CONCLUSIONS OF THE HEALTH DEVOLUTION COMMISSION ANNUAL MEETING

HELD 17TH JANUARY 2024, HOUSE OF COMMONS, LONDON

1 INTRODUCTION

This is a summary of responses to key questions posed by the Commission in its Annual Report to a high-level panel of speakers at the 2024 annual meeting of the Health Devolution Commission.

This in-person meeting was co-chaired by Sir Norman Lamb and Imelda Redmond with sixty-five attendees including nine keynote speakers, commissioners, partners and observers. The annual report Looking Back, Looking Forward - Integrated Care Systems as the Platform for Reform of Health and Social Care was presented by Phil Hope, the Secretariat's lead author and Health Devolution Commissioner. It includes:

- *A summary of the Commission's work during 2023 and its six main recommendations*
- *An analysis of the landscape including the state of the population's health, the state of the NHS and social care system, and the state of the NHS and social care workforce*
- *The seven key challenges and opportunities for ICSs in 2024*
- *The Commission's ten key questions for 2024*
- *The Commission's focus of work in 2024*

The meeting then heard contributions and responses by:

- ***Helen Whately MP,*** *Minister for Social Care and Integration*
- ***Professor Michael Marmot,*** *Director of the UCL Institute of Health Equity*
- ***Matthew Taylor****, Chief Executive of the NHS Confederation, and*
- ***Dr Nik Johnson****, GP and Mayor of Cambridgeshire & Peterborough Combined Authority*
- ***Steve Brine MP,*** *Chair of the Health and Social Care Select Committee*
- ***Andrew Gwynne MP,*** *Shadow Minister for Social Care and Integration*
- ***Daisy Cooper MP,*** *Spokesperson on Health for the Liberal Democrats*
- ***Jason Yiannikkou****, Director, Systems, Integration and Reform Directorate, DHSC*
- ***Rt Hon Patricia Hewitt,*** *Author of the Hewitt Review and Chair, Norfolk and Waveney ICB*

1 INTEGRATED CARE SYSTEMS AS THE PLATFORM FOR REFORM

There was a consensus that ICSs are the right platform for the continued reform of the health and social care system. Positive results are now emerging and delivery is improving, against a background of a very challenging environment of high demand and tight restrictions or reductions in funding.

The four main purposes of an ICS are the right purposes for which there is cross-party support. It was widely felt that should be no further fundamental structural reform of the Integrated Care System. However, it will be important in 2024 that the new mechanisms for collaboration and joint working within ICSs lead to practical and tangible action for change. The focus should be on identifying and delivering best practice for the ICS system to work better and achieve measurable outcomes including:

- improving the public's health
- reducing health inequalities
- improving primary and community care
- workforce development
- meeting the needs of priority groups and conditions
- augmenting the governance arrangements

2 BALANCING COMPETING DEMANDS

The aim of moving resources and services 'upstream' and, in the long-term reducing the flow of patients into the acute sector, will remain very challenging given the current backlog of patients needing hospital care and the log waiting times for treatment that this creates. Nonetheless, the goal of shifting care away from institutions and into the community remains imperative.

Adopting the Hewitt review recommendations of reducing national priorities and targets to no more than 10 would help local systems to balance their competing demands.

The importance of improving the public's health as well as delivering better services for those already in need of NHS or social care is also key to long-term sustainability (see key points below).

Achieving significant policy shifts of this kind requires co-ordinated action at every level: top-down priorities and funding; system-wide peer support and challenge; and bottom-up joint action by local partners and communities.

3 COPING WITH FUNDING PRESSURES

The partners in ICSs (NHS, Local Government and the VCFSE sector) are seeking to work together to address the funding pressures they face individually and collectively. However, it appears unlikely that there will be significant amounts of new money for system commissioners or providers in the immediate future, and this will continue to put severe pressure on partner organisations.

The risk is that individual partners will 'retrench' to silo thinking and behaviour in both the NHS where there may be national direction and intervention on local systems, and in Local Government where lack of funding may put whole councils in financial jeopardy.

Despite these risks and pressures, systems will seek to ensure that decisions by individual commissioners or provider organisations do not exacerbate the pressures on others or are detrimental to the users or workforce in the health and social care system.

4 IMPROVING THE PUBLIC'S HEALTH

The public's health is getting worse. Evidence shows that poor health is linked to high levels of austerity. If all areas of the country had the same health outcomes as the top 10% of areas there would have been 1 million fewer deaths over the years 2011-2019. Recent years have seen the fastest rise in child poverty and an increase in absolute poverty with a reduction in the healthy life years that people experience.

There is support across the NHS, Local Government and the VCFSE sector for reversing these trends, and for shifting resources from treatment to prevention, improving the public's health and addressing the wider determinants of ill-health. However, despite widespread cross-sector and cross-party support, putting this into practice remains a challenge.

To be effective, public health improvement has to be owned across Government and not seen as just a health department goal. There are local examples in the policies and practices of those areas, cities and systems that have adopted the 'Marmot' approach and one way forward would be for England to become a Marmot nation to ensure the six 'Marmot' principles are reflected in every decision by every Government department.

Locally, all ICBs should include a senior public health representative and identify the time and the resources as a system to focus on public health and prevention actions. Improving public health should include the public's mental health as well as their physical health and the scope must be wide e.g., poverty reduction, better housing, education, employment, and clean and safe environments.

It will be important that both National and Local Government take action to address the wider determinants of health including poverty, unemployment, poor housing, poor public transport, and air pollution among others.

Every national and local policy should have a public health improvement impact assessment with clearly identified measures of success e.g. to increase healthy life expectancy within a specific period of time.

It would be helpful to identify interventions that achieve multiple objectives to get best value for money. A 'health in all policies' approach for all local partners is essential alongside an 'economic impact in all health policies' approach for all health commissioners and providers.

Other actions suggested that could contribute directly to improving the public's health would be to implement the Real Living Wage as a minimum wage for all health and social care workers; focus improvement in public goods and services on people in the poorest areas; ensure that community anchor institutions (e.g. hospitals, school, colleges, universities, health hubs) have positive impacts on their local environment, local supply chains and local employment; and support councils to take further action to break the link between ill health and the local environment.

5 PRIMARY AND COMMUNITY CARE REFORM

Although there is little appetite for further structural reform of ICSs, change is needed in the organisation and delivery of primary and community care. There are very good examples of new models of care at the neighbourhood level including formalising new structures such as Primary Care Networks and funding collaborations of local VCFSE sector organisations to build community resilience within neighbourhood locations.

The House of Lords Integration of Primary and Community Care Committee December 2023 report made a number of observations and recommendations for reform by Government including:

- reforming the contract process and ensuring new contracts are flexible in the commissioning of primary care.
- exploring different ownership models for GP practices to facilitate more joined-up and better care.
- developing a properly maintained Single Patient Record (SPR) with the ability for intersectoral data-sharing between healthcare professionals
- equipping staff to work across multiple clinical disciplines through improved training

6 WORKFORCE DEVELOPMENT

Development of the social care workforce should be a priority nationally and locally, alongside the implementation of the NHS workforce plan, with action to ensure they are fully aligned. This should include a short-term boost to pay, a new fair national pay scale and a social care workforce plan that aligns with the NHS long term plan. The nettle needs to be seized of a meaningful career structure with fair pay in social care that mirrors that of the NHS and addresses key issues such as travel time pay and use of zero hours contracts.

Effective leaders within the NHS and social workforce are essential to achieving better services, better outcomes and system reform. ICSs and Government should identify ways of supporting collaborative leadership within the NHS, and between local system partners including Local Government and the VCFSE sector

The children's health and care workforce is not being given the recognition or support it needs within ICSs to deliver effective integrated care, particularly for children from families in low income areas or with the most complex needs. Collaborative working with the education workforce is essential. There are many examples of innovative collaborative practice with children and families led by VCFSE sector organisations. Support for the workforce should embrace those responsible for children's health, social care and education in an integrated way.

7 ICS GOVERNANCE

The priorities for improving the governance of ICSs in 2024 reflect directly the changes that are required to make ICSs a better platform for reform. They include greater democratic accountability, a voice for people with lived experience of care, and stronger partnership working. Specific suggestions included:

- stronger relationships between ICS Boards and ICS Partnerships
- a senior public health representative on every IC Board
- greater democratic accountability of every ICS with cross-party elected representatives directly engaged
- direct involvement of social care providers alongside that of hospital providers in every ICS
- deeper partnerships with the VCFSE sector
- a clear mechanism for ensuring the voice of people with lived experience of care is properly heard
- a direct link between ICSs, and leaders of Combined Authorities to develop wider strategies to address the social determinants of health
- regular main agenda items that explicitly focus on reducing health inequalities and achieving public health outcomes

8 PRIORITY GROUPS AND CONDITIONS

ICSs should give priority to particular groups or health conditions that are often overlooked such as children and young people, people with learning disabilities, people with mental health needs and communities experiencing health inequalities.

The Barnardo's pilot projects with children from families who make high demands on hospital A&E service is proving to have significant impacts on improving children's health and reducing NHS costs.

The Government's Major Conditions Strategy is developing to reflect a person-centred, whole pathway approach including action up stream to prevent ill-health as well as improvements to the health of people with one or more of these six conditions: cancers, cardiovascular disease (including stroke and diabetes), musculoskeletal disorders, mental ill health, dementia, and chronic respiratory disease. It will be important that this strategy explicitly includes people with learning disability or autism given the health inequalities that these groups experience.

Supporting people to gain more control over their health – improving their health 'agency' – will be helped through new Information Technology systems and products including the New NHS App. However, it will be important this digital approach does not effectively exclude those in most need because of its cost or complexity.

9 OVERCOMING BARRIERS TO PROGRESS

The biggest national barrier to local progress of ICSs is that the two systems – NHS and Local Government - don't easily fit together. Structural differences, cultural differences, different mandates and priorities, different funding regimes, and different workforce plans all conspire to act as a barrier to greater integration and progress on delivering shared goals. Government could act to mitigate many of the obstacles including by, for example:

- developing a social care workforce pay scale and plan that mirrors the NHS Agenda for Change and Long-Term Plan.
- ensuring ICS funding is maintained, not reduced, for delivering reform, collaborative leadership and joint ways of working
- implementing the Hewitt review recommendations for fewer national targets and new local ICS outcome frameworks

The biggest local barrier to progress is not having the space, time and resources to undertake the process of reform in a collaborative way whilst delivering the quality and volume of health and social care services that people rely upon. ICSs should continue to support progress through, among other things:

- joint training for health social care and public leaders and staff within a locality
- supporting and mainstreaming effective innovative programmes that reflect a person-centred and collaborative approach
- aligning and pooling health and social care budgets
- peer support and challenge between integrated care system leaders and managers

10 SUPPORT FOR HEALTH AND SOCIAL CARE DEVOLUTION

There is cross-party support for health devolution and further integration of the NHS with social care and public health. NHS England could do more to bring together people and processes as well as technological leadership and investment.

England has the twin problems of an overly centralised state which at the same time is not insufficiently joined up. The NHS and the organisation of social care as well as the diffused responsibilities for public health exemplify these problems. However, this challenge could be overcome through continued devolution of power and resources that maximises local autonomy and achieves the right balance in each locality between vertical and horizontal accountability.

The very high ambitions for the new ICS system are the right ambitions. National NHS priorities should not be allowed to crowd out locally identified priorities. Where the Government does say what should be achieved, it should be for local partners to decide how.

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.