

Health and Social Care Devolution

Establishing the Commission for Health and Social Care Integration

1. Introduction

In October 2015 a devolution agreementⁱ was reached between the Treasury and the North East Combined Authority (neca). The agreement proposed the transfer of significant powers for employment and skills, transport, housing, planning, business support and investment from central government to the North East. The devolution bid covers eight key areas:

- Human capital development
- Long-term investment
- Regional export lead for the UK
- Fiscal devolution
- Better connectivity and infrastructure integration
- Public service reform (including neca and the NHS jointly establishing a Commission)
- Regulatory devolution to councils and local communities
- Rural growth and stewardship

Within the devolution agreement, terms of reference are included for a Commission to be established jointly by neca and the NHS on health and social care.

The inclusion of health and social care in the devolution agreement represents a significant opportunity to make explicit and effective connections across and between the themes listed above on a scale that has not been possible before. This is particularly true in relation to human capital development, which is the golden thread running through the North East Devolution Deal. A key issue for the Commission will be to help us articulate this opportunity more clearly with some specific recommendations about how we might maximise this opportunity.

2. The Vision

The overall neca and NHS vision is to improve outcomes for people in the neca area in terms of health outcomes and reducing health inequalities between the neca population and England and also within the neca population. This will include improving wider wellbeing and prosperity as part of the wider neca devolution agenda, reinforcing the intrinsic links between economic regeneration and health and wellbeing. This needs to be achieved in such a way that we have a system that is financially sustainable.

In order to achieve this we need to ensure a collective refocus on prevention and early intervention, wherever there is evidence that this will enable us to achieve the greatest impact with our limited resources. We need to understand what has prevented us from achieving this shift so far and identify what needs to change to enable us to achieve this now.

This could include reviewing the existing utilisation of secondary care services, and optimising primary and community based care, including services commissioned from independent providers and voluntary sector schemes. The aim would be to ensure that there is a strategic approach to reconfiguration of health and care services, taking opportunities to scale up health improvement approaches that are effective and evidence based.

3. The Commission

The purpose of the Commission is to establish the scope and basis for integration, deeper collaboration and devolution across the Combined Authority's area with the objective of improving outcomes and reduce health inequalities, as set out in the vision above.

The Commission will look across the whole system, including acute care, primary care, community services, mental health services, social care and public health, and taking account of the potential of personal budgets and self-directed support to transform health and social care, as well as the role of the voluntary sector. It will look at the potential benefits from working as part of the other devolution workstreams and vice versa. With the vision set out above as its starting point, it will consider what needs to change in order to make the vision a reality and the potential freedoms and new ways of working devolution offers. It will strengthen the NHS in the neca area, and continue to uphold its values, standards and the NHS Constitution.

Devolution is an evolutionary process and the Deal that was agreed between neca and the Government in autumn 2015 was the first step in this process. The Commission will develop, with the regional health and care community, an agenda for integration, human capital development, and better health

outcomes, that will form the basis of the next step in this journey, which will be for greater health devolution in the north east.

4. Building on the Devolution Agreement

Since the Devolution agreement was signed there have been a number of discussions in Local Authority, NHS and joint HSC fora to progress the debate about what HSC devolution might look like and how the Commission can help the system to move forward.

On 26 November 2015, a facilitated workshop with senior representatives from local authorities (including Directors of Public Health and Directors of Adult Social Care), clinical commissioning groups, NHS providers and regional arms of national bodies (e.g. NHS England: Cumbria and the North East and Public Health North East), took place to discuss health and social care devolution and the future Commission.

The objectives for the workshop were:

- to bring colleagues up to speed to ensure there is a shared understanding of where we are now
- to determine our shared ambitions and how we can maximise opportunities presented by integration and devolution
- to agree how the Commission can help with this endeavour, including wider engagement and involvement

These issues have also been discussed at the NHS England Cumbria and North East Leadership Forum, NECA Leaders Group, and CCG Northern Forum.

5. The focus of Inquiry for the Commission

A number of common themes have emerged from the November workshop and other fora where HSC devolution and the role of the Commission have been discussed. These themes are drawn together in this paper to form the key themes and ways of working required to move the HSC devolution agenda forward and to provide direction for the Commission. It is clear that the Commission cannot address all of the potential areas and developments that further integration and devolution could bring but it can serve as a catalyst for increasing the pace and scale of change in HSC integration by recommending the first steps in what will inevitably be an evolutionary process.

The themes for the Commission to pursue and report on are:

- How to ensure, in a context of shifting overall resources, sufficient

investment in prevention in order to improve health outcomes and reduce health inequalities between the NECA population and England and also within the NECA population and, aligned to this, how to support the shift from reliance on hospital-based care to self care, independence and care closer to home?

- What would a human capital development focus for health and social care look like and what are the people strengths that we can build on? How can the public sector support economic regeneration and vice versa. For example, how can health and social care services support NECA's priority to address barriers to employment; how can human capital development help to address gaps in the health and social care workforce and how can public sector investment contribute to improving the health and wellbeing of local people?
- To explore the benefits of devolution over and above the existing flexibilities we already have for integrated working, focusing on delivering a clear and comprehensive set of benefits.
- Aligned to the point above, consideration of what financial arrangements would have to underpin the shift to prevention and more community based care and greater integration of health and social care commissioning and provision. How could this be supported by the NHS sustainability and transformation fund and what metrics should be used to measure progress, especially against the early intervention priority.
- What would the deal look like between local leaders, national government, regulators and the local autonomous institutions to deliver this change, including how local leaders of health and social care could jointly support major service reconfigurations to establish safe, sustainable services and potential changes to commissioning arrangements across a wider population footprint
- To describe the system leadership challenge presented by the scale of transformation required and how this could be addressed.

There are two cross cutting areas that need to be considered in conjunction with the themes above:

- To address the challenges that differing geographies between combined authorities and health networks may present, including consideration of patient flows into and out of the NECA area and how neighbouring combined authority areas could benefit from devolution to the NECA area.
- To identify explicit connections and interdependencies with the other devolution themes, particularly human capital development.

The following operating principles will apply to the Commission's work:

- it will be positioned as a joint endeavour between NECA and the NHS from the outset
- its modus operandi will be shared with all key stakeholders to ensure it has the trust and confidence of all stakeholders
- clear reporting and accountability arrangements will be established for the work and outputs of the Commission

- the membership of the Commission should reflect the task that it has been asked to carry out
- where possible each Commissioner will lead a stream of work linked to the core themes of inquiry
- the Commission should be given the support and resources it needs in order to carry out its task. This is not only in terms of involving the right people but also access to sufficient capacity in areas such as analytics and economics, to enable it review the evidence base and give credibility to the economic case for change
- the Commission should enable stakeholders to be effectively involved with the other seven devolution work streams and equally, help those work streams assist the integration of health and social care

6. Next steps

Following the workshop on 26 November 2015, a formal steering group for the Commission has been established and terms of reference outlined. The steering group will be responsible for making sure there are effective mechanisms in place to enable all lead organisations to actively participate in the progress of work on devolution and for keeping wider stakeholders informed and engaged in the process. The steering group will also prepare reports and oversee the process of assembling information to support the Commission to carry out its work and consider the relevant evidence to produce a report by summer 2016.

Duncan Selbie, Chief Executive of Public Health England, has agreed to chair the Commission. Further member nominations and operational support need to be agreed.

February 2016

ⁱ Link to North East Devolution Agreement:

http://inboxx.e-mailstrategies.com/ebulletins/images/2213/north_east_devolution_agreement_23_oct_2015.pdf?utm_source=ne-health-and-social-care-devolution&utm_medium=email&utm_campaign=60704_news-update-12-january-2016&utm_content=60704