



Health and Care White Paper

Policy update, February 2021

Overview

On 11th February 2021, the Department of Health and Social Care published its White Paper on the future of healthcare in England, '[Integration and innovation: working together to improve health and social care for all](#)', which above all, seeks to integrate care, reduce bureaucracy, and strengthen accountability. The White Paper reflects upon lessons from the COVID-19 pandemic and seeks to embed learnings, particularly around some of the new and improved ways of working.

In his [Ministerial Statement to the Commons](#), Health Secretary Matt Hancock said the reforms are based on the principle of population health and will deliver a more integrated, innovative, and responsive system, one that harnesses the power of modern technology and is flexible in its adoption, allowing decision-makers to focus on patient needs, unencumbered by bureaucratic constraints. Hancock boldly set out his belief in the power of a renewed legislative framework to realise these aims.

Subject to Parliamentary business, the legislative proposals will begin to come into force in 2022 (to be introduced in Summer 2021 and implemented in April 2022).

Introduction

The drivers for change are plentiful. A changing society has propelled the need for more integrated care, with an ageing population and a rise in patients with multiple long-term health conditions, thus more complex patient needs. COVID has shone a light on a system which needs to adapt to reflect the advancements in medical care and technological innovations.

The reforms seek to reverse large parts of the 2012 Act and have been largely welcomed across the health sector, particularly the focus on increased collaboration and integration and the move away from competition and internal markets. There are however a number of concerns, including around the timing of reform, given the huge pressures on the NHS and the growing backlog of care, and a perceived "power grab" by the Government, with measures controversially granting the Secretary of State greater control over system functioning.

Key measures

Integrating care

The goal of joined-up care is at the heart of the proposals with COVID having demonstrated the importance of different parts of the system working together. Broadly speaking, this will involve integration within the NHS – removing cumbersome boundaries to collaboration – and integration between the NHS, local government, and wider delivery partners. In practical terms, this will require:

- Every part of England to be covered by an Integrated Care System (ICS) "coterminous with local authorities", the component parts of which are an **ICS NHS body** and an **ICS Health and Care Partnership**. The former will be responsible for the day to day running of the ICS, NHS planning and allocation decisions, with the latter bringing together the NHS, local government, and partners to support integration and develop a plan to address the systems' health, public health, and social care needs.

- **Duty to collaborate** across the wider system and effective **data sharing**, both vital for effective integration and enabling the digital transformation of care pathways.
- Legally binding **capital spending limits on Foundation Trusts**, safeguarding financial sustainability. This will however be a “targeted reserve power” and is not intended to erode FT independence.
- Removal of barriers to integration through joint committees, collaborative commissioning approaches and joint appointments.

Reducing bureaucracy

Creating flexibility and reducing barriers for staff requires reforming legislation that is, in places, exceedingly detailed and prescriptive. COVID has seen the slashing of red tape in numerous areas including data sharing, flexible workforce deployment, decision making and governance, and integrated delivery. A renewed legislative framework – with pragmatism at its heart and a vow to remove transactional bureaucracy that hinders sensible decision-making – will:

- Reduce the **CMA’s power** and amend the procurement system. Where procurement processes can add value they will continue, but the NHS will decide this for itself. The Government will create a bespoke health services provider selection regime granting commissioners greater flexibility in arranging services.
- Authorise the Secretary of State to create new trusts in response to emerging priorities.
- Remove Local Education Training Boards from statute to give Health Education England flexibility to adapt its regional operating model.

National Tariff

DHSC will take forward NHS England’s proposals on the National Tariff by amending the legislation to enable the Tariff to support the “right financial framework for integration” whilst also maintaining “financial rigour and benchmarking that tariff offers”, including:

- Where NHSE specifies services in the National Tariff, then the national price set for that service may be either a fixed amount or a price described as a formula.
- NHSE could amend one or more provisions of the National Tariff during the period which it has effect, with appropriate safeguards.
- Removing the requirement for providers to apply to NHSI for local modifications to tariff prices.

Strengthening accountability and public confidence

To ensure effective governance along with accountability by Parliament, the Bill will seek to:

- Formally **merge NHSE&I** into a single legal organisation and grant the Secretary of State **intervention powers** over its functions.
- Enable integration by means of a **more flexible mandate for NHSE**, making it easier for the Health Secretary to set its objectives.
- Enable the Health Secretary to **transfer functions to and from Arm’s Length Bodies** and to **intervene in local service reconfigurations**, but only in cases where these are a cause for public concern or are particularly complex.
- Introduce a duty on the Secretary of State to publish a report every Parliament (once every five years) on workforce planning roles and responsibilities.

Harnessing the power of technology

The White Paper places great importance on innovation and technology, especially in light of the accelerated uptake of new technologies during COVID. Reforms will:

- Help establish technology as a better platform to support staff and patient care.
- Maintain the distinct responsibilities between funders of services and those who provide care but sets out a more joined-up approach built on collaborative relationships, so more strategic decisions can be taken.