The Richmond Group of Charities: briefing on

Second Reading of the Health and Care Bill, House of Lords, 7 December, 2021

The Richmond Group of Charities brings brings together a range of major national charities who are all key players in England's health and care system, investing many millions as significant delivery partners for the NHS and other public services. We are focused particularly on the needs of people with long-term physical and mental health conditions - especially multiple conditions.

Better outcomes for people are what matter most to us, so we have been strong supporters of the moves towards a truly integrated approach over the past few years. Truly integrated systems and partnerships have enormous potential to pull services and support together around individuals and communities who need them, as well as to make the necessary progress on tackling health inequalities and improving population health. We strongly believe that our national member charities, together with the wider national and local voluntary and community sector, can and should be key strategic partners in this work. The pandemic has highlighted the important role for our sector in delivering - and informing decisions about – health and social care services and support. The population health management approach sitting at the heart of the Bill's integrated care proposals will be strengthened immensely if we and our sector are enabled to make our fullest contribution to integrated care.

We hope this briefing will support peers to indicate during Second Reading which aspects of the Bill and subsequent guidance will need most attention.

The Bill's overall approach to Integrated Care Systems

We remain convinced that the ambitions and priorities of the NHS Long Term Plan are the right ones, and we were a signatory to a joint letter in Autumn 2019, supporting NHS England and Improvement's intended approach to legislative proposals designed to improve implementation through integrated care systems (ICSs). We support the direction of travel the Bill sets out in this respect, recognising the significant shifts in culture and practice in local systems that the pandemic has driven, and noting the explicit intention expressed by NHS England and Improvement to work to avoid disruption to NHS staff.

It will be vital to ensure that attention at national and system levels does not become so focused on the details of legislative change and the practical impact of restructuring that the necessary focus is not applied to recovering services from the backlogs generated from the pandemic, in the context of the likely increased public need.

Structural change alone cannot take us all the way to the integrated future we collectively aspire to. We remain concerned to ensure that systems are properly funded and staffed to deliver effectively, including through partnerships with local government. The relationship with social care must also be taken fully into account. People and communities must genuinely drive and shape the planned changes, and the VCSE sector's contribution will need to be used fully at the centre of planning and delivery rather than at the margins, where its impact is unnecessarily constrained.

We agree that the overall shape of the structural and governance changes being proposed at ICS level would represent important progress but they would be strengthened by building in mechanisms to ensure involvement of non-statutory providers in planning and delivery pathways, including the VCS, and to maximise the impact of the various channels through which patient and public voices can be heard.

We would sound a note of caution concerning the need to ensure that increased powers of intervention for the Secretary of State, intended to ensure public accountability, do not have the unintended consequence of politicising and destabilising long-term decisions taken and partnerships established with the effective involvement of communities. **Greater clarity about what the use of these powers will mean in practice would be very welcome.**

Public voice and relationships with the VCS

NHS England and Improvement's design framework for ICSs represents a big step forward in the way health and care leaders are being asked to build real community involvement and strategic partnership with the voluntary sector into their structures and plans. However, the Bill lags behind this modern approach and the reality of the ways in which relationships are developing on the ground.

It would be strengthened by the introduction of a duty to demonstrate how public voice has shaped decisions and how strategies, plans and services have been co-designed and co-produced with those directly affected (including carers and families), communities and the VCS. The duty for NHS organisations to co-operate should be expanded to incorporate a duty to collaborate with the voluntary sector.

The addition during the Bill's passage through the Commons of the Care Quality Commission's new role in inspecting systems provides an important opportunity to assess progress on these issues as the CQC examines whether integrated care systems are well-led.

Health inequalities

We welcome the inclusion of provisions aimed at requiring ICSs to reduce inequalities, a position which is an improvement upon the preceding White Paper. However, as with public voice, this is an issue on which the Bill lags behind the thinking in NHS England's design framework. Guidance will need to explicit about what "reducing inequalities" means in practice, and how consistent measurement will be achieved as part of NHS England's performance management of systems. It should also seek to ensure that those with the worst health outcomes are involved in community engagement and co-production and that people's experiences are included in outcomes measurement. Regular updating of the guidance will be critical in this context.

Workforce planning and development

The proposals for a report every five years on the roles of national organisations in workforce planning fall far short of what is necessary to tackle this central issue. We are part of the very wide coalition of charities, think tanks and professional bodies who supported the amendment on this subject moved in the Commons by Jeremy Hunt and we hope that the House of Lords will make this essential improvement to the Bill.

The NHS Mandate

The Bill proposes to move from the existing requirement for an annual Mandate to NHS England to a more flexible timetable. This makes it even more important that effective and reasonably frequent public consultation takes place. The Department last undertook public consultation in 2015 and the Bill should ensure that consultation extends beyond the continuing important statutory requirement to consult Healthwatch England.

We would be pleased to support peers who are interested in improving the Bill in any of these respects during Committee and Report stages.