Health and social care white paper: key proposals and issues

Hugh Alderwick
March 2021
Background

- Department of Health and Social Care published proposals for new legislation in February 2021

- White paper largely focuses on the NHS in England, but also limited proposals on social care and public health

- Sets out changes in four broad buckets:
  - ‘working together and supporting integration’
  - ‘reducing bureaucracy’
  - ‘enhancing public confidence and accountability’
  - ‘additional proposals’ (eg on social care)

- Changes to be implemented from 2022
The changes try to resolve tensions in NHS policy
A story of several parts

- **Part 1:**
  Changes to encourage **collaboration** within the NHS and between health and social care—including by removing some 2012 Act rules on competition and procurement

- **Part 2:**
  Changes to **national roles and powers** over the NHS—including to strengthen ministerial control over the day-to-day running of the health care system

- **Part 3:**
  Important **things missing or lacking**—including a plan for social care reform
# Part 1: collaboration and integrated care

**Key changes include:**

- **ICSs**: ‘Integrated care systems’ to cover every part of England, controlling most NHS resources
- **Two ICSs**: NHS ICSs created as new statutory bodies, alongside broader ‘partnership’ ICSs
- **CCGs abolished**, with ICSs taking on their functions
- **Places**: local partnerships with delegated budgets
- **Provider collaboratives** within the NHS
- **Removing requirements to competitively tender** clinical services; removing CMA role in NHS mergers

**Key issues:**

- Benefits risk being overstated
- How will ICSs (and place based arrangements) actually work?
- Two ICSs… A genuine partnership?
- Is the NHS ICS just a bigger CCG…?
- Proliferation of partnership structures
- Potential disruption

#THFWhitePaper
Part 2: national roles and powers

Key changes include:

- **Formally merge NHS England and Improvement** to provide ‘unified national leadership’ for the NHS
- **Broad intervention powers for the Secretary of State** over the functioning of the NHS, including to:
  - Formally direct NHS England in relation to ‘relevant functions’
  - Intervene at any time in service reconfigurations (and IRP scrapped)
  - Transfer functions to and from ALBs
  - Abolish ALBs

Key issues:

- No clear rationale for greater ministerial involvement
- How will these broad powers be used?
- Politicisation of service changes
- Have the right lessons been learnt from COVID-19? Consider the counterfactual

#THFWhitePaper
## Part 3: limited fixes to much bigger problems

<table>
<thead>
<tr>
<th>White paper includes:</th>
<th>Workforce</th>
<th>Public health</th>
<th>Social care</th>
</tr>
</thead>
</table>
| - Duty for SoS to publish a report every 5 years setting out roles and responsibilities for workforce planning | - Targeted obesity policies  
- Moving water fluoridation responsibilities  
- SoS powers to direct NHSE PH functions | - Stronger central oversight  
- Direct SoS £ to providers  
- Stronger data collection  
- New legal framework for D2A and better care fund |

### Still missing:
- Long-term workforce strategies for the NHS and social care
- Cross-government strategy for reducing health inequalities (+ adequate £)
- The plan promised for comprehensive reform of adult social care in England
Taking a longer-term view

Looking backwards
- The white paper is the most recent in a long line of NHS reorganizations
- NHS policy reverting more closely to its pre-1991 course
- What have we learnt for the latest round of reform?

Looking forwards
- The scale of the challenges facing the NHS after the pandemic are enormous
- Public policy challenges facing government are even bigger
- Aside from the structures, what’s the new guiding strategy for the NHS?
Thank you