

Health and social care white paper: key proposals and issues

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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**



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

Presented to Parliament
by the Secretary of State for Health and Social Care
by Command of Her Majesty

February 2021

CP 381

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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*

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*

Part 3: limited fixes to much bigger problems

Workforce

- White paper includes:**
- Duty for SoS to publish a report every 5 years setting out roles and responsibilities for workforce planning

Public health

- Targeted obesity policies
- Moving water fluoridation responsibilities
- SoS powers to direct NHSE PH functions

Social care

- 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



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