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What does the Government's Healthcare Blueprint really mean for the NHS, independent providers and the care sector?

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GK's Strategic Advisors and former health ministers Alistair Burt and Phil Hope share their thoughts on the Department for Health & Social Care's recent proposals for healthcare reform and integration and they explore what this means for investors and providers.

GK are experts in health and social care policy, working across the system with care providers and med tech and life sciences companies. We support investors to evaluate political, policy and regulatory risk in the investment process, and support independent providers and charities to engage and shape the political and policy landscape.

Integration and Innovation: A curate's egg

By Phil Hope, Strategic Adviser and Former Health Minister

The Government White Paper 'Integration and Innovation' is a radical change in the structures and wiring of the NHS with significant consequences for the social care system and providers of health and social services. Crucially, it recognises that competition is not the only way to drive service improvement and replaces it with collaboration as the organising principle. And there is a clear commitment to ensuring that public health, social care and healthcare work more closely together in the future than ever before.

But it is a bit of a curate's egg depending upon your point view. It includes both new centralising measures to make the NHS more accountable to Ministers, and it strengthens decentralised structures by giving statutory responsibility for commissioning NHS services and expenditure to 42 Integrated Care System (ICS) bodies in England.

And these new statutory ICS bodies are themselves complicated with a dual structure of both an ICS Health Board responsible for NHS matters alone, and an ICS Health and Care Partnership between the NHS and Local Government that will be responsible for planning health, social care and public health services in their areas. This dual structure is designed to allow both greater integration within the NHS, and greater joint working between the NHS and social care. It raises key questions about where the power really lies between these two structures at the ICS level. For instance, to what extent will these structures will be accountable to government? Will they be able to appoint one person to chair both structures? And will some ICS footprints need to change to avoid crossing Local Government boundaries within their geography?

The complexity goes further as there is strong support for the concept of place-based working within the ICS footprints to enable local integration of health and social care commissioning and service delivery. The presumption is that 'place' means Local Government boundaries (counties or metropolitan boroughs with social

care responsibilities) which chimes with the way many existing ICS areas are operating. But, given that CCGs are being abolished and their powers transferred to ICSs, where will power and budgetary responsibilities actually lie between the ICS, the place-level structures within them and the relatively new local Primary Care Networks?

Although primarily a White Paper about the NHS it includes significant measures affecting social care and public health. As well as the inclusion of Local Government in partnership bodies at the level of the ICS and places within them, the proposals include greater central accountability of social care through a new assurance framework, a new duty for the CQC to assess local authorities' delivery of their adult social care duties, and a power for the government to intervene in failing authorities.

The proposals do acknowledge the different lines of accountability between health (to central government) and social care (to local government) but say little about how the new dual structure will be subject to independent scrutiny at a local level.

Public Health England will no longer exist under these proposals and will be replaced by the new National Institute for Health Protection (NIHP). The government believes that taken together their proposals will mean:

- A strengthening of local public health systems;
- Improved joint working on population health through ICSs;
- Reinforcement of the role of local authorities as champions of health in local communities;
- Strengthening the NHS's public health responsibilities;
- Expanding the role of the Department of Health and Social Care in health improvement; and
- Facilitation of more joint working across government on prevention.

The proposal for a five-year workforce plan is primarily focused on the NHS workforce. This this begs the question of whether there should be a parallel social care workforce plan to enable greater joint working and integration on the ground as advocated by the Future Social Care Coalition.

The proposals are far reaching and the devil, as always, is in the detail. And whilst affecting Local Government these proposals are not the badly needed fundamental reform of social care which the White Paper promises will be announced later this year. The Comprehensive Spending Review in the autumn could as significant an event for social care as the formation of the NHS was for health care in 1948.

NHS Reform:
A move away from the ideological

By Rt Hon Alistair Burt, Strategic Adviser and Minister of State for Health 2015-16

Perhaps contrary to where this Government might have been expected to be, the first glance at the proposed NHS reforms suggests a practical, rather than an ideological, set of changes to the NHS. There are two drivers for this. The first is in the dry comment of NHS England's Chief Executive Sir Simon Stevens when he is quoted as saying "This builds on the last seven years of practical experience". In other words, we can now all see where the previous reforms failed, from over tendering, breakdowns in communication and co-operation, and, for Ministers, the frustration of being nominally responsible, but in fact unable to pull levers for change.

The second driver is the pandemic. There are instances all over the country where clinicians and NHS managers have simply seized the bull

by the horns and put in place local practices to deliver effectively for patients. These include co-operation rather than competition between elements of the system, but also crucially within primary and secondary care surgeries and hospitals as well. Clinicians will not go back to old practices - for example, video consultations at surgeries are here to stay, and hospital staff who have been upgraded to perform clinical tasks previously reserved for others are not going to be relegated again.

It is noteworthy that there is third party endorsement on the press notice – conspicuously absence in previous reform efforts, which bodes well for at least some degree of consensus on the way forward and this should be welcomed. The never ending political clashes over the NHS are partly responsible for where we are now- not least in private care. The Government will need to spell out in more detail what their proposals mean here: opponents of private medicine will not miss an opportunity to take a mile when an inch is on the table. Whilst it is true that there will not be an automatic requirement to tender for services – seen as a blow to private providers – the reality is more nuanced, and it is likely that the NHS and the Government will continue a 'mixed' system of service provision. Extreme demand pressures on the system and the need for the latest technological equipment and training to facilitate increasingly personalised care will mean that independent expertise and capacity will still be required by all organisations within Integrated Care Systems.

It is also clear the Government does not intend to take everything back to the centre. It wants Ministers to have control of decisions, but delivery will be more local, and more locally integrated, than before. I hope this is more than a nod to greater devolution, which will be welcomed particularly in metro areas, but there will inevitably be some political differences in emphasis to be ironed out. The Government's determination to lead the 'levelling up' agenda intrudes on the turf of those who will blame the need for this on Conservative policies of recent years. Social care will be crucial in this element of local delivery and integration: the suggested measures in the White Paper are only partial, and more is clearly signalled to come. It would be best if these two efforts were co-ordinated over time.

Finally, patient safety emphasis is rightly a recognition of Jeremy Hunt's powerful pleas for this throughout his time as Health Secretary – and continued campaigning since leaving the Government. The NHS has been over defensive in relation to criticism, with fatal results in a number of tragic cases. A fresh approach, coupled with determination not to allow the affection for the NHS to be confused with infallibility, is also to be welcomed.

For more information or to set up a meeting to discuss the health and care landscape further please contact **robin@gkstrategy.com**

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