

# WHITE PAPER PUBLISHED ON NHS AND SOCIAL CARE REFORM



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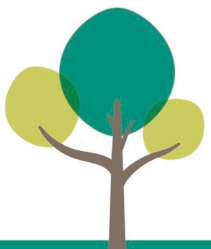
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February 2021



# Background

## In Summary

- It is hoped that the **new proposals** (which build on the NHS' Long Term Plan) will join up health and care services and embed lessons learned from the pandemic.
- At the heart of the legislative proposals, is the goal of **joined up care for everyone in England**.
- The **White Paper** is broken down into the following **sections**:
  1. Integration and Collaboration;
  2. Bureaucracy;
  3. Public Confidence and Accountability;
  4. Additional proposals – Social Care, Public Health, Safety and Quality

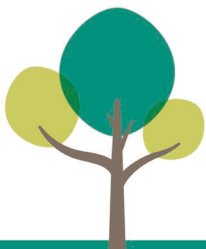
## Schedule

- ❑ In **November 2020**, NHS England and NHS Improvement released an **engagement paper** setting out proposals for legislation to allow ICSs to be placed on a formal footing.
- ❑ On **11<sup>th</sup> February 2021** the Department of Health and Social Care has produced a **White Paper** in response proposing a Health and Care Bill to be placed before Parliament with an expected date of spring 2021, with a view to it receiving royal assent in early 2022 and an expectation of **implementation from April 2022**.
- ❑ The White Paper will be subject to feedback and discussion which will shape the final version of the Bill that will be laid before Parliament in **Spring 2021**.
- ❑ The Government intends to bring forward separate proposals on social care reform **later this year**.

## Key Links

A copy of the white paper can be found here:

<https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all>



## What does the White Paper say?

### The Department of Health and Social Care's legislative proposals for a Health and Care Bill

#### “Working together to integrate care”

- Two forms of integration will be underpinned by the proposed changes: **integration within the NHS** and **integration between the NHS and others**
- Statutory ICSs will be formed in each area and comprise of an **ICS NHS body** and an **ICS health and care partnership**
- ICSs will **work closely with local Health and Wellbeing Boards**

##### Statutory ICS NHS body

- In charge of **day to day running** of the ICS, **NHS planning** and **allocation decisions**
- Will develop a plan to address the **health needs of the population**
- **Set out the strategic direction** for the system
- Explain the plans for both **capital and revenue spending** for the NHS bodies in the system
- ICS NHS Body unitary Board will be directly accountable for **NHS spend and performance** within the system

##### Statutory ICS health and care partnership

- Will **support integration, promote partnerships** and **develop a plan** to address systems' **health, public health** and **social care needs**

##### Place based arrangements

- There will be **no legislative provision** about arrangements at place level
- Place based arrangements will be **left to local organisations** to arrange

#### “Enhancing public confidence and accountability”

- **More flexible mandate** for NHS England to make it easier for the Secretary of State to set objectives
- **Removal of the three-year time limit** on Special Health Authorities (SHAs)
- Ensure Secretary of State has **appropriate interventional powers**, including power to intervene in **local service reconfiguration** and power to **transfer functions between Arm's Length Bodies**
- Secretary of State to publish a document setting **out roles and responsibilities for workforce planning and supply** in England

#### “Reducing bureaucracy”

- NHS will be free to make decisions on how it organises itself **without the involvement of Competition and Market Authority (CMA)**
- **Creation of a bespoke health services provider selection regime** that will give greater flexibility on how services are arranged
- Changes to the national tariff to enable the **tariff to work more flexibly within system approaches**
- Secretary of State will have the **power to create new Trusts** to ensure alignment within an integrated system
- **Removal of Local Education Training Boards (LETBs)** from statute

#### Additional proposals

##### Social care

- **Enhanced assurance framework** to assess the delivery of adult social care services and for data to be collected from providers
- Payment power to allow Secretary of State to **make emergency payments** directly to all social care providers
- **Standalone power for the Better Care Fund**, separating it from the NHS mandate setting process

##### Public health

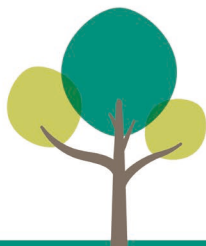
- Make it easier for Secretary of State to **direct NHS E on specific public health functions** e.g., tackling obesity
- Secretary of State to **set requirements in relation to hospital food**
- Streamline the **process of fluoridation** of water

##### Safety and Quality

- **Establishment of Health Services Safety Investigations Body (HSSIB)**
- Establishment of a **statutory medial examiner system**

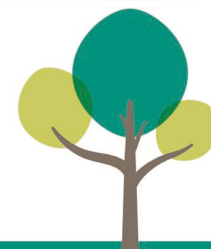
#### Key messages

- Statutory ICS NHS Body to be responsible for allocation decisions
- Statutory ICS partnerships to support integration across the system
- System accountability for financial performance
- Greater scope for Secretary of State to intervene
- Organisations are free to determine place-based arrangements
- Health removed from Competition & Market Authority jurisdiction
- CQC to assess delivery of adult social care services



# Impact for Local Authorities – Key Changes

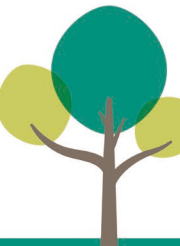
LA Impact	Considerations
The NHS and local authorities will be given a duty to collaborate with each other, underpinned by the inclusion of local authorities on the boards of ICSs.	<ul style="list-style-type: none"> <li>• Important to ensure that the approach is focussed on collaboration and NOT integration e.g. that the focus is on people and outcomes (rather than organisations and management structures)?</li> <li>• The focus is likely to be primarily on the relationships between acute hospitals and ASC, We need to ensure that collaboration takes into account the importance of homes and community-based care and support.</li> <li>• What will be the approach to working with older people, disabled people, carers and other stakeholders to build a vision of the care and support we all want for ourselves and families in the future?</li> <li>• How will the this fit with upcoming social care reform and the 9 principals set out by ADASS.</li> </ul>
A new duty for the Care Quality Commission (CQC) to assess local authorities' delivery of their adult social care duties.	<ul style="list-style-type: none"> <li>• Will this lead to a new performance regime and what will this mean for existing peer review processes?</li> <li>• What should their role be how can make sure it is proportionate and supportive of developing and sharing good practice?</li> <li>• How will resident and service user voices feed in and shape the new regime?</li> </ul>
Linked to the above duty, a proposal to introduce a power for the Secretary of State to intervene where, following assessment under the new CQC duty, it is considered that a LA is failing to meet their duties.	<ul style="list-style-type: none"> <li>• There is an understanding that these proposals come following an extraordinarily challenging year for adult social care. It is stated that initial focus will be to improve the quality, timeliness and accessibility of adult social care data but clearly there will be an assurance framework in place that will be used to rank performance and enable intervention when performance falls short.</li> </ul>
A new legal power enabling the Secretary of State to make direct payments to providers that will reduce bureaucracy in providing future additional support to the sector.	<ul style="list-style-type: none"> <li>• The expectation is that this would only be used in exceptional circumstances (e.g. Infection Control Fund distribution). Not yet clear what other practical examples of when these powers would be used might be or even what the added benefit is?</li> </ul>





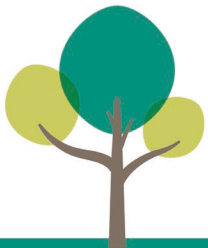
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LA Impact	Considerations
<p>The ICS Health and Care Partnership, will bring together health, social care, public health (and potentially representatives from the wider public space where appropriate, such as social care providers or housing providers). This body will be responsible for developing a plan that addresses the wider health, public health, and social care needs of the system – the NHS ICS board and Local Authorities will have to have regard to that plan when making decisions.</p>	<ul style="list-style-type: none"> <li>• How will the governance arrangements be developed?</li> <li>• Will this be used by the NHS and LA partners as a forum for agreeing co-ordinated action and alignment of funding on key issues?</li> </ul>
<p>A new standalone legal basis for Better Care Fund (BCF), removing it from part of the NHS mandate setting.</p>	<ul style="list-style-type: none"> <li>• Legislation will amend the process for setting the NHS mandate so that it is no longer set on a rolling annual basis</li> <li>• How do we make sure that LA has access to the money directly for our own services etc.?</li> <li>• Like to see the bureaucracy removed and would expect CCG oversight/controls will be removed?</li> </ul>
<p>Public Health proposals</p>	<ul style="list-style-type: none"> <li>• Since the transfer of public health to councils in 2013, local government has proved that public health is more effective and appropriate to local health challenges when it is locally led. Locally led public health teams have played a vital role in responding to the pandemic.</li> <li>• Furthermore, local public health leaders have a crucial role to play in ensuring that local strategies for health and wellbeing have the promotion of health, wellbeing, independence and resilience at the core.</li> <li>• There is concern about the proposal to create a power for the Secretary of State for Health and Social Care to require NHSE to discharge public health functions will undermine local leadership of prevention and promoting wellbeing.</li> </ul>



# Impact for Local Authorities – Key Changes

LA Impact	Considerations
Public Health proposals	<ul style="list-style-type: none"><li>• Will want assurance from Government that this will not adversely impact on local government's public health responsibilities.</li><li>• We would like to see a commitment to share data with Directors of Public Health and local public health teams as standard practice, to allow them to fulfil their statutory duties. Throughout the COVID-19 pandemic, local government has repeatedly had to make the case for Directors of Public Health to receive data about residents in their areas, and this should not be an afterthought.</li></ul>



# Initial Feedback from Local Government



**James Bullion**  
**ADASS President, said:**

"Publication of this white paper should be seen as the first step in an important journey over the coming months that will help shape all of our futures. ....These must incorporate all outstanding issues, including a workforce plan to put social care staff on an equal footing with workers in the NHS, greatly improved support for family carers and a commitment to long-term funding to develop the kind of care and support that will enable us all to live the lives we want in the place we want to be."



**LGA Response from Cllr Ian Hudspeth, Chair of the  
Local Government Association's Community Wellbeing  
Board:**

This white paper provides a promising base on which to build stronger working relationships between local government and the NHS, as equal partners, to address the wider determinants of health and deliver better and more coordinated health and care services. We will be working with councils, the Government and NHS England to better understand the full implications of these wide-ranging proposals.

