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Department Health and Social Care
white paper:

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

February 2021



- Integrated care systems (ICSs) are to be established on a statutory footing through both an NHS ICS board and an ICS health and care partnership, the latter bringing together the NHS, local government and other partners such as those in the voluntary sector
- A duty to collaborate will be created to promote collaboration across the healthcare, public health and social care system. This will apply to all partners within systems, including local authorities
- There will be new powers for the Secretary of State for Health and Social Care over the NHS and other arm's-length bodies (ALBs):
 - to intervene in service reconfiguration changes at any point without need for a referral from a local authority
 - to reconfigure and transfer the functions of arm's-length bodies (including closing them down) without primary legislation.
- Statutory duty for SoS to publish a report in each parliament on workforce planning responsibilities across primary, secondary and community care, as well as sections of the workforce shared between health and social care
- Section 75 of the Health and Social Care Act 2012 (including the Procurement, Patient Choice and Competition Regulations 2013) will be repealed and replaced with a new procurement regime.
- The white paper does not address social care or public health reform but notes these will be dealt with “later in 2021”
- There are also additional proposals relating to other areas, such as public health, obesity and the fluoridation of water.



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- Recovering from the pandemic will require the right legislative framework; the pandemic has highlighted the critical need for joined-up care and partnership working
- While legislation can help to create the right conditions, it will be the hard work of the workforce and partners in local places and systems across the country that will make the biggest difference
- The ambition to reduce inequalities and support people to live longer, healthier and more independent lives will demand bold joint and cohesive efforts, working closely with local government and other relevant colleagues
- Though no single piece of legislation can fix all the challenges facing health and social care, the proposals set out in the white paper will play an important role in meeting longer-term health and social care challenges



ICSs will be established, to include an NHS body and a Health and Care Partnership **K**

- The NHS body will be
 - Responsible for strategic planning, taking on the commissioning functions of CCGs and be directly accountable for NHS spend and performance within the system, with its chief executive becoming the accounting officer for NHS money allocated to the NHS ICS body
 - As a minimum, include a chair, the chief executive and representatives from NHS trusts, general practice and local authorities, with others determined locally. ICSs will also need to ensure they have appropriate clinical advice when making decisions
 - 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 Health and Care Partnership
 - Will be responsible for developing a plan that addresses the wider health, public health and social care needs of the system, with the NHS ICS board and local authorities having to regard that plan when making decisions
 - Details regarding their functions and membership are to be left to the discretion of the local areas.



- **Duty to collaborate** - to promote collaboration across the healthcare, public health and social care system. The duty will apply to NHS organisations and local authorities
- **Triple aim** - a shared duty to have regard for the 'triple aim' of better health and wellbeing for everyone, better care for all people and sustainable use of NHS resources is proposed
- **Foundation trusts' capital spend limit** – limiting a foundation trust's capital expenditure where they are not working effectively to prioritise capital expenditure within their ICS
- **Joint Committees** - allow for the formation and governance of joint committees between ICSs and NHS providers, as well as NHS providers forming their own joint committees
- **Collaborative commissioning** – legislation changed to remove the barriers to collaboration to enable alignment of decisions and pooling of budgets
- **Joint appointments** - between NHS bodies, NHS bodies and local authorities, and NHS bodies and combined authorities
- **Data sharing** - improve data access and interoperability by enabling the safe sharing of data in support of individual care, population health and the effective functioning of the system.



- **Choice** - existing patient choice rights and protections will be retained and section 75 of the Health and Social Care Act 2012 Act, including the Procurement, Patient Choice and Competition Regulations 2013, will be repealed with the powers in primary legislation under which they are made being replaced with a new provider selection regime
- **Competition** – legislation to clarify the central role of collaboration in driving performance and quality in the system
- **Arranging healthcare services** - remove the current procurement rules that apply for NHS and public health service commissioners when arranging healthcare services with the intention to develop a new provider selection regime that will provide a framework
- **National tariff** - legislation will be amended to enable the national tariff to support the right financial framework for integration
- **New trusts** – ICSs can apply to the SoS to create a new trust to deliver the best outcomes for the whole population health and to respond to emerging priorities
- **Removing local education training boards (LETBs)** – their functions to be undertaken by HEE



- NHS England and NHS Improvement will be legally merged (to be known as just NHS England), which will have a single governance structure and be accountable for all aspects of NHS performance, finance and care transformation
- Secretary of State to direct NHS England (the merged body), including to intervene in service reconfiguration changes at any point without need for a referral from a local authority
- Greater flexibility for DHSC on the timing for setting the NHS mandate for NHS England, replacing annual mandate renewal with a new requirement to ensure a mandate is always in place
- New powers for DHSC to reconfigure and transfer the functions of arm's length bodies (including closing them down) without primary legislation
- Three-year time limit will be removed for special health authorities from legislation
- Secretary of State statutory duty to publish a report in each parliament on workforce planning responsibilities across primary, secondary, community care and sections of the workforce shared between health and social care



- Proposals are expected later this year to outline social care reform, under the twin **K** objectives of enabling an affordable, high-quality and sustainable adult social care system that meets people's needs, while supporting health and care to join-up services around people. In the meantime, proposals contained within this Bill will embed system improvements that have been made in response to COVID-19
- Also driven by the experiences of COVID-19 and future needs, the government will publish in due course an update on proposals for the future design of the public health system which will create strong foundations for the whole system to function at its best
- In January 2021, the Department of Health and Social Care and the Ministry of Justice published Reforming the Mental Health Act, a white paper which responds to the Independent Review of the Act conducted in 2018. This forms the government's plan to modernise mental health legislation, including giving people greater control over their treatment and ensuring they are treated with dignity and respect
- On current timeframes, and subject to parliamentary business, the government plan to begin implementation of these proposals for health and care reform in 2022.