

White Paper on Health and Social Care Reform Published

Dear Colleagues

Today the Government has published a White Paper which they say gives the blue print for future NHS and Social Care reforms. 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. In Derbyshire, these proposals are welcomed and in line with the direction of travel being planned by the Joined Up Care Derbyshire Integrated Care System.

The White Paper details plans to support recovery by stripping away unnecessary legislative bureaucracy, empowering local leaders and services and tackling health inequalities. The government is proposing a Bill will be laid in Parliament, when parliamentary time allows, to carry the proposals into law. The Government intends to bring forward separate proposals on social care reform later this year.

In particular, the Government's announcement today – following recommendations made by NHS England - includes proposed legislation to set out the future of Integrated Care Systems (ICS). Joined Up Care Derbyshire was announced as the ICS for Derby and Derbyshire following its prior status as an STP, with effect from 1st January 2021, and this new announcement sets out the next stage in development, including the legal powers for ICSs across the country.

NHS England asked local health and care systems for their views on giving ICSs increased statutory powers in November 2020. Overall, the proposals met with the direction of travel and aspirations for Derbyshire, outlining four main aims:

- Improving population health and healthcare.
- Tackling unequal outcomes and access.
- Enhancing productivity and Value for Money.
- Helping the NHS to support broader social and economic development.

The proposals talked about existing CCG commissioning responsibilities becoming part of the ICS, and set out a new landscape for collaboration among service providers working both at scale and in our neighbourhoods. NHS England has reviewed this feedback and has today (Thursday 11th February) made five specific recommendations to Government, which the Government has now agreed to legislate. These are set out in more detail in the appendix below.

In real terms, for Derbyshire, this will mean:

1. A statutory NHS Integrated Care System (ICS) which builds on the significant progress already made by Joined Up Care Derbyshire, likely to take effect from April 2022 subject to parliamentary process and legislation. NHS and local authority partners will continue to work together to implement these reforms.
2. The establishment of statutory ICSs would see the creation of an ICS NHS Board and an ICS Health and Care Partnership (together referred to as the ICS), to strengthen the decision-making authority of the system leadership and to embed accountability for system performance into the NHS accountability structure.

The ICS NHS Board will be responsible for developing a plan to meet the health needs of our population, developing a capital plan for the NHS providers within the ICS and securing the provision of health services to meet the needs of the system population.

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.

3. A process where the commissioning functions currently delivered through the CCG - as well as a number of commissioning functions currently undertaken by NHS England - transition into the new ICS NHS Board, with a guarantee on employment for everyone below Board level.
4. A key responsibility for our system will be to support place-based joint working between the NHS, Local Government and other partners such as the voluntary and community sector. The White Paper proposes that frequently, place level commissioning within an integrated care system will align geographically to a local authority boundary, and the Better Care Fund (BCF) plan will provide a tool for agreeing priorities.

This will see ongoing work on how NHS providers collaborate both at scale across some service lines, and at neighbourhood or place level to ensure services are tailored to local citizens. The Government has explicitly noted that the creation of new NHS Trusts remains an option, with the removal of many of the traditional commissioner/provider boundaries.

The NHS England engagement report can be [viewed here](#), along with some Frequently Asked Questions. The Government White Paper can be [viewed here](#). Very brief summaries of the legislative proposals and the headlines from the Government White Paper are set out in the appendix.

We welcome these proposals as reflective of the position taken by the Joined Up Care Derbyshire Board during its deliberations in December. The proposals align with how we have planned to progress our partnerships and governance for Derby and Derbyshire. We will continue to review the White Paper in detail to ensure that we are aligned with its proposed governance and will continue to keep our partners informed of and engaged in these developments during the coming weeks and months.

Kind Regards,



John MacDonald
ICS Independent Chair



Chris Clayton
ICS Executive Lead

Joined Up Care
Derbyshire



Appendix 1:

NHS England Engagement Report Summary

Recommendation	Rationale
<p>Legislative recommendation 1: The Government should set out at the earliest opportunity how it intends to progress the NHS's own proposals for legislative change.</p>	<p>NHSE heard that there was strong support for movement towards ICSs being on a statutory footing, but that this transition should proceed carefully, with minimum local disruption. There was strong support for the transitional employment commitment, along with a desire for legislation to be simple to allow for local determination of how best to shape the system, including at place level.</p>
<p>Legislative recommendation 2: ICSs should be put on a clear statutory footing, but with minimum national legislative provision and prescription, and maximum local operational flexibility. Legislation should not dictate place-based arrangements.</p>	<p>NHSE heard agreement for the preferred model of repurposing of CCGs as a statutory local ICS NHS body. Local government argued that the NHS and local authorities required different approaches due to their different funding and political models, but that partnership was vital. The recommendation allows for both an NHS body and partnership model to work in tandem, at the determination of local systems.</p>
<p>Legislative recommendation 3: ICSs should be underpinned by an NHS ICS statutory body and a wider statutory health and care partnership. Explicit provision should also be made for requirements about transparency.</p>	<p>Representations were heard from national and clinical groups about representation on ICS Boards. NHSE agree that clinical leadership is fundamental to the success of ICSs, along with community engagement. Further guidance will follow later in 2021.</p>
<p>Legislative recommendation 4: There should be maximum local flexibility as to how an ICS health and care partnership is constituted, for example using existing arrangements such as existing ICS partnership boards or health and wellbeing boards where these work well. The composition of the board of the NHS ICS body must be sufficiently streamlined to support effective decision-making. It must be able to take account of local circumstances as well as statutory national guidance. Legislation should be broadly permissive, mandating only that the members of the NHS ICS Board must include a chair and CEO and as a minimum also draw 5 Introduction and summary representation from (i) NHS trusts and Foundation Trusts, (ii) general practice, and (iii) a local authority. As with CCGs now, NHSE/I should approve all ICS constitutions in line with national statutory guidance.</p>	<p>NHSE has reaffirmed the continued commitment to national contractual arrangements across the primary care contractor professions and also to the primary and community services funding guarantee – alongside the mental health investment standard – in the NHS Long Term Plan. Some GPs were concerned about the loss of the GP membership model, whilst others welcomed the clearer focus placed on the role that general practice plays in integrating care at neighbourhood level through PCN development.</p> <p>There was clear support for moving commissioning and planning functions closer to the populations they serve.</p>

<p>Legislative recommendation 5: Provisions should enable the transfer of primary medical, dental, ophthalmology and pharmaceutical services by NHS England to the NHS ICS body. Provision should also enable the transfer or delegation by NHS England of appropriate specialised and public health services we currently commission. And at the same time, NHS England should also retain the ability to specify national standards or requirements for NHS ICSs in relation to any of these existing direct commissioning functions.</p>	<p>There is no further commentary in NHSE's summary document.</p>
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Government White Paper

In legislating for the changes, the Government has today produced its White Paper [**Integration and Innovation: working together to improve health and social care for all**](#). Describing the next stages for NHS reform, based in part upon NHS England's proposals as described above, along with additional steps the Government wishes to take, the White Paper sets out key measures, including:

- The NHS and local government to come together legally as part of statutory integrated care systems to plan health and care services around patients' needs, and quickly implement innovative solutions to problems which would normally take years to fix, including moving services out of hospitals and into the community, focusing on preventative healthcare.
- Under today's proposals, the NHS will only need to tender services when it has the potential to lead to better outcomes for patients. This will mean staff can spend more time on patients and providing care, and local NHS services will have more power to act in the best interests of their communities.
- The safety of patients is at the heart of NHS services. The upcoming Bill will put the Healthcare Safety Investigations Branch permanently into law as a Statutory Body so it can continue to reduce risk and improve safety. The Healthcare Safety Investigations Branch already investigates when things go wrong without blaming people, so that mistakes can be learned from, and this strengthens its legal footing.
- A package of measures to deliver on specific needs in the social care sector. This will improve oversight and accountability in the delivery of services through new assurance and data sharing measures in social care, update the legal framework to enable person-centred models of hospital discharge, and introduce improved powers for the Secretary of State to directly make payments to adult social care providers where required.
- The pandemic has shown the impact of inequalities on public health outcomes and the need for Government to act to help level up health across the country. Legislation will help to support the introduction of new requirements about calorie labelling on food and drink packaging and the advertising of junk food before the 9pm watershed.