



THE HEALTH DEVOLUTION COMMISSION WELCOMES THE ENGLISH DEVOLUTION WHITE PAPER

A New Way of Working

The Health Devolution Commission warmly welcomes the proposals for greater devolution set out in the Government's [English Devolution White Paper](#) published on 16th December 2024 that will accelerate and standardise the processes by which it passes powers, funding and programmes from Westminster to local areas.

In particular, the Commission is delighted that the White Paper substantially reflects the Commission's active promotion since 2020 of a holistic approach to meeting the needs of service users, a 'health in all policies' approach to public services, an active role for directly elected mayors in integrated care systems, a stronger role of integrated care partnerships in leading public health improvement, tackling the social determinants of ill-health and reducing health inequalities.

The White Paper includes practical examples of innovation and best practice from Greater Manchester, West Yorkshire and Cambridgeshire and Peterborough, that the Commission has also highlighted in its work, of how strategic authorities, local government, the NHS and integrated care systems have promoted health improvement and addressed health inequalities.

The White Paper

Reproduced below is the relevant section of the White Paper entitled 'Health, Wellbeing and Public Service Reform' which describes in clear terms the extent of the transformation envisaged in the White Paper that the Commission has long called for to address health improvement and health inequalities:

Strategic Authorities have a key role to play in taking action, particularly on the social determinants of health, through the exercise of their functions, in areas such as transport, housing, and planning, and through working with other local leaders to move away from traditional forms of service delivery to a holistic approach, organised around service users.

To support Strategic Authorities to be active leaders in this space and drive a "health in all policies" approach in line with our Mission government approach, the government is introducing a new bespoke duty in relation to health improvement and health inequalities.

This will ensure Strategic Authorities have regard to the need to improve health, and the need to reduce health inequalities, in the exercise of their functions, and give them a clear stake in improving local health outcomes. This will complement the existing health improvement duty held by upper-tier Local Authorities. We will engage Strategic Authorities, Local Authorities and the NHS as we take this forward.

The government recognises the benefits that aligned geographical boundaries can have for improving coordination between public services. In South Yorkshire, the aligned boundaries between the Integrated Care System and the Combined Authority have facilitated joint working, including the Mayor chairing the Integrated Care Partnership. The government will therefore work with stakeholders to identify areas where alignment and closer working can be facilitated where there is a clear rationale for doing so, and where the benefits in aligning geographical boundaries significantly exceed any costs and risks incurred.

To support better join-up between Strategic Authorities and Integrated Care Systems, the government expects that Mayors (or a delegate) will be appointed to one or more relevant Integrated Care Partnerships in their local area. We will also establish an expectation that the Mayor or a delegate is considered for the position of Chair or co-Chair of the Integrated Care Partnership, alongside Local Authority, Integrated Care Board and independent chair options.

We will further set an expectation that Integrated Care Boards will engage with mayors during the Integrated Care Board Chair appointment process and will involve them in setting their priorities and developing their plans.

The government recognises that Strategic Authorities will need appropriate powers and levers to maximise their impact on public health and the government's health and growth missions. The government will keep under consideration the powers and levers that should be made available to Strategic Authorities to support delivery of improvements in health outcomes and maximise impact on the health and growth missions."

The Commission's work in 2025

During 2025 the Commission will actively engage with the government on the delivery of health devolution through the White Paper and continue its work on promoting greater health devolution and integration between the NHS, local government and strategic authorities. This will include four hearings that explore key policies and best practice concerning:

- March 2025: Maximising the health of people with mental health needs and learning disabilities
- June/July 2025: The NHS Ten-Year Plan and the Casey Commission on social care
- September 2025: Maximising the health and care of priority population groups (CYP and women)
- December 2025: Putting wellbeing and public health (mental and physical) at the centre of Government policy

The Commission also intends to make written submissions to the government's Spending Review 2026-29, the NHS Ten-Year Plan working groups, and Phase One of the Casey Commission on social care and will take a proactive role in ensuring the Devolution Bill legislates for the ambitions set out in the White Paper.

Background reading

The [NHS Confederation](#) has produced a helpful summary of key parts of the White Paper most relevant to health and social care, namely:

Strategic Authorities: Central to this devolution is the creation in law of the concept of a ‘strategic authority’, covering areas with populations of 1.5 million people or above. There will be three levels of strategic authority, holding varying degrees of power depending on their maturity and whether they have a mayor. The government has a clear ambition for universal coverage of strategic authorities across England, preferably with elected mayors. A devolution priority programme will fast-track this process and will see more new mayors elected from May 2026 in addition to the two mayoral elections already planned for May 2025.

Health improvement and reducing health inequalities: The new and statutory devolution framework sets out the areas of competence for strategic authorities. While many of the listed areas are consistent with previous devolution deals, the inclusion of health, wellbeing and public service reform highlights the key role of strategic authorities in addressing the social determinants of health and moving to a more holistic approach, organised around service users. The paper introduces a new bespoke duty in relation to health improvement and health inequalities, complementing the existing health improvement duty held by upper-tier local authorities. The government will engage strategic authorities, local authorities and the NHS in taking this forward.

Integrated Care Systems: While not mandated, mayors will have significant roles at the ICS system level. There is the expectation that they sit as members (if not specifically as chairs) of integrated care partnerships and be involved in appointing chairs of integrated care boards and setting their priorities. There is a clear longer-term ambition and expectation that public service boundaries will be aligned, which will have implications for ICS geographies. Any changes to public service boundaries will be made in consultation with stakeholders and considering the impact on service delivery.

Unitary Local Government: At the more local level, the government expects all two-tier areas and smaller or failing unitaries to develop proposals for reorganisation. This will likely see larger unitary authorities created serving areas with a minimum population of 0.5 million.

The partners of the Health Devolution Commission are NHS Confederation, Local Government Association, London Councils, West Yorkshire Health and Care Partnership, Mencap and Barnardo's.

