



Unlocking the NHS's social and economic potential: a maturity framework

December 2022

Introduction

The new Health and Care Act (2022) this year for integrated care system (ICS) working will not only give a basis to improve health outcomes, tackle inequalities and enhance value for money, but will also for the first time give the NHS the permitted opportunity to support broader social and economic development for distinct communities.

We must always acknowledge that the NHS makes a significant contribution to GDP, employment and economic activity, as well as providing a comprehensive medical and care service available to all. The new legislation supports an integrated and therefore more holistic approach to supporting people where they live, learn and work. This then in turn supports health service provision, especially in areas such as cancer, diabetes, heart disease, mental health and stroke, alongside a longer term move to preventative health.

To support systems on their journey, Cathy Elliott, chair of NHS West Yorkshire Integrated Care Board, has developed an outline maturity framework by reviewing current system practice and engaging with a number of integrated care board and integrated care partnership leaders across England. The framework aims to be a practical tool for systems to gauge and track their progress in the coming years.

As health and care leaders we have an opportunity via system working to take a holistic view of how people's lives can be improved. This tool reflects the long-term nature of this work. It is intended to support progress and discussion within and across systems in key areas of focus.

It should be seen as an enabling framework rather than to be rigidly adhered to, and can be adapted to include other areas over time to ensure it meets the need of a system. The NHS Confederation will support the development of practice in using this framework, working with Cathy Elliott and other system leaders.

A framework for health and care system leaders

Area of focus	Emerging	Established	Expanding
	The system is 'emerging' (less than two years old)	The system is 'established' and is around three to five years old	The system is 'expanding' in terms of its work due to being around six to ten years old
Strategy and policy			
<p>Supporting economic development and recovery</p> <p>Linked to the areas below on working with local government.</p> <p>For example, connecting to, maintaining or growing local economies for health and wealth.</p>	<p>The integrated care partnership (ICP) with the integrated care board (ICB) have reviewed and are aware of area's economic development and/or recovery plan, and reference it in its system strategy, linked to the ICS fourth purpose.</p>	<p>The ICP with the ICB have aligned its system strategy with the area's economic development and/or recovery plan to contribute to its broad delivery and to directly benefit its health and care partnership and services.</p>	<p>The ICP with the ICB have agreed shared aims and objectives to deliver with partners within and outside of health and care for the whole area's economic development and/or recovery for mutual benefit, tracking delivery and evaluating practice together.</p>
<p>Ensuring quality local employment</p> <p>For example, connecting to a Good Employment or Fair Work Charter, Living Wage Commitment etc, to make a deliberate connection between health and wealth.</p>	<p>The ICP with the ICB have reviewed and are aware of local quality employment and wage policy and approaches within and outside of health and care to guide its own People Plan strategy and delivery, working with health and care staff.</p>	<p>The ICP with the ICB have aligned its system and place strategies and workforce approaches in health and care with the area's overall policy and approach, such as signing up to and delivering the Fair Work Charter (or equivalent), working to achieve equality, diversity and inclusion (EDI), and offering local training and employment opportunities widely, especially to unemployed groups of people in the system's communities.</p>	<p>The ICP with the ICB have agreed shared aims and objectives to deliver with partners within and outside of health and care, such as shared policy, roles and plans for quality employment, tackling unemployment, achieving EDI, offering a fair opportunity for work for all residents in the area, such as hyper local recruitment based on population needs and working with local people, tracking progress and evaluating practice together.</p>

Area of focus	Emerging	Established	Expanding
<p>Tackling climate change</p> <p>For example, delivering the NHS Green Plan, declaring a climate emergency, linking to local government, VCSE and private sector climate plans etc to support communities to be resilient.</p>	<p>The ICP with the ICB have a green plan, linked to NHS plans, and have reviewed and are aware of green policy and approaches in the area outside of health and care to guide its own strategy and delivery.</p>	<p>The ICP with the ICB have aligned its system and place green plans, estates and workforce approaches in health and care with the area's policy and approach on tackling climate change to contribute to its broad delivery and directly benefit its health and care partnership and services.</p>	<p>The ICP with the ICB have agreed shared aims and objectives to deliver with partners within and outside of health and care on tackling climate change, such as shared policy, roles and plans on local emissions, public health and travel, tracking progress and evaluating practice together.</p>
<p>Inclusive growth</p> <p>For example, taking a holistic view of how people's lives improve through strategy, partnerships, policy and service delivery across sectors to tackle poverty and build more resilient communities.</p> <p>Consider linking plans to the United Nations Sustainable Development Goals as a common cross-sector tool.</p>	<p>Awareness and consideration of local policy to raise living standards overall for the system's population, working in partnership within health and care between the NHS, local government and voluntary, community and social enterprise (VCSE) sector, working with staff and patients, embedding local best practice.</p>	<p>Alignment of the system's strategy with local inclusive growth strategies from local government and the VCSE sector, for example, improved system leader awareness of inclusive growth strategies, place and neighbourhood system working, proactive community engagement, and responding to the cost-of-living crisis or recession within health and care for staff and patients, embedding local and/or national best practice, bringing short to medium term benefits to health and care services.</p>	<p>ICS strategy and its delivery aims to contribute to achieving inclusive growth in order to raise the standards of living for its overall population, linked to other strategies in local government and VCSE, such as shared roles and policy, partnership working with housing and education, sustainable and innovative VCSE commissioning, collective work to alleviate poverty, and hyper local integrated care to meet population needs, tracking progress and evaluating practice together, embedding local, national and/or international best practice. ICP membership potentially broadened to include not-for-profit housing and education representatives.</p>

Area of focus	Emerging	Established	Expanding
Relationships			
<p>Working with local government</p> <p>Linked to the above economic development work.</p> <p>For example, working with ICP members, children's and adult social care, regeneration and town planning etc.</p> <p>Consider joint initiatives such as achieving UNICEF's Child Friendly City status.</p>	<p>The ICB has formed an ICP of local authority leaders and health and care leaders, including NHS and VCSE sector leaders, and the ICB has consulted and engaged with ICP members to form and agree a health and care strategy in-common to deliver, including joined-up care, shared financial principles, population health, tackling inequalities and workforce recruitment and retention, linked to staff and patient engagement.</p>	<p>The system's strategy is fully owned by the ICP with specified outputs and outcomes identified to track progress and deliver integrated health and care for the local population over time, including quality improvement, innovation and financial investment against all four purposes of an ICS, supported by effective use of Section 75 (NHS Act 2006), community engagement and embedding citizens' voices in the design and delivery to deliver seamless access to integrated care.</p>	<p>The ICP's strategy defines and delivers not only health and care aims, but also broader local government and public sector aims for economic development with a shared local investment strategy, such as use of high streets and estates, NHS capital plans, transport, housing and/or education etc, with specified outputs and outcomes to track progress beyond integrated care, ideally by place or even neighbourhood based on data and intelligence, working with and for local people.</p>
<p>Working with established economic development bodies for the local economy</p> <p>Linked to the above economic development work.</p> <p>For example, working with a combined authority, metro mayor's office, county council, growth hub, local enterprise partnership, social economy forum etc.</p>	<p>The ICB has reviewed with the ICP and are aware of members of its ICP and leaders and bodies outside of health and care involved in leading on economic development in the area across the private and social economy sector, briefing them from time to time on the system's work and health campaigns, exploring joint opportunities as they arise and are relevant.</p>	<p>The ICB is engaging with members of its ICP and leaders and bodies outside of health and care involved in leading on economic development to proactively explore and agree opportunities to collaborate for mutual benefit for local people, regularly briefing them on the system's strategy and work.</p>	<p>The ICB is regularly engaging with members of its ICP to play an active role in working with leaders and bodies outside of health and care involved in leading on economic development across the private and social economy sector, including joint strategies, roles, policy and delivery for mutual benefit, such as health on the high street and taking health services out more to local people. ICP membership potentially broadened to include not-for-profit economic development representatives, though not private sector/for-profit businesses.</p>

Area of focus	Emerging	Established	Expanding
<p>Working with business sector bodies on local employment</p> <p>For example, working with a growth hub, business improvement district, chambers of commerce, social enterprise hubs, trade associations etc.</p>	<p>The ICP with the ICB have reviewed and is aware of business group leaders and bodies outside of health and care involved locally in employment and skills development in places, briefing them from time to time on the system's work and health campaigns, exploring joint opportunities if they arise and are relevant.</p>	<p>The ICP with the ICB have aligned with business group leaders and bodies on maintaining and improving employment and skills, linking strategies for the local population and working to achieve EDI, including maximising the apprenticeship levy. Links also below in working with major employers.</p>	<p>The ICP with the ICB designs and delivers innovative and inclusive health and care employment opportunities and apprenticeship schemes, tailored to neighbourhoods and places, to ensure a future sustainable workforce, linked to local business sector plans and bodies.</p> <p>Links also below in working with employers on ensuring healthy workplaces.</p>
Operations/delivery			
<p>Acting as an anchor</p> <p>For example, investing in the local supply chain via procurement and contracting, keeping the health and care £1 local.</p> <p>Consider referencing policy and practice from the Wigan Deal.</p> <p>NHS England national procurement policy and guidance suggested to be reviewed to support this.</p>	<p>ICP with the ICB have reviewed and are aware of the private sector, VCSE sector and social economy sector make-up in its area to have an understanding of its overall local economy, alongside awareness raised within the ICP of the benefits of procuring goods and services locally as anchor organisations and having a common ICP financial strategy.</p>	<p>ICP with the ICB have an agreed financial and investment strategy and principles to aim for sustainable commissioning and procurement with a focus on social value and local supply chains to support the local economy, referencing the Social Value Act (2012), opportunities arising from Section 75 (NHS Act 2006) and NHS capital developments. This moves the ICB and some ICP members to being anchor organisations.</p>	<p>All ICP members have embedded the agreed financial and investment strategy and principles, maintaining or increasing local investment, bringing social and economic benefits which are recorded and tracked to demonstrate the value of this approach and learning to involve more locally-based organisations in health and care's supply chain, maximising the Social Value Act (2012) and Section 75 (NHS Act 2006). This moves all ICP members to being anchor partners.</p>

Area of focus	Emerging	Established	Expanding
<p>Working with employers for healthy workplaces</p> <p>For example, working through economic and business bodies and/or local government to engage with employers outside of health and care to improve local people's health.</p>	<p>Assessment at least of the major employers in the area, including in the private sector, communicating with their leaders from time to time on the work of the system and planned health campaigns.</p>	<p>Engagement with major employers in the area, including in the private sector, such as signposting them to planned health campaigns and health check-up opportunities and winter vaccinations to support employee health, tracking results and learning.</p>	<p>Proactive work with at least major employers, if not all private sector and social economy businesses in the area, to support them to create healthy workplaces and support their employees, including supporting physical and mental health first aiders in workplaces and taking health checks and services at least to major employers, such as mobile vaccination services, tracking results and learning.</p>
<p>Bringing care closer to home - health on the high street</p> <p>For example, working in partnership to bring health and care closer to local people and contribute to local regeneration.</p>	<p>ICP with the ICB have awareness of any health on the high street pilots (or similar) delivered by the NHS, local government or the VCSE sector in neighbourhoods or places, and are aware of the area's high streets regeneration policy and investment work.</p>	<p>ICP with the ICB have explored and committed to plans to bring care closer to home, including consideration and planning for a health on the high streets programme (or similar), working with neighbourhood health and care providers, piloting opportunities and identifying learning.</p>	<p>ICP with the ICB have designed and are delivering innovation in bringing care closer to home, including local interpretations of health on the high street, working with neighbourhood health and care providers and local government town planning teams, tracking progress and evaluating practice together against planned outputs and outcomes.</p>

Area of focus	Emerging	Established	Expanding
Research and innovation			
<p>Working with universities and colleges</p> <p>For example, working to not only offer quality training to health and care workers of the future, linked to the national NHS People Plan, but also maximising shared assets for health and care research for quality improvement.</p>	<p>Awareness of the main universities and colleges linked to health and care in your area, and the courses and training programmes offered by them, particularly any individual partnerships they have with specific health and care providers in your system for education and training or for research projects.</p>	<p>Engagement with the main universities and colleges in your area, exploring and agreeing with colleagues and partners opportunities to collaborate with them on education and training or on research projects that bring mutual benefit for a care pathway, place system or provider collaborative, and regularly briefing them on the system's strategy and work.</p>	<p>The system is working in partnership with universities and colleges on a common education, EDI and skills strategy and its delivery, including a collective future workforce plan and research programme for five to ten years, tracking progress and evaluating practice together against planned outputs and outcomes.</p> <p>ICP membership potentially broadened to include not-for-profit academic and education representatives.</p>
<p>Maximising health technology opportunities</p> <p>For example, working with health technology designers and providers for system benefit, including delivering digital plans, quality improvement and innovation.</p>	<p>Awareness of the health technology industry, and the programmes and benefits technology providers are bringing to health and care currently in your area, particularly to individual health and care providers in your system.</p>	<p>Engagement with technology providers and health and care providers together to explore quality improvement and innovation, and deliver and embed opportunities to bring benefits to individual providers, a provider collaborative and/or care pathway in your system.</p>	<p>Health technology strategic plan designed and delivered with the medium to long-term aims to deliver in partnership between tech designers/providers and health and care providers, bringing benefits over three to ten years to an overall place system or ICS, even potentially attracting inward investment.</p>

Reflections from Cathy Elliott

Working formally in partnership across public services and sectors in the service of one population should bring further to the fore the connection between health and wealth. These partnerships can mobilise the subsequent action needed to be taken and impact to be achieved for the better, especially in the pursuit of inclusive growth for their local people.

We must acknowledge that the NHS makes a significant contribution to GDP, employment and economic activity as well as providing health and care services available to all. Through this focus on health and wealth there is the opportunity for the partners in systems to contribute to the social mobility of its population, linked to tackling health inequalities.

This framework is based on public health research via my West Yorkshire Health Equity Fellowship with the Public Health Faculty at the University of Leeds and reviews of the latest practice in health and care systems across the country. Thank you to all those health and care leaders who took the time to share their practice with me and Michael Wood at the NHS Confederation during this year.

Following the publication of [Unlocking the NHS's Social and Economic Potential](#), engagement with health and care leaders in systems across England is planned via the NHS Confederation to encourage debate, adoption, testing and delivery in practice of the NHS's broader contribution to social and economic development. This framework will be included in this work which will be updated in late 2023/early 2024 as it is tested in West Yorkshire and other participating systems in England to ensure its continued relevance and usefulness.

The opportunity for integrated health and care system working is surely to contribute to a new approach to health economics to ensure the communities we serve are resilient now and in the future.

Cathy is chair of NHS West Yorkshire Integrated Care Board and deputy chair of the integrated care partnership. She is also a West Yorkshire Health Equity Fellow (2022) at the University of Leeds.

This framework is part of the NHS Confederation report [Unlocking the NHS' Social and Economic Potential](#) as a result of collaborative system policy work, led by Michael Wood of the NHS Confederation and Cathy Elliott of NHS West Yorkshire.

The NHS Confederation is the membership body that brings together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Northern Ireland and Wales. The members we represent employ 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure. We promote collaboration and partnership working as the key to improving population health, delivering high-quality care and reducing health inequalities.

Our Health Economic Partnerships work programme supports the NHS to understand its growing role in the local economy and to develop anchor strategies at institutional, place and system level. Visit www.nhsconfed.org/topic/health-economic-partnerships or contact Michael.Wood@nhsconfed.org for more information.

18 Smith Square
Westminster
London SW1P 3HZ

020 7799 6666
www.nhsconfed.org
@NHSConfed

If you require this publication in an alternative format, please email enquiries@nhsconfed.org

© NHS Confederation 2022. You may copy or distribute this work, but you must give the author credit, you may not use it for commercial purposes, and you may not alter, transform or build upon this work.

Registered charity no. 1090329