

## Devolution: Frequently Asked Questions

### 1. How does devolution benefit patients and improve care?

The devolution agenda is one part of a wider set of initiatives designed to support and improve the integration of care for people, and empowering patients and local communities. It offers the potential for a stronger model of local shared accountability to underpin integrated commissioning and provision of health and care services, and wider public sector determinants of health, across different delivery partners, not just statutory health and care services.

### 2. What are the benefits of devolution that cannot be achieved by other means, such as joint appointments?

Devolution offers an opportunity for commissioners and planners to work together across a range of services, including health and social care, to design and deliver services with greater involvement from local communities, with decision making at the most local level. Commissioners will be able to respond swiftly and effectively to the needs of residents and really transform services with and for them. Joint appointments can be an important element of devolution proposals, for example under a joint arrangement model.

### 3. What are the links between devolution and wider health and social care integration?

Devolution is one of a range of enablers to support further health and social care integration. There has been ongoing policy focus on trying to integrate commissioning and provision of health and care services through a variety of initiatives, including the Better Care Fund. The 2015 Spending Review set out an ambition for further health and social care integration by 2020. Government sees devolution as an important enabler for this.

### 4. What is happening in Greater Manchester?

Greater Manchester (GM) began its work on devolution much earlier than other areas, and a transition team has been working on proposals since February 2015. The team is made up of colleagues from all organisations involved and has been overseen by a Programme Board of local stakeholders which was co-chaired by Simon Stevens and Sir Howard Bernstein, Chief Executive of Manchester City Council. The team launched a [draft five-year plan for Greater Manchester](#) in December. The aim is for the newly devolved budget and local priorities to be tailored to make the greatest, fastest possible improvements to the health and wellbeing of 2.8 million people who live and work in GM.

The arrangement for 2016/17 is that devolution to GM will take the form of internal delegation by NHS England to the GM Chief Officer (GM CO) – Jon Rouse – who will be an NHS England employee, reporting in that capacity to Paul Baumann, NHS England Chief Financial Officer and National Director with responsibility for devolution. This will enable the GM CO to exercise NHS England's assurance and direct commissioning functions with respect to GM as well as providing overall executive leadership to GM's devolution, integration and strategy implementation activities.

In parallel with this internal delegation, GM's health and social care leadership, working under the aegis of a GM Joint Commissioning Board, will be empowered to influence decision-making in the following areas of commissioning:

- Some specialised commissioning (those services identified by GM H&SC and NHS England as those provided by GM specialised providers to GM CCG patients)
- Primary care and secondary dental care (NB primary medical care has already been delegated to GM CCGs)
- Public health related services

**5. What does devolution (i.e. transfer of functions using Devolution Act) mean for national standards and national assurance process e.g.: CCG assurance, planning, service reconfiguration assurance processes, STP, standard NHS contract (commissioned services), NHS staff contracts?**

The Cities and Local Government Devolution Act 2016 does not permit any of NHS England's regulatory functions to be transferred as part of a devolution arrangement. It also requires any transfer instrument to specify the standards and duties to be placed on the recipient of any NHS functions, having regard to the national service standards and the national information and accountability obligations placed on the transferor. These provisions are designed to ensure that devolution does not 'take the 'N' out of the NHS', and to ensure that national standards and assurance processes are not lost in the process.

Under any arrangement where NHS England's functions are shared with or delegated to other bodies, NHS England retains ultimate accountability, and so will wish to ensure that appropriate safeguards are in place.

**6. What does devolution mean in terms of transformation funding, and how does this relate to the New Care Models and Vanguard?**

For Greater Manchester, NHS England has agreed to carve out a direct allocation of £450m for its Transformation Fund, representing Greater Manchester's fair share of available transformation budgets over the 5 year period. This includes funding for existing vanguards and the wider spread of new care models across the GM footprint.

The approach taken in future for other devolution areas will need to be developed on a case-by-case basis taking account of the specific circumstances, scope and local plans to implement new care models within the footprint.

**7. How do devolution plans fit with Sustainability and Transformation Plans?**

A number of devolution deals include a commitment for the local system to co-design a business plan for furthering integration of health and social care, and exploring the potential for devolution. Our intention is that local systems use the Sustainability and Transformation Planning (STP) process to set out their plan for devolution, providing a clear understanding of the 'ask', the value proposition, and how they meet the principles and assessment criteria agreed by the NHS England Board in September.

The planning guidance published in December indicated that the footprint for STPs in areas pursuing devolution should align. Any misalignment that lacks appropriate rationale may impact our assessment of a local system's readiness to take on devolved powers.

**8. What is happening with Specialised Commissioning and how does this fit with devolution?**

Greater collaboration between NHS England and CCGs could potentially improve quality and access across all but the most highly specialised services. There are many examples of how collaboration could support more patient-centred, integrated pathways – and many of the sustainability and transformation plan footprints are demonstrating the appetite for further joint working.

To support this ambition, NHS England is jointly leading with NHS Clinical Commissioners a programme of work aimed at increasing CCG involvement in the commissioning of specialised services. This programme is looking at how to overcome the barriers to closer working – whether related to finance, legal matters or management capacity – as well the practical steps needed to overcome them.

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The extent of collaboration on specialised services will vary by CCG, and the options for greater involvement are the same as for devolution more widely i.e. seat at the table, shared decision-making and delegation, as well as the option of full devolution.

The national standards that set out the quality of care that patients can expect will continue to apply to specialised services. And, in the short-term, responsibility and accountability for specialised commissioning will remain with NHS England.

#### **9. What is the impact of devolution on Co-Commissioning?**

The overarching policy direction is to join up the commissioning system through a variety of initiatives, including devolution and co-commissioning of GP services. The aim of co-commissioning is to support the development of primary care and out-of-hospital services, whilst devolution creates further opportunities for commissioners to join up care pathways across the whole health and care system, ensuring they are tailored around people's needs. Together these initiatives form part of a wider strategy to support the development of place-based commissioning, aimed at improving the integration of care for people in England.

#### **10. Who should local systems talk to in NHS England about devolution proposals?**

Local systems pursuing devolution of health functions should talk to their local NHS England Director of Commissioning Operations (DCO) in the first instance. Any national queries should be directed to [England.NHSdevolution@nhs.net](mailto:England.NHSdevolution@nhs.net).