

What does the White Paper say?

The Department of Health and Social Care's legislative proposals for a Health and Care Bill

“Working together to integrate care”

- Two forms of integration will be underpinned by the proposed changes: **integration within the NHS** and **integration between the NHS and others**
- Statutory ICSs will be formed in each area and comprise of an **ICS NHS body** and an **ICS health and care partnership**
- ICSs will **work closely with local Health and Wellbeing Boards**

Statutory ICS NHS body

- In charge of **day to day running** of the ICS, **NHS planning** and **allocation decisions**
- Will develop a plan to address the **health needs of the population**
- **Set out the strategic direction** for the system
- Explain the plans for both **capital and revenue spending** for the NHS bodies in the system
- ICS NHS Body unitary Board will be directly accountable for **NHS spend and performance** within the system

Statutory ICS health and care partnership

- Will **support integration, promote partnerships** and **develop a plan** to address systems' **health, public health** and **social care needs**

Place based arrangements

- There will be **no legislative provision about arrangements at place level**
- Place based arrangements will be **left to local organisations to arrange**

“Enhancing public confidence and accountability”

- **More flexible mandate for NHS England** to make it easier for the Secretary of State to set objectives
- **Removal of the three-year time limit** on Special Health Authorities (SHAs)
- Ensure Secretary of State has **appropriate interventional powers**, including power to intervene in **local service reconfiguration** and power to **transfer functions between Arm's Length Bodies**
- Secretary of State to publish a document setting **out roles and responsibilities for workforce planning and supply** in England

“Reducing bureaucracy”

- NHS will be free to make decisions on how it organises itself **without the involvement of Competition and Market Authority (CMA)**
- **Creation of a bespoke health services provider selection regime** that will give greater flexibility on how services are arranged
- Changes to the national tariff to enable the **tariff to work more flexibly within system approaches**
- Secretary of State will have the **power to create new Trusts** to ensure alignment within an integrated system
- **Removal of Local Education Training Boards (LETBs)** from statute

Additional proposals

Social care

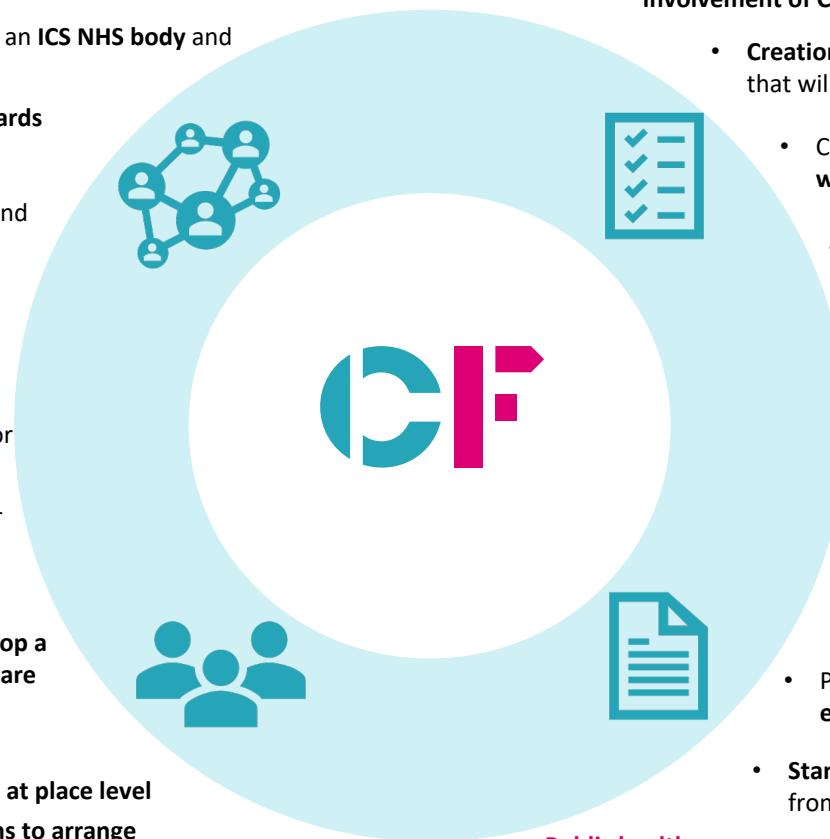
- **Enhanced assurance framework** to assess the delivery of adult social care services and for data to be collected from providers
- Payment power to allow Secretary of State to **make emergency payments** directly to all social care providers
- **Standalone power for the Better Care Fund**, separating it from the NHS mandate setting process

Public health

- Make it easier for Secretary of State to **direct NHS E on specific public health functions** e.g., tackling obesity
- Secretary of State to **set requirements in relation to hospital food**
- Streamline the **process of fluoridation** of water

Safety and Quality

- **Establishment of Health Services Safety Investigations Body (HSSIB)**
- Establishment of a **statutory medial examiner system**



Key messages

- Statutory ICS NHS Body to be responsible for allocation decisions
- Statutory ICS partnerships to support integration across the system
- System accountability for financial performance
- Greater scope for Secretary of State to intervene
- Organisations are free to determine place-based arrangements
- Health removed from Competition & Market Authority jurisdiction
- CQC to assess delivery of adult social care services