Twitter Thread by Neil Tester

Neil Tester
@NTtweeting

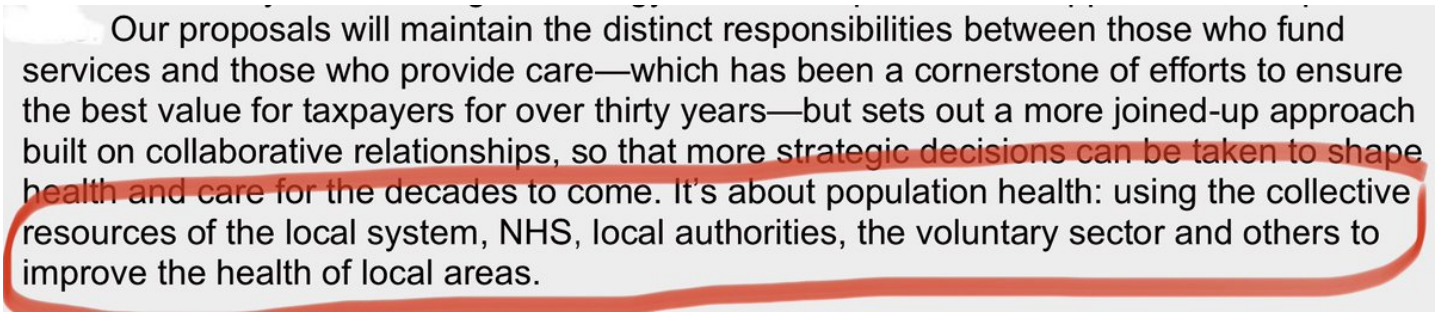
I know you've all been waiting for my thread on today's @DHSCgovuk White Paper https://t.co/IrNsuFoCum
and the accompanying recommendations from @NHSEngland https://t.co/810SaS9euc Wait no longer ■ 1/9

Integration and Innovation: working together to improve health and social care for all

Presented to Parliament
by the Secretary of State for Health and Social Care
by Command of Her Majesty

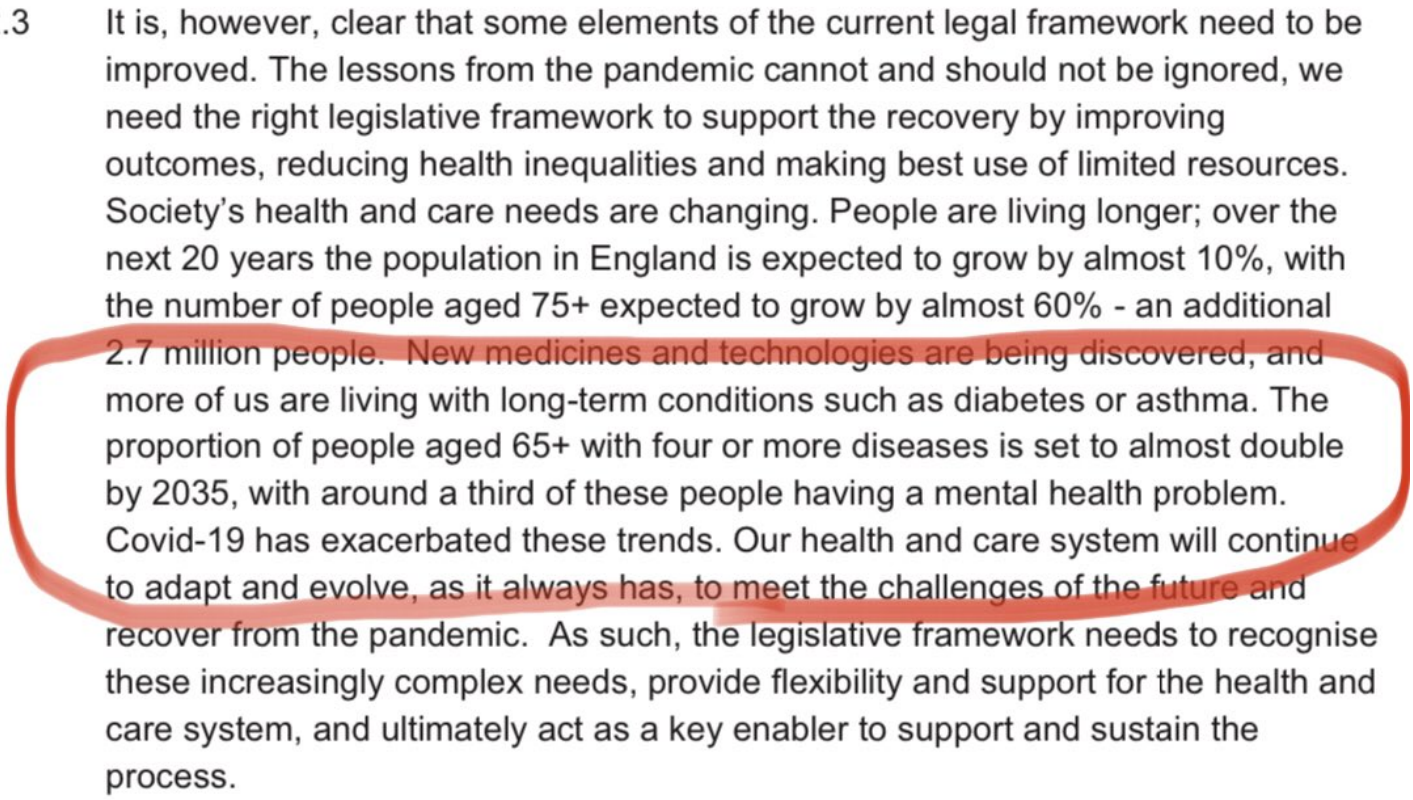
February 2021

2/9 I'm not trying to cover everything in the documents but here are some thoughts on things others might not focus on so much. Good to see consistent messages about the strategic roles of the voluntary sector and local government. Detailed work needed to bring that alive.


Our proposals will maintain the distinct responsibilities between those who fund services and those who provide care—which has been a cornerstone of efforts to ensure the best value for taxpayers for over thirty years—but sets out a more joined-up approach built on collaborative relationships, so that more strategic decisions can be taken to shape health and care for the decades to come. It's about population health: using the collective resources of the local system, NHS, local authorities, the voluntary sector and others to improve the health of local areas.

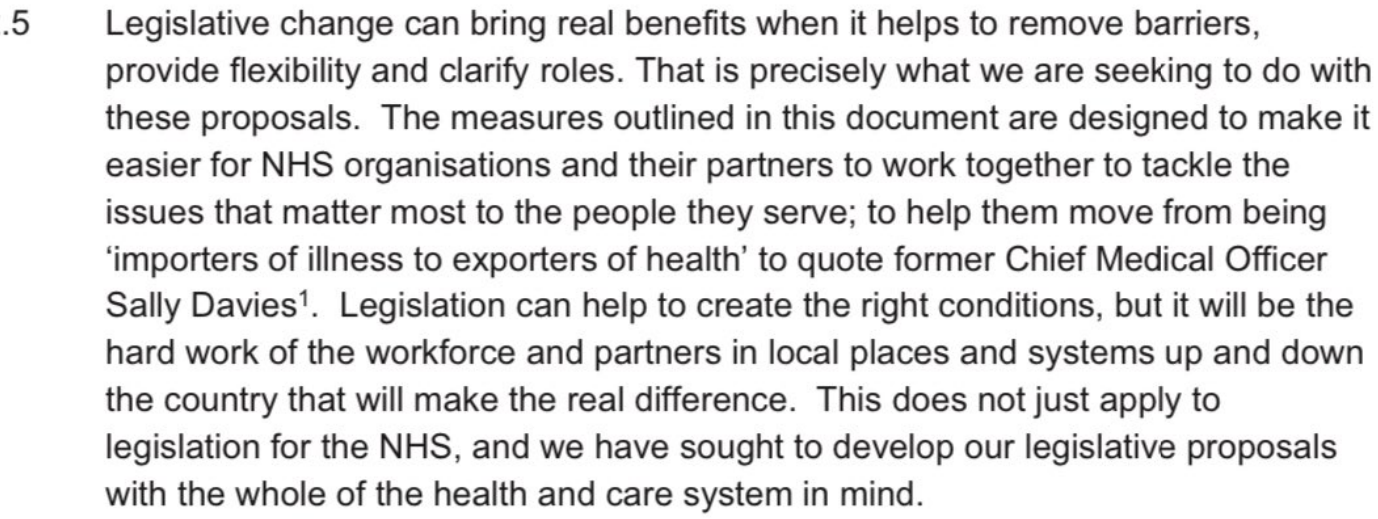
3/9 Very pleased to see issues core to @RichmondGroup14 priorities at the centre of the challenges the White Paper aims to address: namely the growing needs of people with long-term and multiple conditions, the role of mental health in that mix

and the impact of Covid on that.



2.3 It is, however, clear that some elements of the current legal framework need to be improved. The lessons from the pandemic cannot and should not be ignored, we need the right legislative framework to support the recovery by improving outcomes, reducing health inequalities and making best use of limited resources. Society's health and care needs are changing. People are living longer; over the next 20 years the population in England is expected to grow by almost 10%, with the number of people aged 75+ expected to grow by almost 60% - an additional 2.7 million people. New medicines and technologies are being discovered, and more of us are living with long-term conditions such as diabetes or asthma. The proportion of people aged 65+ with four or more diseases is set to almost double by 2035, with around a third of these people having a mental health problem. Covid-19 has exacerbated these trends. Our health and care system will continue to adapt and evolve, as it always has, to meet the challenges of the future and recover from the pandemic. As such, the legislative framework needs to recognise these increasingly complex needs, provide flexibility and support for the health and care system, and ultimately act as a key enabler to support and sustain the process.

4/9 White Paper rightly acknowledges that a new legal framework is a necessary but not a sufficient condition for integration and improvement. Culture, behaviour, relationships and leadership will be what make the most difference, though a better governance platform will help.



2.5 Legislative change can bring real benefits when it helps to remove barriers, provide flexibility and clarify roles. That is precisely what we are seeking to do with these proposals. The measures outlined in this document are designed to make it easier for NHS organisations and their partners to work together to tackle the issues that matter most to the people they serve; to help them move from being 'importers of illness to exporters of health' to quote former Chief Medical Officer Sally Davies[1]. Legislation can help to create the right conditions, but it will be the hard work of the workforce and partners in local places and systems up and down the country that will make the real difference. This does not just apply to legislation for the NHS, and we have sought to develop our legislative proposals with the whole of the health and care system in mind.

5/9 Important clarity in both the White Paper and @NHSEngland FAQs document that voluntary sector provision retains a key role as part of the planned changes to competition and procurement.

5.49 We anticipate that there will continue to be an important role for voluntary and independent sector providers, but we want to ensure that, where there is no value in running a competitive procurement process, services can be arranged with the most appropriate provider. The NHS will continue to be free at the point of care and our proposals seek to ensure that where a service can only be provided by an NHS provider e.g. A&E provision, that this process is as streamlined as possible.

6/9 Provision for joint committees intends to include scope for voluntary sector and local authority membership.

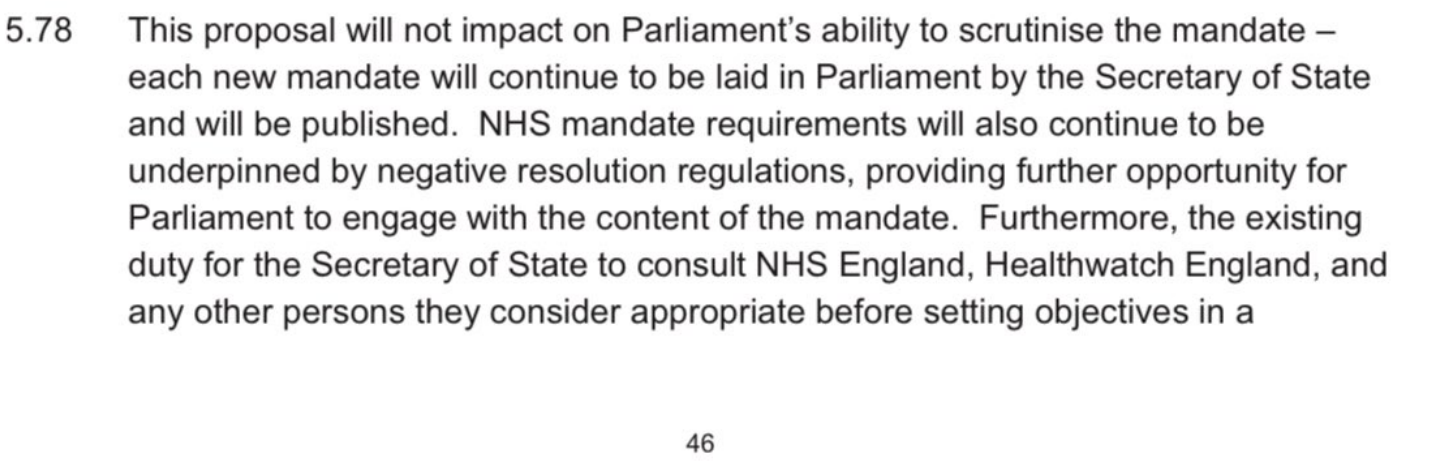
5.25 Our ICS NHS body provisions go most of the way to increasing the ease with which providers and commissioners could establish joint working arrangements and support the effective implementation of integrated care. We consider, nonetheless, that NHS England's recommendation to allow ICSs and NHS providers to create joint committees would be a useful addition, removing unnecessary barriers to joined-up decision making.

5.26 We are therefore proposing to create provisions relating to the formation and governance of these joint committees and the decisions that could be appropriately delegated to them; and separately, allowing NHS providers to form their own joint committees. Both types of joint committees could include representation from other bodies such as primary care networks, GP practices, community health providers, local authorities or the voluntary sector.

7/9 Lots of stakeholder concerns expressed about scrutiny in relation to transfer of functions/closure of Arms' Length Bodies. It'll be interesting to see what people - especially Noble ones - think about the proposed approach.

5.87 It is important that when needed, we can support our ALBs to work flexibly, make it easier for them to respond to future challenges, and provide clarity about who is responsible and accountable for various functions. Therefore, we are proposing to create a power in primary legislation for the Secretary of State for Health and Social Care to transfer functions to and from specified ALBs. This mechanism will allow us to review where functions are best delivered in order to support a more flexible, adaptive and responsive system. In cases where an ALB becomes redundant as a result of transfer of its functions, this power will also include the ability to abolish that ALB. The power to transfer functions and the power to abolish an ALB will be only be exercisable via a Statutory Instrument (SI), following formal consultation. Devolved administrations will also be consulted from the outset so that provision can be made for their approval of any transfer of functions that are operative within their nations.

8/9 Having spent a few years working with @jacoblant to develop @HealthwatchE role in relation to the Mandate into an effective transmission mechanism for people's views and experiences, I'm glad that's entrenched in the White Paper proposals, even if only @Davewwest notices ■



5.78 This proposal will not impact on Parliament's ability to scrutinise the mandate – each new mandate will continue to be laid in Parliament by the Secretary of State and will be published. NHS mandate requirements will also continue to be underpinned by negative resolution regulations, providing further opportunity for Parliament to engage with the content of the mandate. Furthermore, the existing duty for the Secretary of State to consult NHS England, Healthwatch England, and any other persons they consider appropriate before setting objectives in a

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mandate, will also remain in place. Healthwatch England's involvement ensures that all NHS mandates are informed by the needs of patients and the public.

9/9 Also well worth reading @NHSEngland document for more flavour about implementation and a good overview of how other organisations responded to their consultation. Reflects the nuances of consultees' positions, including that of @RichmondGroup14.
https://t.co/810SaS9euc

.@threadreaderapp unroll please