

Blueprint launched for NHS and social care reform following pandemic

- Action will support recovery by stripping away unnecessary legislative bureaucracy, empowering local leaders and services and tackling health inequalities
- The reforms build on the [NHS's Long Term Plan](#) proposals and a bill will be laid in Parliament when parliamentary time allows to carry the proposals into law

The Health and Social Care Secretary, with the support of NHS England and health and care system leaders, will today set out new proposals to build on the successful NHS response to the pandemic. The proposals will bring health and care services closer together to build back better by improving care and tackling health inequalities through measures to address obesity, oral health and patient choice.

The measures set out today, in a government white paper to be published on GOV.UK, will modernise the legal framework to make the health and care system fit for the future and put in place targeted improvements for the delivery of public health and social care. It will support local health and care systems to deliver higher-quality care to their communities, in a way that is less legally bureaucratic, more accountable and more joined up, by bringing together the NHS, local government and partners together to tackle the needs of their communities as a whole.

The proposals build on the NHS' recommendations for legislative change in the [Long Term Plan](#) and come a decade on from the last major piece of health and care legislation. While the NHS has made practical adaptations within the current legal framework, this can be unnecessarily time consuming and changes are now necessary as part of the future recovery process from the pandemic.

The measures include proposals to make integrated care the default, reduce legal bureaucracy, and better support social care, public health and the NHS. The reforms will enable the health and care sector to use technology in a modern way, establishing it as a better platform to support staff and patient care, for example by improving the quality and availability of data across the health and care sector to enable systems to plan for the future care of their communities.

Health and Social Care Secretary Matt Hancock said:

The NHS and local government have long been calling for better integration and less burdensome bureaucracy, and this virus has made clear the time for change is now.

These changes will allow us to build back better and bottle the innovation and ingenuity of our brilliant staff during the pandemic, where progress was made despite the legal framework,

rather than because of it.

The proposals build on what the NHS has called for and will become the foundations for a health and care system which is more integrated, more innovative and responsive, and more ready to respond to the challenges of tomorrow, from health inequalities to our ageing population.

By acting now, the government can make permanent some of the beneficial changes where COVID-19 has catalysed new and better ways of working and clear the path for improvements into the next decade such as delivering on manifesto commitments including 50,000 more nurses and 40 new hospitals.

Sir Simon Stevens, Chief Executive of the NHS, said:

Our legislative proposals go with the grain of what patients and staff across the health service all want to see – more joined-up care, less legal bureaucracy and a sharper focus on prevention, inequality and social care.

This legislation builds on the past seven years of practical experience and experimentation across the health service and the flexible ‘can-do’ spirit NHS staff have shown in spades throughout the pandemic.

The proposals are designed to be flexible, allowing the health and care system to continue to evolve, and are designed to better equip the NHS and local health services to meet the longer-term health and societal challenges over the coming decades.

Key measures included in the ‘Integration and Innovation: working together to improve health and social care for all’ white paper include:

- The NHS and local government to come together legally as part of integrated care systems to plan health and care services around their patients’ needs, and quickly implement innovative solutions to problems which would normally take years to fix, including moving services out of hospitals and into the community, focusing on preventative healthcare
- Hardworking NHS staff currently waste a significant amount of time on unnecessary tendering processes for healthcare services. Under today’s proposals, the NHS will only need to tender services when it has the potential to lead to better outcomes for patients. This will mean staff can spend more time on patients and providing care, and local NHS services will have more power to act in the best interests of their communities
- The safety of patients is at the heart of NHS services. The upcoming bill will put the Healthcare Safety Investigations Branch permanently into law as a statutory body so it can continue to reduce risk and improve safety. The Healthcare Safety Investigations Branch already investigates when things go wrong without blaming people, so that

- mistakes can be learned from, and this strengthens its legal footing
- A package of measures to deliver on specific needs in the social care sector. This will improve oversight and accountability in the delivery of services through new assurance and data sharing measures in social care, update the legal framework to enable person-centred models of hospital discharge, and introduce improved powers for the Secretary of State to directly make payments to adult social care providers where required
 - The pandemic has shown the impact of inequalities on public health outcomes and the need for government to act to help level up health across the country. Legislation will help to support the introduction of new requirements about calorie labelling on food and drink packaging and the advertising of junk food before the 9pm watershed

Prof Helen Stokes-Lampard, Chair of the Academy of Medical Royal Colleges, said:

We welcome the central proposals to drive integration and support greater collaboration through integrated care systems (ICS), that go beyond the traditional NHS boundaries. This is absolutely the right direction of travel for health and care more widely.

Legislation won't make collaboration happen, but it can remove barriers and facilitate the changes that the NHS really needs as we move into the post-pandemic recovery stage.

It is vital that we see genuine clinical engagement at every level of the operation of the ICS to drive collaboration.

We will look forward to reviewing the full range of proposals and engaging in the development of the legislation.

The legislation will fold Monitor and the NHS Trust Development Authority into NHS England, while maintaining the clinical and day to day operational independence of the NHS. Corresponding reforms will ensure the Secretary of State for Health and Social Care has the right levers to ensure accountability back to Parliament and taxpayers.

The white paper sets out the government's proposals for legislation, building on the extensive consultation that has already been undertaken by NHS England. A bill will be laid before Parliament later in the year.

The government intends to bring forward separate proposals on social care reform later this year.

Ed Garratt, Executive Lead for the Suffolk and North East Essex Integrated Care System, said:

I welcome the white paper, as the lead of an integrated care system, as it gives clearer accountability for the NHS and at a

system level formalises shared governance across the NHS, local government and other partners. The proposals will support greater collective effort on improving outcomes for our population, which is the ultimate purpose of our work.

Case study on joined-up care

Greater integration of services across the NHS, voluntary sector and local authority has enabled Cambridgeshire and Peterborough to provide more effective support to people experiencing a mental health crisis.

By establishing a community-based mental health crisis First Response Service (FRS), the county has been able to provide responsive support for anyone experiencing mental health crisis.

Before the service was launched, there was no capacity to see people in need of mental health care out of hours, except via A&E. And there was no self-referral route, meaning many sought help direct from A&E.

Open 24/7, the FRS provides support for people of all ages across Cambridgeshire and Peterborough. It welcomes self-referrals as well as urgent referrals from carers, GPs, ambulance crews, police and the emergency department. The result has been a 20% reduction in the use of the emergency department for mental healthcare and a 26% decrease in the number of people with mental health needs being admitted to acute hospitals from the emergency department.

It has also resulted in fewer ambulance call-outs, assessments and conveyances to the emergency department and reduced the need for out of hours GPs to see people in mental health crisis.

Case study on bureaucracy

The Department of Health and Social Care's [consultation reviewed what bureaucracy looks like in the health and care system](#). It found that NHS staff felt that unnecessary bureaucracy is time-consuming, frustrating and stressful, largely because they felt it took them away from patient care.

In Manchester, following the 2012 reforms, re-tendering and re-procurement have become much more frequent to meet competition regulations, even when they are won repeatedly by the same organisation. In order to overcome this hurdle, the Local Government Association shifted the procurement window of a project on homelessness in Manchester from 3 to 7 years. The new re-procurement period allowed the organisation to retain staff, think longer term about the project and to consider innovative solutions that had been impossible before because of time constraints.