

What the NHS white paper means for the future of health and care in England

This briefing summarises the government's white paper on reforms to health and care, the move towards a more integrated and collaborative way of working, and the NHS Confederation's viewpoint on what is needed to support these reforms.

Key points

- The NHS is moving towards models of working that involve different services working in a more integrated and collaborative way to better manage resources and improve care.
- The government's new white paper supports the move towards integration, legally mandating partnerships within the health and care system called integrated care systems (ICSs) and allowing systems to work together more seamlessly.
- The white paper describes two component parts of the ICS:
 - the NHS body, which is mandated to integrate NHS services
 - the health and care partnership, which is aimed at the wider integration of partners including local government and voluntary sector partners.
- The reforms outlined in the white paper are the most important NHS reforms for a decade and our members broadly welcome them. The reforms outlined a move away from competitive tendering and outsourcing of healthcare services contained in the last NHS reforms in 2012, which were largely unpopular.
- We are concerned that the white paper includes measures beyond those intended to improve integration, such as giving the Secretary of State more control over the direction of NHS England and NHS Improvement (NHSEI), and new powers to intervene in service reconfigurations.
- There is a pressing need for long-term planning and reform of the social care sector and guidance on the future of the public health system, which were omitted from the white paper.
- The government must also be mindful of the timeline for implementing these measures, considering the operational pressures on the system during the pandemic.
- The government must engage meaningfully with all partners across the health and social care system, especially with local authorities, to clarify its position alongside NHS service providers within the reformed system.

How and why the white paper has come about

NHS England and NHS Improvement (NHSEI) is the national regulator that oversees and supports the NHS to deliver and improve care for patients in England. NHSEI has been looking to move towards models of working that involve different services working in a more integrated and collaborative way that supports NHS organisations to better manage resources and improve care.

In recent years, there has been a focus on creating partnerships called integrated care systems (ICSs). These systems are formed from place-based partnerships¹ and neighbourhoods supported by primary care networks² (PCNs). ICSs, places and PCNs will be key to achieving the ambitions of the [NHS Long Term Plan](#)³, which sets out the ambitions for the NHS between 2020 and 2030.

On 11 February 2021, the government published a [white paper](#) setting out reforms to health and care. The white paper is a departure from the last NHS reforms in 2012, which were characterised by competitive tendering and outsourcing of services and a move towards integration and collaboration across services, allowing systems to work together more seamlessly. However, broadly the proposals on improving integration follow a trajectory of change that has been enabled through policy and practice for several years.

Integrated care systems

ICSs are partnerships between the organisations that meet health and care needs across an area

ICSs are partnerships between the organisations that meet health and care needs across an area, typically covering a population of 1-3 million people. ICSs bring providers and commissioners of NHS services together with local authorities and other local partners – including independent providers, voluntary sector organisations and community representatives – to coordinate services and collectively plan to improve the health of their local populations and reduce inequalities. ICSs focus on collaboration and on places and local populations as the driving forces for improvements in patient care.

Although they will only be legally mandated when the Health and Care Bill passes into law, there are already 33 ICSs operating across England, providing joined-up care for their local populations based on agreements among participating organisations. Detail of these ICSs is available on [NHSEI's website](#). ICSs have been operating since 2018, and the total number in England will rise to 41 by April 2021, to cover the

entire country. The white paper proposes that the functions held by the existing network of clinical commissioning groups,⁴ (CCGs) are in the main taken on by ICSs.

Why we are moving towards integrated care

Given that the social factors which determine the health and wellbeing of our society are complex and extend to services beyond the auspices of the NHS – such as social care and housing – it is crucial that these systems integrate and collaborate.

The purpose of an ICS is to deliver tangible improvements in five areas:

1. Overall health outcomes for their population.
2. The reduction of health inequalities through a targeted, evidence-based approach.
3. The integration of primary, community and secondary services; physical and mental health services; and health with care.
4. The quality of health and care services and the reduction of unwarranted variation.
5. Efficiency in how funds and resources are allocated.

These reforms were discussed before the onset of the pandemic and they have been pushed back due to operational pressures in health and care, but their importance has been emboldened by the experience of pandemic response. Many of the solutions developed in response to issues such as personal protective equipment (PPE) and resource shortages, patient discharge and community outreach have centred around collaboration and partnership working across primary, secondary and community services, and with local government and community partners. NHS provider organisations across England have shown they can transform care models by expanding access to digital services and implementing rapid response community-based services.

Empowering local systems and giving them the autonomy that they need to be able to effectively meet the needs of the local population will be key to achieving the ambitions of the NHS Long Term Plan.

The NHS Confederation's view

These are the most important NHS reforms for a decade, and our members broadly welcome them. Although NHS leaders are understandably concerned about reorganisations – especially given current pressures – there is consensus across our membership that the move towards collaboration and partnership working is both positive and necessary in improving patient care.

We welcome the fact that a number of our recommendations put forward in the consultation response, and in our recent [Future of Integrated Care in England report](#), have been accepted by government.

These recommendations include:

- a duty on system partners (including local authorities) to collaborate
- the principle of subsidiarity (i.e. enhanced localisation of decision-making)
- allowances for joint committees at place level
- strengthened clinical leadership.

However, we are concerned that the white paper also includes measures beyond those intended to improve integration, such as giving the Secretary of State more control over the direction of NHSEI and new powers to intervene in service reconfigurations. We believe that important decisions around service reconfigurations should be separate from the parliamentary cycle, and our members are clear that the best solutions are usually found when local partners work together. The government should also consider carefully the degree of discretion the Secretary of State would have to transfer functions between arm's-length bodies and to direct NHSEI. We believe that it is important for these bodies to retain a level of operational and clinical independence from government.

The NHS is a public service and it is right that it has appropriate accountability to government and parliament. However, one of the positives of the 2012 reforms has been establishing a legally independent board – NHSEI – to distance politicians from the day-to-day running of the NHS. This has not stopped ministers from being active in setting policy over the last decade, as they should always be. The NHS is already one of the most centralised health systems in the world and we urge ministers not to legislate to centralise it further.

Additional points to consider

The white paper omits other key areas where reform is long overdue. The government states that reforms to social care and public health will be dealt with 'later in 2021' outside the Health and Care Bill addressed in the white paper. There is a pressing need for a long-term plan and allocated funding for the social care sector. Moreover, Public Health England⁵ will cease to exist at the end of March following the government's decision to abolish the agency. Guidance on the future public health system and investment in local public health initiatives are fundamental to improve the population's health. We would like to see these happening as a matter of urgency.

There is considerable and important detail that must be worked through in order to have functioning ICSs in 2022

The government must also be mindful of the timeline for implementing these measures, considering the operational pressures on the system during the pandemic. There is considerable and important detail that must be worked through in order to have functioning ICSs in 2022, including the transition of CCG staff. We know that legislation alone will not bring about the changes in behaviours and ways of working that are required. The government must engage meaningfully with all partners across the health and social care system, especially with local authorities, to clarify its position alongside NHS service providers within the reformed system.

Detail around the practicalities of enabling the reforms are still to come. Some of the potential challenges that local systems will face include the need to effectively transition the commissioning functions of CCGs into ICS structures, as well as ensuring effective mechanisms of patient and public voice at the place level.

Next steps

We understand that the forthcoming NHS Bill will be brought forward in the next parliamentary session, likely in early summer.

The NHS Confederation will be setting out some of our concerns, including those outlined above, in more detail in the coming months.

Further information

Should you have any questions on the above, please contact: Victoria Fowler, public affairs manager, at victoria.fowler@nhsconfed.org

Glossary

1. **Place-based partnerships** are local partnerships between all the partners who contribute to health and care in a place, including local authority, NHS partners, CCGs and other community providers. Place-based partnerships cover a population of around 250,000-500,000 and are usually mapped to the boundaries of local authorities.

2. **Primary care networks (PCNs)** bring general practices (GPs) together to work at scale. PCNs are neighbourhood networks covering around 30-50,000 patients, and they work to improve the ability of general practices to recruit and retain staff and integrate with the wider health and care system, among other things.

3. **Clinical commissioning groups (CCGs)** are groups of local GP practices that are responsible for planning, purchasing and monitoring NHS services. The majority of NHSEI's budget is allocated to CCGs, but the new legislation will move this function within the ICS. CCGs will no longer exist in their current form.

4. **NHS Long Term Plan** is the guidance document for the NHS for the next ten years. It was produced by frontline staff, patient groups, and national experts in order to unlock the five-year NHS funding package announced by the government in 2018.

5. **Public Health England (PHE)** is an executive agency of the Department of Health and Social Care, and a distinct organisation with operational autonomy. PHE provides data, analysis, evidence, advice, surveillance and support to local, regional and central government, the NHS and others, that must be protected as much as possible. In August 2020, it was announced that PHE was to be replaced by the National Institute for Health Protection, a new agency created to deal with the threat of infectious diseases by combining PHE with the NHS Test and Trace programme.

About the NHS Confederation

The NHS Confederation is the membership body brings together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Northern Ireland and Wales. We represent hospitals, community and mental health providers, ambulance trusts, primary care networks, clinical commissioning groups and integrated care systems.

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18 Smith Square, Westminster, London SW1P 3HZ

Tel 020 7799 6666

Email enquiries@nhsconfed.org

www.nhsconfed.org

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