



Health and Social Care White Paper: Integration and Innovation

This briefing provide an overview and initial commentary on the the Department of Health and Social Care's 'Integration and Innovation: Working together to improve health and social care for all' white paper, which sets out the Government's legislative proposals for a Health and Care Bill.

Overview

On 11 February, the Department of Health and Social Care published the 'Integration and Innovation: Working together to improve health and social care for all' white paper.

Many of the measures in the paper form part of the NHS Long Term Plan, which set out the priorities for health and care over the next 10 years. However, the proposals are also intended to respond to new insights and challenges that have emerged since the Long Term Plan was published. The paper notes that the legislative proposals will aim to capture the learning from the pandemic and to look towards the needs of a post-Covid-19 world. It is proposed that the white paper will help the NHS and local government in the immediate work of recovery from the pandemic by making joint planning and delivery of services easier, and over the long term by helping to address the needs of all.

Proposals for reform

The paper makes a range of proposals for reform, including in relation to the following.

Working together to integrate care

At the core of the proposals is the goal of achieving joined up care for everyone in England, through reformed systems in which all parts of the NHS, public health and social care system seek out ways to connect, communicate and collaborate so that the health and care needs of people are met.

A central theme in the NHS Long Term Plan is the importance of joint working. As the Long Term Plan acknowledged, neither the NHS nor local government can address all the challenges facing whole population health on their own. The ambition to reduce inequalities and support people to live longer, healthier and more independent lives requires bold, joint and cohesive efforts.

To achieve this, the white paper commits to two forms of integration, underpinned by the legislation:

- Integration within the NHS to remove some of the cumbersome boundaries to collaboration and to make working together an organising principle; and
- Greater collaboration between the NHS and local government, as well as wider delivery partners, to deliver improved outcomes to health and wellbeing for local people.

In addition to this, the white papers notes that:

- The NHS and local authorities will be given a duty to collaborate with each other.
- Measures will be brought forward to put Integrated Care Systems (ICS(s)) on a statutory footing. These will be comprised of an ICS Health and Care Partnership, bringing together the NHS, local government and partners, and an ICS NHS Body.
- The ICS NHS body will be responsible for the day to day running of the ICS, while the ICS Health and Care Partnership will bring together systems to support integration and develop a plan to address the systems' health, public health, and social care needs.
- The legislation will aim to avoid a one-size-fits-all approach but enable flexibility for local areas to determine the best system arrangements for them. A key responsibility for the ICS systems will be to support place-based joint working between the NHS, local government, community health services, and other partners such as the voluntary and community sector.
- In many areas, place level commissioning within an ICS will align geographically to a local authority boundary, and the Better Care Fund (BCF) plan will provide a tool for agreeing priorities.

The ICS NHS Body will be responsible for:

- Developing a plan to meet the health needs of the population within their defined geography;
- Developing a capital plan for the NHS providers within their health geography; and
- Securing the provision of health services to meet the needs of the system population.

The ICS NHS Body will merge some of the functions currently being fulfilled by the non-statutory STPs/ICs with the functions of a CCG. This will allow the allocative functions of CCGs to come into the ICS NHS body so that they can sit alongside the strategic planning function that the ICS will undertake. This will enhance accountability and allow the members of the ICS to develop integrated and new approaches to meeting strategic objectives. The proposals will also allow for the ICS NHS Body to delegate significantly to place level and to provider collaboratives.

The ICS Health and Care Partnership will bring together health, social care, public health, and potentially representatives from the wider public space where appropriate (such as social care providers or housing providers). This body will be responsible for developing a plan that addresses the wider health, public health, and social care needs of the system, and the ICS NHS Body and local authorities will have to have regard to that plan when making decisions.

The ICS will also have to work closely with local Health and Wellbeing Boards (HWB) as they have the experience as 'place-based' planners, and the ICS NHS Body will be required to have regard to the Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies that are being produced at HWB level (and vice-versa). ICSs will also want to think about how they can align their allocation functions with place, for example through joint committees, though this is being left to local determination.

The ICS NHS Body will merge some of the functions currently being fulfilled by the non-statutory STPs/ICs with the functions of a CCG

The white paper notes that many local areas have been exploring ways of working more collaboratively, including seeking to align decisions and pool budgets between CCGs and NHS England, across CCGs, and between CCGs and local authorities.

In doing this, areas have had to adopt complex workarounds to the current barriers in order to be able to make lawful decisions across a wider population footprint. These arrangements can be cumbersome, difficult to manage and can slow decision-making processes. Therefore, the white paper sets out the intention to change the underpinning NHS legislation to remove these barriers and streamline and strengthen the governance for this type of decision-making.

Proposals will:

- Give NHS England the ability to joint commission its direct commissioning functions with more than one ICS Board, allowing services to be arranged for their combined populations.
- Allow ICSs to enter into collaborative arrangements for the exercise of functions that are delegated to them, enabling a “double-delegation”.
- Allow groups of ICSs to use joint and lead commissioner arrangements to make decisions and pool funds across all their functions (and not just commissioning functions).
- Enable a greater range of delegation options for section 7A public health services, including the ability for onward delegation of the function into collaborative arrangements, such as a section 75 partnership arrangement; and
- Enable NHS England to delegate or transfer the commissioning of certain specialised services to ICSs singly or jointly, or for NHS England to jointly commission these services with ICSs if these functions are considered suitable for delegation or joint commissioning subject to certain safeguards. Specialised commissioning policy and service specifications will continue to be led at a national level ensuring patients have equal access to services across the country.

These changes will be underpinned and supported by a broad duty to collaborate across the health and care system and a triple aim duty on health bodies. This will require health bodies, including ICSs, to ensure they pursue the three aims of better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources.

Reducing bureaucracy

The paper commits to providing the flexibility to NHS organisations by removing the barriers that prevent them from working together and enabling the arrangement of services and provision of joined up care in the interests of people.

It goes on to say that the white paper will pave the way for NHS and local authorities to arrange healthcare services to meet current and future challenges in a way which ensures that public and taxpayer value – and joined up care – are first and foremost. To achieve this will require changes to:

- competition law as it was applied to the NHS in the Health and Social Care Act 2012; and
- the system of procurement applied to the NHS by that Act.

It notes that these changes will enable the NHS and local authorities to avoid needless bureaucracy in arranging healthcare services while retaining core duties to ensure quality and value.

The new legal arrangements are intended to enable the development of a new provider selection regime which will provide a framework for NHS bodies and local authorities to follow when deciding who should provide healthcare services. This regime will be informed by NHS England’s public consultation, and aims to enable collaboration and collective decision-making, recognising that competition is not the only way of driving service improvement, reduce

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bureaucracy on commissioners and providers alike, and eliminate the need for competitive tendering where it adds limited or no value. Commissioners will, however, be under duties to act in the best interests of patients, taxpayers, and the local population when making decisions about arranging healthcare services.

Improving accountability and enhancing public confidence

The white paper commits to bringing forward a number of measures to improve accountability in the system, including:

- Placing the merged NHS England and NHS Improvement on a statutory footing and designating it as NHS England.
- Providing enhanced powers of direction to the Government over the newly merged organisation in order to support 'collaboration, information sharing and aligned responsibility and accountability'.
- The introduction of an improved level of accountability within social care, with a new assurance framework allowing greater oversight of local authority delivery of care, and improved data collection which will allow the Government to 'better understand capacity and risk in the social care system'.

The white paper provides high level detail with regard to the scope of enhanced powers of direction. It notes that while the current system for reconfigurations works well for most service changes, and will remain in place for the majority of day-to-day transactions, where it does not work well it can lead to intractable debate and processes that stretch on for years. Therefore, the white paper is proposing to broaden the scope for potential ministerial intervention in reconfigurations, creating a clear line of accountability, by allowing the Secretary of State to intervene at any point of the reconfiguration process. The Secretary of State will be required to seek appropriate advice in advance of their decision, including in relation to value for money, and subsequently publish it in a transparent manner.

This new power for the Secretary of State to intervene will be supported by a new process for reconfiguration that will enable intervention earlier and speedier local decision-making.

Additional Measures

The white paper also sets out plans to bring forward additional measures to support social care, public health and the NHS. These will be intended to address specific problems or remove barriers to delivery, maximise opportunities for improvement, and have, in many cases, been informed by the experience of the Covid-19 pandemic.

These measures are not intended to address all the challenges faced by the health and social care system. The paper notes that the government is committed to undertaking broader reforms to social care and public health.

In due course, the Government will bring forward an update on proposals for the future design of the public health system. However, the measures in this legislation will address issues that require intervention through primary legislation.

Relevant measures contained in the white paper include:

- For social care, integration will be enhanced through the position of social care in the ICS structure, a new standalone legal basis will be created for the Better Care Fund and new arrangements set up to better allow 'Discharge to Assess' models to followed. A new legal power to make direct payments to providers is set out as the basis for reducing bureaucracy in providing future additional support to the sector. Finally, it is proposed that an enhanced assurance framework and improved data collection will improve accountability within the social care sector. This will come in the form of a new duty for the Care Quality Commission

(CQC) to assess local authorities' delivery of their adult social care duties, and a power for the Secretary of State to intervene where, following assessment under the new CQC duty, it is considered that a local authority is failing to meet their duties.

- For public health, the triple aim duty on health bodies, including ICSs, will require them to ensure they pursue simultaneously the three aims of better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources. Furthermore, the white paper sets out the Government's intention to bring forward measures to: make it easier to secure rapid change updates in NHS England public health functions; help tackle obesity by introducing further restrictions on the advertising of high fat, salt and sugar foods; as well as a new power for Ministers to alter certain food labelling requirements. In addition, the Government will streamline the process for the fluoridation of water in England by moving responsibilities for doing so from local authorities to central government.

Next Steps and Commentary

Subject to Parliamentary business, the legislative proposals for reform outlined in the white paper will begin to be implemented in 2022. While it is hoped that they will form a part of the recovery process from the pandemic, the paper notes that it will take time to fully understand them all and, therefore, going forward will require the ability to apply learning and insight as it becomes known. The legislation described by the paper is seen as only being part of the picture, which will be accompanied by wider reforms in other areas, such as data and finance.

The Covid-19 pandemic has proven beyond doubt the importance of local services such as public health and social care to the wider health care system. These services have been pivotal in London's response to the virus – including relieving pressure on hospitals – and the close partnership between boroughs and the NHS, prior to and over the past year, provides much to build on.

The proposals set out a road map for increased coordination of health and care provision while focusing on tackling inequalities and improving results. Across London, boroughs and NHS partners are already making great strides on collaboration. The white paper has the potential to help these partnerships go further and faster. However, there are critical details still to be resolved in terms of the evolution and development of place, borough-level, partnerships as parallel, but equally important, arrangements to the creation of statutory ICSs.

The pandemic has illustrated the unique power of partnership and collaboration. Local government must be an equal partner in this journey of reform. Together we can ensure London's health and care services deliver the best possible results for Londoners and are fully capable of meeting the capital's future health and care needs.

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[White Paper: Working together to improve health and social care for all](#)

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