

The Department of Health and Social Care draft Health and Care White Paper

Summary of key points

1 Overview

This document summarises the key points of a draft White Paper due to be published shortly which will form the basis for legislative change in the NHS to formalise Integrated Care Systems.

1.1 OVID's analysis: what this means

1. In practice ICSs will be able to set their own priorities and structure, so it is likely differences will arise across systems in terms of the delivery of care, ways of working and other operational aspects. There is little included in the White Paper which addresses issues on the front line.
2. In principle this legislation ends the competition element of the purchaser/provider split and allows health and care organisations to break down siloed working. In practice, the establishment of ICS Boards means that the purchaser/provider split may remain. However, how this will work in practice will be a key question. For example, responsibilities and any incentives will have to be clearly defined in each ICS.
3. NHS providers are remaining the same in terms of the legislation, but it is not clear if they will each specialise within their system. For example, it is possible that one of two providers would be chosen to provide certain services to cover the whole ICS.
4. There is very little mention of primary care in the White Paper, suggesting that the current direction of travel of setting up Primary Care Networks will remain the same. The health and care sector is broadly disappointed that there is no significant mention of reforms to primary care. This will be a crucial step in reassuring the sector that the changes being made to the system are not just piecemeal changes.
5. More control of the operational aspects of the NHS is being passed to Ministers. This means that NHS priorities are more likely to be influenced in future by political preference.

6. Achieving financial balance is likely to be a key theme for ICSs, particularly through the recovery from COVID-19 and the anticipated funding constraints the pandemic will cause.

1.2 The politics

Rather than bringing about significant change overnight, **these changes have in fact been underway for some time. The NHS Bill is largely formalising processes which are already underway.**

How Labour will provide opposition to the Bill will be a key question and will be the first real opportunity for Keir Starmer and his team to formalise a position on key health issues.

The proposals include reforms which allow 'ministers to determine service reconfigurations earlier in the process', so they can be decided before they become toxic. This is important because while it will not be used often, the move to allow the Secretary of State for Health and Social Care to make reconfigurations is likely to become crucial in the run-up to General Elections when political gains are to be made.

1.3 The NHS Bill - what is happening?

Legislation is being brought forward to create an enabling framework for local health and care partners to align services and decision making to create Integrated Care Systems (ICS). Every area of England will be covered by an ICS which will have responsibility for commissioning services, achieving financial balance and reducing health inequalities in their system.

On current timeframes the expectation is that the proposals will begin to be **implemented in 2022.**

Social Care reform remains a manifesto commitment and the Government intends to bring forward separate proposals on social care this year.

Other changes to the health and care system include improving data sharing and financial arrangements to support integration and improvements to public health services.

The key themes of the proposed changes are as follows:

- Collaboration
- Reducing bureaucracy
- Enhancing public confidence and accountability
- Additional proposals on public health, social care and quality and safety.

Oversight and direction-setting powers are returning to the Government, in contrast to the Lansley reforms of 2012 which aimed to remove political involvement from the day to day running of the NHS.

1.4 The proposed changes

This section describes the key proposals made in the White Paper.

- **ICSs are to be established in law** with duties for make-up organisations to work together to provide health and care services for their population.
- CCG functions and some commissioning functions currently with NHS England are to be exercised by each ICS NHS Board. **ICS NHS Boards can also delegate some functions to individual or groups of providers.**
- ICSs will be governed by an **ICS Board and an ICS Health and Care Partnership.** These two boards will also work closely with existing **Health and Wellbeing Boards** to provide health and care services for their population.
- **ICSs will be allowed to undertake ‘collaborative commissioning’**, whereby they collaborate to commission services for a combined population. This provides opportunities for scale but there is a lack of detail over which services will remain national and which will become local.
- **NHS England will have the power to delegate Specialised Commissioning functions to ICSs, or to jointly commission these services.** This brings decision making responsibilities into the ICS and leaves a question mark over the future of these services. Particularly in times of financial balance, an ICS may choose not to commission specialised services if they are not mandated to do so.
- NHS Trusts and Foundation Trusts will remain separate statutory bodies with their functions and duties broadly the same as in current legislation.
- **NHS England will set financial allocations and objectives at a system level.** NHS providers within the ICS will retain their current organisational financial duties, however this will be supplemented by a new duty to compel them to have regard for the system financial objectives.
- A reform of the procurement of healthcare services will take place and **will aim to give commissioners more discretion over when to use procurement processes.** The Bill will enable the Government to develop a new provider selection regime. A public consultation will begin shortly.
- The White Paper aims to enable the **establishment and operation of a medicine information system**, including data collection from private providers which will

support UK wide medicines registries. This will be important for pharmaceutical companies who want to highlight imperfect outcomes in issues such as uptake, access and delivery and it will provide the NHS with more evidence to make better decisions.

- The White Paper sets the scene for further changes in social care and public health. It includes a section on obesity, suggesting this will be a priority for the Government following COVID-19. The new NHS Bill will include legislation to **enable the proposals made in the Government's 2020 obesity strategy to be implemented**. However, it does not make reference to the responsibilities of ICSs to provide weight management services for the treatment of obesity.

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