

The Health White Paper

This week the government published “Working together to improve health and social care”, a White Paper sketching proposals for reorganisation of the NHS and the wider care sector.

It set out three aims.

- 1, Better health and wellbeing for all
2. Better quality health service for all individuals
3. A sustainable use of NHS resources.

I have no problems with these very general aims. 2 and 3 should be the main drivers of NHS care, whilst 1 of course will entail individuals and the private sector to continue to apply our energies to the task which is so wide ranging.

The main reorganisation entails creating two new bodies in each local government area. The first will be an Integrated Care System (ICS) NHS body to control, procure and direct local NHS services and to supervise capital budgets of the local NHS Trusts. The second will be an Integrated Care System Partnership to work with local government and presumably with private sector care providers to ensure good services and relevant procurement.

The White Paper envisages removing some of the competition provisions in current health regulations, to take away powers to control trust mergers, and to limit competitive tendering. They wish to go over to a more collaborative model. NHS England will be merged with Monitor and the NHS Trust Development Authority. The Clinical Commissioning groups are absorbed by the new ICS bodies.

I need to know more about how joint working will take place between Councils and the NHS under these arrangements. I also want more detail over what additional powers the NHS will have over private sector care providers, and how if at all the relationship between care homes and the NHS will alter.

As I consider my response more fully I would be interested in any comments.

The state of the pandemic

The world figures show accumulated cases of 107m or 1.3% of the world population with deaths at 2.365 million or 0.03%. These figures are by nature of variable quality, depending on how much testing was done throughout

in each country, and subject to variations in definitions. There is the perennial issue of death with covid or death definitely from covid, In some places people will have died at home and not been tested. In other cases there will be tests with false positives. They are nonetheless important figures and invite some comparisons, subject to analysis of how they were collected in each country, how much reliable testing took place and how deaths were certified.

The figures show that the Europeans and Americans have suffered more than the rest of the world. The USA has had a very high caseload, at 8.4% of the population compared to the UK at 5.8%, Portugal at 7.6% and Germany at 2.75%. Belgium has had the worst death rate apart from a few small countries at 0.186%, with the UK and Italy also quite high by world standards. The USA at 0.1456% shows that it has a better recovery rate from its high infection levels. India has only had a case rate of 0.78% and a death rate of 0.01%.

Case numbers have been higher in the advanced world and have been higher in winter than in summer. Clearly high levels of international travel can introduce a community to more variants and cases of the virus, and large cities like London, New York and Paris see spread from more social contacts using mass transit systems and enjoyment of the social facilities of hospitality, leisure and entertainment which attract more people there. Asian countries in general have fared better than Europe or the Americas. Could there be something in the diet, or in past exposure to Asian flu types which has given Asian populations better resilience to the disease? Did they handle test and trace better than the Europeans?

It would be good to have more commentary from experts on how and why, for example, Taiwan had practically no deaths from the virus and was able to get her economy back and running fully, so GDP is now higher than a year ago. Why has Germany done so much better than Italy or Spain? How does the USA manage cases of the virus to achieve a lower death rate as a proportion of cases? Is it partly that the USA tests more and so identifies more mild or otherwise invisible cases of the virus? Is it a greater range of approved medicines and treatments?

This week I was pleased to be sent an update by Ministers on all the tests underway in the UK of existing drugs and treatments. It will be good to see more results soon, as a wider range of treatment options would probably help doctors and their patients.

[My speech during the debate on Local Government Finance \(England\), 10](#)

February 2021

I thank the Government for their generous assistance to councils to help us through the pandemic crisis. My constituency is served by West Berkshire Council and Wokingham District Council—both are unitaries. They certainly needed money to assist with the extra costs that covid-19 has caused, and there was a scheme, the pressures grant, to do that. The councils certainly needed assistance to deal with losses of tax revenues, and there was a scheme to reimburse 75% of lost tax revenues during these extraordinary times of business closures and business stress.

There were clearly difficulties with shortfalls on sales, fees and charges, and again a scheme was introduced—I am pleased to see today that that is being extended for another quarter, because it looks as though there still will be an overhang into the second quarter of this calendar year. I am particularly pleased that there is additional assistance to allow councils to be sympathetic to people who are struggling to pay their council tax. The one little niggle that Wokingham has still suffered from is that where the council has brought in private sector management for a leisure sector, there can be difficulties with reimbursement for lost revenues. I would like to see further progress in sorting that out.

In the past, both West Berkshire Council and Wokingham Borough Council have suffered from pretty tight, or low, social care grants, and I am pleased to see a reasonable increase in social care grant going through for the next year. I urge Ministers to continue to look at that grant, because there is growth in demand and need, and we want high standards of care for people who require assistance. Certain councils, particularly the two serving my constituency, which were right at the bottom of the pack in terms of the amount of grant in relation to population, needed some tweaking of the sums. It is a very difficult situation. It is as costly looking after the elderly or children in Wokingham and west Berkshire as it is in the rest of the country, so we need at least as much, proportionately, as other places. We have often suffered from that.

I want to reinforce the Secretary of State's important message about the role that councils can and should play in getting the country back to work and, in particular, in revitalising, refreshing and renewing our town centres, our village shopping areas and some of the shopping centres in which councils are engaged or have a stake. It is true that councils are very important agents in setting the tone, providing the regulations, sorting out the planning, and sometimes, as co-owners or landlords, creating the right kinds of spaces in our town centres and facilitating or providing the right environment for a return to vibrant life.

Let us be in no doubt: this is going to be a big ask and a difficult task, because the covid crisis and the resulting closures have accelerated a number of trends that were already under way. There will be more online shopping relative to shopping in shops, even after we get some return to normal and people can get out more and more shops can open. People will need to be

tempted back to the restaurants and the cafés. We will need to work carefully with the businesses that own and run the shops and manage the cafés and restaurants to make sure that government, where it can, assists them and allows for the adaptation and development of town and village centres so that they can flourish again, with probably a different mix of services and businesses from that which preceded the covid crisis.

For example, as councils are usually the highways authority and they control access to town or village centres, surely the first thing they need to do is to review that access. A lot of families are going to need the car for elderly people, for children or because of the distance they are from the town centre in order to get there in the first place. They may need the car because if they are buying too much shopping to carry easily, they will need the boot to take the shopping back home. We need to make sure that car access is permitted. That requires looking at junctions to smooth them and make them safer, but also to improve the safe flow of traffic. I was pleased to hear the Secretary of State mention that there will be money for bridges, because quite often impediments to getting into towns are created by railway lines and rivers, and we may need more bridging capacity. I hope that the Government will look particularly at light-controlled junctions, because those with the wrong phasing can be clumsy and impede progress for people into town, city and village centres.

Councils often either own the parking provision or are important in making sure that it is adequate, and they sometimes regulate the car parks. I therefore hope that they will understand that in order to tempt people back into these centres to turn them back into the vibrant spaces we want, there may need to be a discount or a generous offer, certainly in the early days, to give people the idea that it is safe to go back into the town, that they are wanted there, and that they can then park for long enough. Increasingly, visits to our towns and shopping centres will not just be for an hour or so to go and do a bit of quick shopping—people will want to sit down and have a coffee or lunch. They may want to take advantage of some of the services in the town centre, as well as actually buying physical goods. They may wish to enjoy the experience of lingering a bit longer in the shops, having been denied that for so long. I hope councils will look carefully at parking arrangements, and be generous.

I hope planning authorities will look carefully at flexibility so that owners, who may include the councils themselves, are allowed to carry out sensible plans for optimising the use of the building. The Secretary of State has been doing a lot of work on ensuring that planning restrictions and designations do not get in the way of sensible flexibility. Indeed, we will need plenty of flexibility and imagination, because a number of businesses that operated in town and city centres a year or more ago will not be available.

A great number of large chains of shops have gone through receivership or made major reductions, having come to the conclusion, one way or another, that they want fewer physical stores. Even if they have a good online offer, which will work with their favoured locations, we will see a lot of those chains retreat from high streets and shopping centres. I also fear that,

wherever possible, a lot of small shops may need a friendly arm around them from the council and the Government, as otherwise we could lose a lot of capacity in the small shop area.

I trust that councils and the Government will work to make the situation as attractive as possible. A bit of money may need to be spent on beautifying towns and village centres, and ensuring they are in good order to welcome people back. Councils often have town or shopping centre managers, who need to be given backing in order to come up with imaginative solutions.

This huge task is in everybody's interests, including shoppers, landlords, employees and the councils. Above all, councils need to help the Government to rebuild the tax base of our towns, cities and village centres, and ensure that there will be that flow of business revenue in future—not just business rates, but the trading revenues that the national taxation system can collect and reroute to local government. Without prosperity there is not sufficient money for great public services, and councils must be part of the process through which that prosperity is rebuilt. I thank the Secretary of State for the help he has offered local councils. I urge him to please be generous on social care, and to do everything he can to promote the recovery we desperately need.

Town Centres and Councils

Yesterday in a debate on the local government finance settlement for next year I raised some general issues about Councils and our Town Centres as well as local matters over the adequacy of grants and other central government assistance.

When we come out of this extended lockdown we will be able to judge the permanent damage done more easily. Some shops and service providers will decide they cannot continue in business, given the long period of closure and partial working and the impact that has had on cash flows and borrowings. Some successful businesses will decide that they can carry on in future with more of their offer coming from digital commerce and less needing physical premises in each town and Village Street. There will be pressure to lower shop rents, and to move more rents onto a turnover related basis. Government will remain under pressure to keep business rates low where they have been reduced, and to cut them where they have not.

Councils are part of this debate because many have come to be important players in their local shopping areas. All principal Councils are important regulators and planners of shopping areas, deciding on what landowners can and cannot do with their properties, defining the streetscape and controlling the transport policies. Many are also now landlords of shop properties themselves, needing to consider the impact of recent changes on their rental and tenancy prospects. Many employ Town managers, help control shopping

centres, run public sector facilities and determine the car parking and access strategies. They therefore need to both decide how much of these various involvements they want, and what they are trying to do with their interests in these matters.

I urged them to wish for one thing – a strong commercially led recovery, helping shops and businesses rebuild their trade and earn the means to pay the rents again as soon as possible. The High Street has a high job content in what it does, adds to the variety of life by creating a social focus, and a backdrop for cultural, sporting and civic events. It represents much of what we have missed during lockdown. Forlorn High Streets stand largely empty, each closed shop a reminder of the economic damage to tenant and landlord alike of forced closures.

A good Council will make access and parking easier to rebuild trade. It will be flexible over planning permissions for changes of use and adaptation of buildings. Where it is an owner it will be realistic over future rents and uses itself. It seems likely there will need to be closures of a good many shops, as we have too many for likely future levels of physical shopping. That means we need imagination by developers and good will from Councils to convert or rebuild retail estate as homes, places for entertainment or other workplaces as soon as possible.

Reform of the NHS

I was surprised to read of possible plans to undertake another reorganisation of the NHS. Apparently the government is thinking of reversing some of the changes introduced by the Lib/Con coalition government when Messrs Cameron and Clegg launched a joint document proposing giving GPs the power to procure services from hospitals and others through Clinical Commissioning Groups. There was some resistance to these changes which prompted a review led by Oliver Letwin which concluded by continuing the policy with some alterations to the detail. This system has been in place for a short decade now, and has just been tested by the pandemic. Responses to the virus have greatly strengthened central decision making and resource allocation.

Ministers have become more involved in issues like protective clothing, capacity and medical priorities, listening to the advice of their national Scientific and Medical advisers on these matters and then making decisions based on that advice. As Health is a devolved matter the Chief advisers to Scotland, Wales and Northern Ireland have also had bigger roles, and there has been some effort to get agreement between the four parts of the UK. Usually there has been high level agreement about the overall priority of fighting the virus, sharing of approaches and data, but detailed differences in timing and magnitude of lock down responses. There have also been some differences in success with obtaining a range of supplies and in the pace of

vaccinating. The roles of the NHS country Chief Executives and of national quangos and advisory committees have also been tested in public debate about their quality and wisdom.

The pandemic does provide an opportunity to review the system, though it would be wise for the crisis to be past before rushing to conclusions about what worked and what needs improving. During the phase of seeking to scale up the provision and future supply of protective equipment there was a danger of competing initiatives bidding against each other, and making it complex for local care homes and hospitals to know how best to secure the needs they had. There needs to be some review of how big are the benefits from central purchasing, how central purchases are best distributed, and what are the continuing benefits of local determination of need and procurement of supplies.

I see there is also discussion of rolling into the agenda possible changes to the financing and access to care homes. This is a perennial topic which we can debate again another day in the context of intergenerational fairness and fairness between elderly people with different ailments and needs. Any change to the approach which states that if an elderly person needs care home accommodation and hotel service they should pay for it out of capital until they hit a minimum when they can qualify for state payment of the fees could be an expensive new commitment for taxpayers, though popular with those who might then inherit the housing wealth of the elderly person. I think the urgent priority is to see government thoughts on how the central and the local management of the NHS has worked during the pandemic, and what can be done to improve it for the future.