Section 1: The case for change

An unsustainable model and constrained resources

Ten years of austerity followed by the COVID-19 pandemic in a context of increasingly constrained resources for local government and ICSs and a failure to implement a sustainable funding mechanism for Social Care have set the NHS and Social Care on a difficult trajectory. Poorer health, lengthened waiting lists, increased health inequity (and health inequalities), the cost-of-living crisis coupled with immense pressure on the health and social care workforces and pay constraints are making these services look more and more unsustainable. We have lost sight of the fact that we all have a human right to the best possible standard of health attainable, because the mechanisms for us to achieve it have weakened.
Andy Haldane, CEO of the RSA and former Chief Economist to the Bank of England, speaks of the drag that poor population health is having on the UK's economy, reducing GDP and scope for greater spending on healthcare:

> *"For perhaps the first time since the industrial revolution, health factors are acting as a serious headwind to UK economic growth. They are contributing significantly to a shrinking labour force and stalling productivity."*

Part of the problem is increasing poverty but inadequate spending on prevention, and a tendency for money earmarked for transformation to be sucked into the acute sector,[2] is also placing the NHS and Social Care at greater risk of continued unsustainability. In 2023, DHSC rejected a recommendation of the Hewitt review[3] to increase the share of the total NHS budget at ICS level going towards prevention by at least 1% over the next five years.[4] Demos and the Health Foundation are now making a case to change the national spending architecture by introducing a new category within Department Expenditure Limits alongside the existing revenue and capital categories: Preventative Departmental Expenditure Limits (PDEL). It would classify and ring fence preventative investment, injecting long-termism into public spending.[5]

Whichever political party or parties take the reins of Government following a 2024 General Election, the overall budget envelope for public spending will be constrained so committing more resources to fund the same model is not an option. In any case, the current model has done little to reduce avoidable excess illness that is driving demand for health and care services and holding back the UK's economy.

Integrated Care Systems: an opportunity for change

Integrated Care Systems offer the potential for better integration and stronger partnerships – between the NHS, local authorities, people and communities and the many statutory and non-statutory partners and agencies operating in localities and neighbourhoods. They could enable the shift towards a more integrated, preventative, holistic approach to health and care that supports health equity; but this is not a given. While the basic architecture is there, the conditions for success are not yet in place.

Integrated Care Systems and their constituent parts have to know what the new approach looks like. They have to want to and know how to rewire and build relationships; to successfully deconstruct ways of working that create social injustices; to radically alter the way funding flows around systems; to root out structural discrimination of all types. They must be prepared to work in an entirely different and integrated way to create the conditions for health.

This takes great insight, moral courage, a commitment to values and rejection of destructive impersonal systems that disenfranchise people further; it requires a different type and style of leadership from the prevalent model.

The centre too has to radically rework its role. It must be prepared to cede and devolve power for decision-making to ICSs. It must seek evidence of outcomes before rolling out new programmes, frameworks and systems that damage relationships between frontline workers in one part of the system, and people using services and other local partners who may be doing similar work already. It must step back and allow new accountability models to emerge.

While a handful of ICSs are taking strides forward, through programmes like the Core20PLUS Connectors Programme Connector programme, there remains a long way to go until community-led programmes, supported by community-led organisations, are fully understood as a key driver of change.

Health Creation; if not now, when?

Many citizens, patients, communities and the health and Social Care workforce are now desperate for change. People want to be able to get help when they are unwell; unpaid carers are tired of the everyday struggle; people with a serious mental illness want a life they value; disabled young people want to be able to leave home and live independently; people want access to health and healthcare free from racial stereotyping, and communities want their efforts to look out for and look after each other to be invested in.

COVID-19 showed that many people want to play their part to enhance the health of their families, friends and neighbours; take the 450+ Connectors participating in the Core20PLUS Programme and the growth in Poverty and Truth Commissions, just two examples of people with lived experience of poverty changing power dynamics in the relationships between their communities and 'professional allies'.

ICSs and their constituent parts must go beyond tinkering in their dealings with 'people and communities' and start to lead change with people and communities as part of 'the system'.

"Empowerment of individuals and communities is absolutely central. Getting the community involved in organising their own destiny has got to be a key part of it." [6]

Sir Michael Marmot

Health Creation is happening in many places, led by many passionate people and going by many names. We are not precious about the language used, but we are advocating for the spread of health creating relationships and practice in line with our ambition for Health Creation to become business as usual and embedded in systems alongside the treatment of illness and prevention of ill health.

Our journey over the last eight years, the insights we have drawn from pioneers with a track record of creating health on the ground, consistent feedback we have had from our members, partners and clients and our own work with communities and systems have persuaded us that Health Creation can be a powerful force, driving change from the ground up. It has led us to a place where we feel we can now confidently state that:

Adopting a health creating model is the only way forward: for now and future generations

This 'manifesto for whole system change' demonstrates how that happens and calls for everyone to play their part; because if not now, when?

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