Written evidence submitted by the Health Foundation (HSC0004)

About the Health Foundation

The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK. Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people's lives healthier and improve the health care system. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.

Our response to the White Paper

Following publication of the White Paper in February, we have written a summary reflecting our initial analysis of the proposals. We focus on two key areas in the White Paper in particular: first, the proposals to support collaboration and integrated care; and second, the proposals to give greater powers to the Secretary of State. We explore the potential implications of the proposals and key questions to be addressed as the plans are developed further. We also attach several papers providing more detailed analysis.

Key points and considerations:

- Overall, the emphasis on collaboration between the NHS, local government, and others is welcome. These changes follow the direction NHS leaders are already taking. And the need for legal changes to reduce the fragmentation and complexity left by the Health and Social Care Act 2012 has long been recognised. Many of the proposals are designed to close the growing gap between the 'rules in form' and the 'rules in use' in today's NHS.

- But there is a risk that the benefits of closer integration are overstated. Evidence suggests that integrated care may improve patient satisfaction, access to services, and perceived quality of care, but evidence of impact on resource use and health outcomes is limited—and potential benefits may be modest and take time to be realised. Formal duties to collaborate or mergers of NHS functions do not necessarily produce collaboration in practice. Making collaboration work depends as much on culture, management, resources, and other factors as it does on NHS rules and structures.

- Establishing integrated care systems (ICSs) could improve the murky accountabilities in today's NHS. Changes to simplify procurement rules and make joint commissioning

decisions easier should help reduce fragmentation and make the system simpler to manage. But limited detail is provided on how ICSs will work in practice and interact with other parts of the health system—particularly now the proposals appear to involve establishing both an 'NHS' ICS body and a 'partnership' ICS in every area of England, along with various new types of provider collaborations. The new system proposed risks being as complex and confusing as the one it is trying to simplify. Key questions include:

  - How much power will the ICS NHS body have over its constituent providers?
  - What will be the relationship between the ICS NHS body and the ICS health and care partnership?
  - Will the ICS partnership have any power over the ICS NHS body? If so, what and how?
  - How will NHS providers balance their duty to collaborate with existing responsibilities as individual organisations—particularly foundation trusts?
  - What role will regulators play in overseeing and supporting local systems?
  - With clinical commissioning groups abolished, how will the 'place' level of the new NHS be organised? Who will hold delegated budgets for NHS services?

- There is also a risk of distraction and disruption. Creating organisations is easier on paper than in practice: experience from past reorganisations shows that merging and creating new agencies can cause major disruption. Primary care networks are expected to play a central role in 'places' and integrated care systems. But these networks are nascent and small-scale, and redefining their functions risks derailing early progress.

- Overall, the risks of embarking on another major NHS reorganisation should not be underplayed—even if the changes appear logical or desirable. Evidence suggests that previous NHS reorganisations have delivered little measurable benefit. Other policies to support NHS improvement, such as boosting investment, expanding the workforce, and redesigning services, are likely to have had a greater effect on performance. Reorganisations can also have negative effects, including additional costs, destabilising services and relationships, and delaying or detracting from care improvements.

- The scale of the challenges facing the NHS after COVID-19—such as addressing the backlog of unmet health care need, fixing chronic staffing issues, and working with others to tackle wide and unjust health inequalities—are staggering. Resources to meet these challenges are constrained. Public policy challenges facing government are even bigger. A major reorganisation of the NHS is unlikely to fix these underlying issues.

- Proposals to bring the NHS under closer ministerial control are concerning and warrant scrutiny. These changes appear to be politically driven and have little clear rationale. The government's handling of COVID-19 is also no advert for more ministerial intervention in the health system. The government should clearly articulate the rationale and perceived benefits of the proposed changes, how additional powers will be used, and outline the checks and balances that will be in place to ensure that they are used as intended.

- The white paper is mostly NHS focused, though does include some limited changes relating to other areas including adult social care. It also commits to publishing

separate proposals for social care reform 'later this year'. But without additional funding or a comprehensive plan for reform, the fundamental issues in social care remain.
Action to reform social care in England is long overdue and delaying further means government choosing to prolong one of the biggest public policy failures of our generation.

Sources

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