Report of the Health Devolution Commission Roundtable on

the Fabian Society's Report on Social Care: 'Support Guaranteed', and ICSs' Best Practice regarding ICSs' Support for Social and Economic Development

Held 21st June 2023 at the offices of KPMG, Manchester

Introduction

This is a summary of the key points raised in discussion about the two topics considered at the June 2023 meeting of the Health Devolution Commission:

- ***Part One: ICSs and the future of social care*** in light of the Fabian Society's report for the Labour Party on social care: 'Support Guaranteed'
- ***Part Two: How ICSs can best support broader social and economic development*** in light of the fact that this is the fourth core purpose of ICSs

The in-person roundtable was chaired by the Rt Hon Andy Burnham, Mayor of Greater Manchester, with thirty participants – Commissioners, guests and speakers - in attendance (see appendix A). A full briefing paper for both themes of the roundtable prepared in advance is available here.

Part One: 'Support Guaranteed'

Andy Harrop, General Secretary of the Fabian Society, gave a short presentation of the key proposals for the development of a National Care Service, with particular reference to issues concerning the proposed institutional architecture, integration, Integrated Care Systems and devolution – see here.

A summary of the Fabian Society's proposals is available in the Commission's background briefing and the full report is available at https://fabians.org.uk/publication/support-guaranteed/. Key points raised in the discussion were:

1 Overall

- The Commission broadly welcomed the proposals as a major step in the right direction towards its vision by combining new nationwide funding, leadership, care workers' rights, and care service standards, with support for local leadership, decision making, and control over resources.

- A new 'contract' with the public and strong Ministerial leadership nationally will be of great value to local partners working collaboratively to develop better health and care services, improve public health, reduce health inequalities and support local social and economic development.

2 Ambition

- The report recognises that it would take ten years to fully implement a National Care Service and spells out the process and timetable for its incremental development. The launch of the new NCS 'brand' would not happen until 2028.
- Although the Fabian proposals are focused on re-building social care as a service it was stressed that the scale of the health, social and economic challenges facing local communities requires a system-wide approach based on a 'health-in-all policies' principle that embraces the NHS, public health and wider public services. The proposals for a national care service should be seen as an important and necessary step towards that end.
- It was recognised that system change is inevitably incremental, but there is ambition in some geographies to go much further, much faster than that envisaged in the report where there is already a platform, experience and capacity to do so.
- Given the many constraints that a new government will face it is also important to be more radical and ambitious now as there will be inevitable resistance to change, or at least 'friction' in the delivery system.

3 Integration/Devolution

- It was noted the report does not support full integration of the NHS and social care systems because there is a commitment to avoid an NHS 'takeover' to the detriment of social care services. However, it does allow for flexibility for local partners to go further in integrating NHS services with other public services if they wish to do so.
- The Commission feels it is crucial that there is the right balance between helpfully re-building the social care system as a strong brand with new national funding, strong leadership, universal care and pricing standards, and national workforce terms and conditions; and ensuring decision making and resources are devolved to local partnerships - integrated care systems, place-based partnerships and neighbourhood care networks – with the flexibility to design and deliver services and interventions to meet local priorities and population needs.
- The Commission also emphasised the importance of delivering person-centred care across both social care and health services particularly for people with complex conditions, multiple long-term conditions and people with learning disabilities.
- Aligning nationally the terms and conditions of the social care workforce with the NHS workforce will be very supportive of ICSs developing a joint workforce strategy for their areas.
- The report also argues that there is a strong case for identifying specific service areas for pooled funding and joint commissioning of key elements and patient transitions in the health and social care system such as hospital discharge, building on best practice already to be found in some areas.

4 A public service ethos

- A National Care Service is not a nationalised service however the Commission welcomed the idea of a public service ethos that all social care providers (public, private and voluntary sector) would be expected to embrace as being a central part of the new brand or identity of a stronger social care system.
- The stewardship of quality services and use of resources by care providers envisaged in a public service ethos was much welcomed; actively supported by national care regulations, a national deal for the workforce and encouragement to be innovative and spread best practice.

5 Funding priorities

- The Commission believes that if more money is made available to spend on "health services" then the first priority for that money should be social care services and not the NHS.

6 Charging for social care

- Concern was expressed that something called a National Care Service would raise expectations that it would be a service free at the point of delivery for all - like the NHS – and would perpetuate the current confusion if this is not the case.
- The Commission expressed strong support for early implementation by the Government of one step on the journey in the report, namely, free social care for people disabled by the age of 25.

7 Prevention, inequality and mental health

- The Commission felt that there was insufficient attention paid in the report to the importance of prevention, tackling health inequalities and the impact of mental ill-health. Healthy ageing across the generations with public services that increase people living independent and healthier lives, are key.

8 Next steps

- ***Influence****: The Commission will continue over the coming months to seek to influence the nature and shape of a National Care Service to ensure it contains the right balance between the national/local partners within a largely devolved system; and a strong relationship between adult social care, the NHS and wider public services in local/regional integrated care systems for both improving services and improving the health, care and wellbeing of local communities and populations.*

- ***Advocacy:*** *The Commission has sought to consistently advocate for improvements in the health, care and wellbeing of people with learning disabilities and strongly endorses the report's proposals that an early measure of a new Government should be to make all health and social care services free for people disabled by the age of 25.*

Part Two: How ICSs can best support broader social and economic development

Five speakers gave short presentations from their different perspectives on how ICSs can impact on social and economic development – the 4th and new primary aim of Integrated Care Systems:

- **Sandra Husbands,** Director of Public Health, Hackney and Honorary Secretary, ADPH
- **Mark Rowland,** Chief Executive, Mental Health Foundation
- **Cathy Elliott,** Chair, West Yorkshire Health and Care Partnership
- **Oliver Coppard,** Metro Mayor and Chair, South Yorkshire ICP
- **Matt Neligan,** Director of System of Transformation, NHSE

The PowerPoint presentations by Mark Rowland on the impact of mental health on social and economic development is available here. The one by Cathy Elliot on the role of (ICSs) in supporting economic growth and tackling the social determinants of inequality is available here.

A summary of recent reports on this theme by a range of organisations was prepared by the Commission and included in the briefing for the meeting and is available on the Commission website here. Key points raised were:

1 Sustainable jobs

- ICS statutory partners - NHS and local government – can directly help local social and economic development through providing employment that is sustainable, well-paid and satisfying work. ICSs can ensure that the living wage levels apply to the services they commission and in the contracts with external suppliers such as cleaning companies.

2 Opportunities for impact

- **Core business**: ICSs have the huge potential to support a healthy, and productive, population through secondary prevention and delivery of equitable, high quality, accessible services.
- **Employers**: ICSs can ensure quality local employment, inclusive recruitment practices etc
- **Anchors**: Through work as anchor institutions and convenor of networks.
- **Relationships**: Working closely with local authorities and combined authorities and their networks of partners across social and economic sectors.
- **Strategy**: Joint strategic areas between ICBs and partners, such as inclusive economic development; climate change; EDI etc

3 The Voluntary, Charity Faith and Social Enterprise (VCFSE) Sector

- The VCFSE sector is key to promoting comprehensive good health, building resilient communities and tackling the social determinants of ill-health. Social prescribing resources should be directed towards the VCFSE sector in order that it can deliver the tasks being asked of it. A new ICS partnership model between the statutory and voluntary sectors is needed to take this approach to the next level of impact.

4 Government support

- Government support for ICSs seeking to achieve their 4th primary purpose is essential and could be through:
    - Departments working in a more joined up way to acknowledge and support this purpose
    - Greater emphasis on outcomes and inequalities ○ Funding for local providers being on longer-term contracts ○ Support and funding for innovation and research
    - Reducing national targets to a minimum on the basis of *assumed autonomy* by ICSs – not *earned autonomy*.
- NHSE was urged to work with the local grain of what was happening already in an area rather than imposing, unnecessarily, ways of working or practice models from elsewhere in a onesize-fits-all approach or funding mechanism.
- The wording of the Green Book that, critically, sets out NHSE funding priorities should be amended to reflect the new thinking in this integrated and place-based approach towards the NHS impact on social and economic development.

5 Young people

- A specific example of action in Greater Manchester is the development of the Manchester Baccalaureate to create pathways for young people into Technical-level qualifications with a particular emphasis on entering the health and social care workforce.
- This is part of the new trailblazer deal that links health and care with education in a very direct and practical way that benefits people, communities, services and the local economy. Similar curriculum innovation could be developed across all 42 ICSs

6 Social model of mental health

- Mental health needs to be at the centre of building nourishing communities. There can be no substantive improvement in local social and economic conditions without good mental health.
- A social model of mental health is required in which all health, social care and public services recognise the centrality of good mental health of the people they work with and themselves including ways of working that address the early signs of mental ill-health and distress (low level depression etc).
- Consider a different label for this e.g. Live Well services and ways of working rather than 'mental health'.
- Every ICS should have a clear mental health strategy that addresses the 4 pillars of good mental health: • Task sharing
- Mental health in all policies
- Psycho-social community support
- Empowering individuals and reducing stigma

7 Health inequalities

- The gap in life expectancy between places that are only a few miles apart can be as much as 20 years and is rooted in both the historic and current social and economic conditions of different communities. The health inequality challenge in many areas is rooted in the economic challenge in those areas (and vice versa).
- The mayor of South Yorkshire has set a goal to make his area the best of all the ICSs in reducing health inequalities and has established a health equity panel led by Michael Marmot to advise him. The aim is to align the whole system behind this goal – including health, social care, homelessness, housing, and school readiness.

8 Use of NHS Resources

- One approach is the location of health services in town centres and community locations. This can play a big role in addressing health inequalities in both people accessing services and improving their health outcomes. Examples were cited from Doncaster, Sheffield, Barnsley and Preston which showed substantial improvements in the uptake of screening. These NHS investments also helped to stimulate footfall and economic activity in the high street.
- Other approaches to the use of NHS surplus land and the purchasing power of the NHS should also be adopted. Whilst 'effective procurement' does sound very exciting it is highly instrumental in its impact on local social and economic development.

9 Next Steps

- *The Commission will circulate widely the presentations and these notes of its meeting to draw attention to the lessons being learnt and the good practice that is underway across different parts of the health and social care system.*

APPENDIX A - ATTENDEES

Commissioners	**Organisation**
Rt Hon Andy Burnham	Former Health Secretary and Co-chair, Health Devolution Commission
Imelda Redmond	Former Chair, HealthWatch, and Co-chair, Health Devolution Commission
Rt Hon Stephen Dorrell	Former Health Secretary and Commissioner
Phil Hope	Former Health Minister and Commissioner
Lord Bethell	Former Health Minister and Commissioner
Dr Linda Patterson	Chair, Bradford Community Trust and Commissioner
Peter Hay	Former President of ADASS and Commissioner
Emily Hackett	LGA and Commissioner

Lisa Nicolson	London Councils and Commissioner
Bridget Gorham	NHS Confederation and Commissioner
Ciara Lawrence	Mencap and Commissioner
Jackie O'Sullivan	Mencap and Commissioner
Jennifer Connolly	West Yorkshire Health and Care Partnership and Commissioner
Speakers	
Andy Harrop	General Secretary, the Fabian Society
Cathy Elliot	West Yorkshire Health and Care Partnership and Commissioner
Sandra Husband	Honorary Secretary, the Association of Directors of Public Health and DPH, Hackney
Mark Rowland	Chief Executive, Mental Health Foundation
Oliver Coppard	Mayor South Yorkshire and Chair, South Yorkshire ICP
Matt Neligan	Director of System Transformation, NHS England
Stakeholders	**Organisation**
Tom Lloyd Goodwin	Centre for Local Economic Strategies
Hannah Waterson	National Centre for Creative Health
Marie Phelps	Royal College of Psychiatrists
Stephanie Butterworth	Tameside Council
Debbie Watson	Tameside Council
Jilla Burgess-Allen	Stockport Council
Rob Tabb	Liverpool City Region Combined Authority
Steven Broomhead	Warrington Council
Daniel Turner	South Yorkshire Combined Authority
Mubasshir Ajaz	Head of Health and Communities, West Midlands Combined Authority
Steve Barwick	Secretariat, Health Devolution Commission