



Health and Wellbeing Board

Title: Integration and Innovation: Working together to improve health and social care for all

DHSC White Paper, Feb 2021

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Report for information



Recommendation to Health and Wellbeing Board

Members of the Health and Wellbeing Board are asked to note the content of the Government's White Paper, particularly in relation to the Health and Wellbeing Board

Introduction – The White Paper

- Sets out proposals for a Health and Care Bill
- Builds on the NHS Long Term Plan, on the collaborations seen during Covid, and on a recent consultation on the future of ICSs. Also ties in with the current consultation from CQC on the way it works
- Focuses on improving integration in two ways:
 - Within the NHS to remove barriers to collaboration; and
 - Between partners in the health and care system to improve health & wellbeing outcomes for local people

Commentary

The White Paper has been received relatively quietly:

Think Tank/Media Commentators

The WP doesn't explain the 'why' –the problem that the WP is trying to solve & the need for Government to gain back control from NHSE? - and a general feeling it is not a coherent whole, with lots of little bits rather than a clear direction/narrative. The Paper does provide an opportunity to really focus on the person and their journey, away from the barriers arising from a focus on which organisation someone works for.

Political objections to date have been focussed on the timing, rather than the content

ADASS has welcomed greater assurance for social care & the establishment of ICSs on a permanent footing, but has reinforced its view that social care reform is vital to include parity of esteem for social care workers, significant improvements in support for family carers and long-term funding

LGA - a 'promising base' to build stronger collaborative culture and for NHS and local government to be equal partners. More work needed on roles of new ICS boards and concerns around: potential undermining of HWB Boards & HASCs; impact on integrated activity at a local level; centralisation of PH powers & impact on local authorities; and lack of a timetable for social care reforms

NHS Confederation welcomes duty of collaboration & principle of subsidiarity but concerns about powers of intervention over the NHS by the SoS

Key Points: Integrated Care Systems

'Integration is the new competition'

- ICSs will be made statutory and will be able to hold budgets: NHS England will get an explicit power to set a financial allocation or other financial objectives at a system level.
- Each ICS will comprise an ICS NHS Body and an ICS Health and Care Partnership, and will take on the commissioning functions of CCGs (and some from the NHS Commissioning Board).
- The ICS NHS Body (for the day-to-day running of the ICS) will have a statutory board:
 - Responsible for plan to address health needs of system; setting strategic direction and budget plans (including capital NHS plan)
 - Be directly accountable for NHS spend and performance within the system
 - As minimum will include CEO (Chair) and reps from NHS trusts, GPs and local authorities
 - Guidance on how these should be constituted & appointed, will be published
- The ICS Health and Care Partnership will:
 - Be locally determined - no guidance on membership or function will be issued
 - Be expected to comprise a wider group of organisations than the ICS NHS Body
 - Develop a plan to address health, public health and social care needs
 - Be tasked with promoting partnership arrangements (no power to impose arrangements)

Key Points: Integrated Care Systems (cont.)

- Health and Wellbeing Boards are seen as ‘place-based’ planners:
 - The ICS will have to have regard to the Health and Wellbeing Boards’ Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies
 - Health and Wellbeing Boards will have to have regard to ICS plans
- NHS and local authorities will have a legal ‘duty of collaboration’ with expectation that local authorities and NHS bodies will work together under one system umbrella
- ICSs and NHS providers can form joint committees, the former at place to align allocation functions.
- Place level commissioning aligned to local authority boundaries is expected to be common
- The Better Care Fund will be a tool for agreeing priorities
- ICSs will be able to apply to the Secretary Of State to create new Trusts to provide integrated care.
- The national NHS tariff will be altered to support the right financial framework for integration, whilst maintaining the financial rigour and benchmarking that tariff offers.
- NHS England will issue guidance on joint appointments
- NHS England will be able to commission with more than one ICS & ICSs can collaborate with others where it makes sense to do so

Key Points: Social Care

- The White Paper repeatedly mentions social care reform. A few changes are set out:
 - a new duty for the Care Quality Commission to assess local authorities' delivery of their adult social care duties
 - powers for the Secretary of State to intervene and provide support where there is a risk of local authorities failing to meet these duties
 - a tweak to let the SOS make direct funding to social care providers in emergencies (which will not replace the existing funding mechanism), and
 - Legal framework for a 'Discharge To Access' mechanism, replacing legal requirement for assessments to take place prior to discharge.
- Proposals on social care reform will be forthcoming 'later in the year'

Key Points: Public Health

- Creation of the National Institute for Health Protection (NIHP) to replace PHE
- SoS power to require NHS England to discharge public health functions (which were transferred to local government by the 2012 Act) without annual section 7A agreements
- Legislation to support the national obesity strategy including introduce further restrictions on food advertising and contemplate banning adverts for unhealthy food online and before 9 pm on television
- Fluoridation of water to return to central government control from local authorities

Key Points: Role of the Secretary of State

Reversing change

- The WP undoes 2012's Health And Social Care Act 'Equity And Excellence: Liberating The NHS' and abolishes competition and competitive tendering in the NHS. This could be problematic for integrated commissioning arrangements.

Role of the Secretary of State

- Removes independence of NHS Foundation Trusts, as well as ending the system for developing them, with the formal abolition of NHS Improvement and the Trust Development Authority.
- The Secretary of State is put back in charge:
 - Of the overall system, of each local Integrated Care System and of the NHS Commissioning Board (NHS England)
 - Resuming formal powers of direction:
 - new powers to intervene at any point of an NHS reconfiguration process
 - a new process for reconfiguration that will enable the SoS to intervene earlier and enable speedier local decision-making
 - new powers to transfer functions to and from specified arms-length bodies (ALBs) and to abolish ALBs (exercisable via a Statutory Instrument (SI) following formal consultation)
 - New power to make payments directly to social care providers

Key Points: General

- Data sharing is going to be a significant focus but the White Paper says very little about how – a Data Strategy for Health and Care will set out proposals to address barriers. Data provision will be mandated from private providers and on services to self-funders (not clear about whether this will be shared locally though).
- The annually-set NHS Mandate from the SoS to NHS Commissioning Board to drive its planning guidance is replaced by a need to always have a Mandate in place. This is not a net gain in accountability.
- The issue of the workforce shortage is not addressed. The Secretary Of State will have to *“publish a document, once every Parliament, which sets out roles and responsibilities for workforce planning and supply”*.
- Amendment to the Coroners and Justice Act 2009 so that NHS bodies, rather than local authorities, appoint Medical Examiners (to establish a statutory medical examiner system within the NHS).
- No appetite in the WP to change the distinct lines of accountability: NHS to national government and Parliament; local government to local people.
- Triple aim duty for NHS – better health and wellbeing for all; better quality of health services for all; and sustainable use of NHS resources.

Key Points: General (cont.)

- It will extend the scope of professions who can be regulated using the powers in Section 60 of the Health Act 1999. While it states that *“there are no plans at this stage to statutorily regulate senior NHS managers and leaders”*, this change *“would enable this to be brought forward in the future”*.
- It ends the need for new legislation to remove one of the professions from statutory regulation. Currently, nine regulatory bodies (10 including Social Work England) perform similar regulatory functions in relation to different professions: these regulators will be able to be abolished under secondary legislation.

Next steps

- The Government is not inviting comment on the White Paper
- The Government plans for a Bill later in 2021, with changes proposed to be implemented from April 2022