the complexity/acuity of their health conditions - on both providers of health and care services, and the resilience of individuals and communities to cope. The systems have to change to respond to these challenges and there are deep seated organisational and system issues alluded to by Patricia Hewitt that have to be addressed in response.

DISCUSSION

During the discussion a number of questions, issues and suggestions for action were made:

Help for people with learning disabilities to access support

Ciara Lawrence, a Commissioner, asked what the ICSs are doing to help people with a learning disability manage their finances and help them shop around for cheaper energy deals and food? Most people with a learning disability need extra support. Ciara then gave an example of how she persisted locally to get herself on the Learning Disability (LD) register of her local GP and had her first ever annual health check as a result which was a great success for her. However, the application form was not accessible and as a result of her endeavours these forms are now going to be changed to be more accessible.

The goal of increasing the numbers of people with learning disabilities joining the learning disability register was a key recommendation by the Commission in its 2022 report. Achieving this should not just rely on the persistence of people with learning disabilities pressing their case - though that clearly works - and there needs to be LD advocates in every locality. This should be seen as part of coproduction approach by health and care professionals to ensure the health needs of people with learning disabilities and people with mental health problems are met. Social prescribers have an important part to play in this respect.

Money, resilience and community connections

The ability of people to cope with unexpected events – their resilience - is key to better health and this is in turn linked to community connectedness. How can ICSs prepare people for unexpected events and develop community connections?

Money gives you choices so we should not shy away from using plain language i.e. 'people don't have enough money' rather than 'resources/income' as language is so important. We should also recognise the value to people of non-monetary help such as being able to access community resources, services, activities, jobs (social capital) to get the support they need, build their resilience, and strengthen community connections. Social prescribers have an important role to play in signposting people to services.

The NHS must work collaboratively with local government and the VCFSE sector to get a much better understanding of what is happening in local communities and the needs they have to design services and support that people need (rather than assume we know).

Impact of poverty on service take-up

BACP members - counsellors and ***psychotherapists*** - are seeing a 60% decline in the take up of therapy services because of the cost-of-living crisis, and the BACP are about to launch a major campaign on this issue. It would be helpful for all the organisations to work together on the evidence of the impact so as to develop a rounded picture and press collectively for the changes needed to ensure people are not prevented from accessing services because of the cost-of-living crisis.

Data

Two technical questions were asked and addressed:

- The Health Foundation funded data does reflect the reduced money given people to pay for their housing e.g. reduced support for private renters is reflected in the data – see here
- There is a separate impact report available with a disability focus that can be found here

Living standards have fallen, and financial support such as universal credit - money – for people on low incomes has been cut over the last ten years and this directly affects resilience and people's access to services. It is also harder now for people to access state benefits – money – and this compounds the problem.

How do ICSs find time to tackle poverty at a time of a crisis in demand?

Give people - leaders and frontline staff - straightforward things to do to make a difference for people who are in poverty, and do not get distracted by spending too much time/effort on big strategies. Build on these practical actions to develop a strategy from the bottom up.

Use data well to identify people who need support and take practical action to deliver it e.g. people with diabetes.

Prevention

Children born since 2008 have only ever known austerity and there is a concern about the long-term impact of poverty on the health and wellbeing of this cohort. As Marmot asked – 'why treat people and then send them back to the conditions that made them sick?' We must ensure ICSs are focused on prevention as an integral part of their work and not an add-on.

5 CONCLUSIONS AND RECOMMENDATIONS

- The cost of living crisis disproportionately impacts those already with insufficient money to live on, most of whom are already in need of health services. And poverty and the negative impacts of poverty on health will not disappear when the cost of living crisis finally ends.

- Each ICS should put the evidence about the impact of the cost-of-living crisis on health on their agenda, make poverty a mainstream agenda item of every provider and commissioner of services in their system, and seek to answer the question 'what are we doing about reducing the impact of poverty on health in our area?'

- It is important to continue to share examples of practical actions on the ground that can be done by all ICSs to address the impact of the cost-of-living crisis on health – see briefing paper.

- ICSs must act to ensure that every person with a learning disability is on the local LD register to enable them to have a full personal physical health check.

- The Government and ICSs should develop greater understanding of what good looks like in building personal and community resilience, and the role the state in all its forms can play to support it.

ATTENDEES

Commissioners	**Organisation**
Rt Hon Sir Norman Lamb	Former Health Minister and Co-chair, Health Devolution Commission
Rt Hon Stephen Dorrell	Former Health Secretary and Commissioner
Phil Hope	Former Health Minister and Commissioner
Naomi Eisenstadt	Chair, Northamptonshire ICS and Commissioner
Dr Linda Patterson	Chair, Bradford Community Trust and Commissioner
Cllr Isobel Seccombe	WMCA Lead for Wellbeing and Commissioner
Rukshana Kapasi	Barnardo's and Commissioner
Becky Rice	Barnardo's and Commissioner
Anna Daroy	BACP and Commissioner
Steve Mulligan	BACP and Commissioner
Lisa Henry	London Councils and Commissioner
Sarah Walter	NHS Confederation and Commissioner
Edward Jones	NHS Confederation and Commissioner
Ciara Lawrence	Mencap and Commissioner
Jackie O'Sullivan	Mencap and Commissioner
Warren Heppolette	GM ICB and Commissioner
Peter Hay	Former President of ADASS and Commissioner
Cathy Elliot	West Yorkshire Health and Care Partnership and Commissioner
Ian Holmes	West Yorkshire Health and Care Partnership and Commissioner
Nadra Ahmed	National Care association and Commissioner
Parliamentarians	***Party and Position***
Baroness Mary Watkins	Crossbench Peer and Deputy Chairman of Committees
Baroness Claire Tyler	Liberal Democrat Peer and Member, Integration of Primary and Community Care Committee and Chair, Children and Families Act 2014 Committee
Baroness Joan Walmsley	Co-Deputy Leader of the Liberal Democrat Peers
Chris Green MP	Conservative MP and Member Health and Social Care Committee
Duncan Baker MP	Conservative MP and PPS for Government DHSC Team
Others	***Organisation***
Rt Hon Patricia Hewitt	Lead, the Hewitt Review
Laura Bates	DHSC
David Finch	Associate Director, the Health Foundation
Zina Etheridge	Chief Executive, North East London ICS
Laura Anstey	Chief of Staff, NHS North East London

Oliver Chantler	Mental Health Foundation
Nigel Edwards	Nuffield Trust
Laura Churchill	Director of London ICSs
Francesca Rowson	London Councils
Rima Makarem	NHS Bedfordshire, Luton and Milton Keynes ICB
Lucy Dadge	NHS Nottingham and Nottinghamshire ICB
Alice Wiseman	Director of Public Health Gateshead and Association of Directors of Public Health Board Member
Tom Bramwell	BMA
Rachael Kitson	Macmillan
Rachel Yates	Macmillan
Alyson Morley	LGA
Dr Julia Topp	Liaison Psychiatry Service, St. George's Hospital
Dr Amina Rawat	NHS Psychiatrist
Ruth Lowe	NHS Confederation
Bridget Gorham	NHS Confederation
Ann McGuaran	MJ
Alexandra Coulter	APPG for the Arts, Health and Wellbeing
Katherine Pitts	IC24
Cheryl Davenport	EELGA
Sophie Figueiredo	Healthcomms Consulting
Louis O'Halloran	DevoConnect
Steve Barwick	Secretariat, Health Devolution Commission

The partners of the Health Devolution Commission are NHS Confederation, Local Government Association, London Councils, British Association for Counselling and Psychotherapy, Greater Manchester Health & Social Care Partnership, West Yorkshire Health and Care Partnership, Mencap and Barnardo's.