

Unite Briefing: Health and Social Care White Paper

April 2021



The Secretary of State for Health and Social Care has published a white paper which sets out the government's policy intention to make legal changes to the health and care system in England. The White Paper sets out the plans to introduce a new law later this year which will impact members work and the delivery of health and care in the NHS. The stated aim of these changes is to enable greater integration, reduce bureaucracy and put population health at the core of all decision making.

Unite policy:

Unite policy has long called for reform of the NHS, following the disastrous Health and Social Care Act 2012. This policy calls for the:

- Introduction of the NHS Reinstatement Bill which would:
 - o bring clinical decision making back into the heart of NHS structures, creating a far more integrated and planned service;
 - o reintroduce democratic accountability and the duties on the government to provide a universal service;
 - o remove the wasteful internal and external NHS markets including revoking Section 75 of the H&SC Act and removing the purchaser provider split;
 - o curtail Foundation Trusts and the private patient income they can make,
 - o remove the bogus market of patient choice of providers.
- Unite policy also challenged the Integrated Care Service model (formerly known as STPs) raising concerns about accountability, funding, staff terms and conditions and lack of legal foundations or protections against privatisation.
- Unite is calling for the introduction of a national care service on the same basis as the NHS (universal, free at the point of use and publicly funded) alongside a separate national independent living service that supports disabled people's right to independent living and the social model of disability.

Does the White Paper meet Unite's policy demands?

- There are some headline areas of the White Paper that could be seen as a step forwards on Unite's policy aims. These include:
 - o the removal of Section 75 that governs the tendering process for NHS contracts and has led to increased privatisation of the service;
 - o putting the new ICS structure onto a statutory footing;
 - o bringing the Secretary of State back in control of the health system.
- Unfortunately when these changes are interrogated further it is clear that they do not meet Unite's demands. There is a distinct lack of clarity within the government intentions which suggests legislation that will fall short of Unite's demands and may make the system worse.
- Below are the key areas where Unite has concerns:

1. Universal service

The White Paper does not undo the core elements of the Lansley Act. In particular it does not bring back the NHS as a universal service. Specifically:

- The Secretary of State will be put back in charge of decisions about the NHS but the duty on the government to provide services throughout England to everybody is not;
- Entitlement to services are dependent on membership of a particular area, currently of clinical commissioning groups (CCGs), and in the future this will be "Integrated Care System (ICS) NHS bodies," though abolition of CCGs is only implied;

2. Funding

The White Paper does not make any commitments to properly fund the NHS and social care systems.

- The NHS is still catching up from a decade of the lowest funding settlement in its history. While significant emergency funding support has been made available during the pandemic the Chancellor has indicated that this will be scaled back significantly this year and beyond.
- Integration is presented as a way to make the system more efficient and save money which raises concerns around future cuts and the impact on jobs and services.
- The paper explicitly states that the purchaser provider split for NHS funding and existing systems of state funding for social care will stay in place.
- This raises serious concerns that the chronically underfunded social care system may drain resources from the NHS, while also blurring the boundaries between universal health services and social care services which often involve patient charging, fees and means-tested access.
- The Scottish model of integration shows that if the budgets aren't clear and funding isn't sufficient money is taken from other areas in order to plug the gaps.
- Capital expenditure is also not mentioned other than where the new legislation will put a cap on Trusts' spending.

3. Accountability

The proposals actually appear to weaken accountability compared to the 2012 Act.

- They centralise new swathes of powers to the Secretary of State to implement change by by-passing parliament, including abolishing organisations structures, creating new Trusts and intervening throughout the system.
- The legislation moves decisions further from the community (e.g. councils and CCG boards) with no obligations to make the new decision making bodies public and transparent, and no clear role for local authorities or councillors other than through council Health and Wellbeing boards.
- The paper opens the door for voluntary and private providers to have a role in the boards of the new ICSs.
- Significant power will continue to lie with Foundation Trusts despite recognition of the obstacles to collaboration this causes.
- New Peoples boards have no union involvement and there are no staff reps on the board management structures (i.e. unlike in Scotland).

4. Market and privatisation

Unite supports the removal of Section 75 procurement rules from the NHS but that support depends on what replaces the rules. That is still very unclear. The wording is vague, while commercial contracts and the purchaser-provider split still explicitly remain part of the basis for delivering services.

- One concern is whether the new law will simply remove the transparency of contracting decisions and open up contracting to the sort of cronyism and corruption seen with Government PPE contracts and test and trace. E.g. Contracts worth over £10.5 billion were awarded directly without any competition during the pandemic!
- There are also concerns that the new structures could lead to more privatisation if the ICS systems themselves were put out to tender.
- Foundation trusts are still able to receive 49% of their income from private patients.
- There is no mention of ending existing contracts or bringing vital services like labs or community contracts back in-house.
- The White Paper also talks about putting Capital spending limits on Foundation Trusts which could have the impact of pushing them to outsource to upgrade their facilities.

5. Integration and collaboration

Despite integration and collaboration being the stated aims of the reforms there are significant questions around how this will work in practice:

- While reducing the number of organisations within the NHS may help, by maintaining the purchaser provider split, Trust independence and the contracting out of services, it is unlikely that the current fragmentation within the system will be resolved.
- Top down reorganisations tend to have damaging effects on workplace culture and take a long time to bed in, however well-intentioned.
- The paper is silent on how to integrate a universal system with a charging system of mostly outsourced providers in social care, especially as funding is so tight in the latter following a decade of cuts.
- The choice agenda is also highlighted throughout the document, blurring the lines between what is health and social care and implying that charging could creep in. The spectre of an insurance model is therefore ever present.
- Public health functions and communicable disease control remain outside the NHS and the funding and term and conditions of staff are still unprotected.

6. Workforce and unions

The White Paper is also mostly silent on how these changes will fit with workforce plans and how staff and their unions will be involved.

- The People Plans is not enshrined in the White Paper and there is no plan for funding to plug the huge staffing shortages within the system.
- The plan is not accompanied by an investment in staff, with continuing issues around access to PPE, an insulting pay offer of only 1% and not enough resources or funding for training new staff. Yet enormous amounts of money has been pumped into expensive private providers and management consultants to plug gaps in service.

- There is a lot of talk of reducing bureaucracy including the regulations that govern staff professions which also raises concerns that this could lead to more unqualified workers and deskilling of professional roles.
- Any reorganisation will have an impact on staff and Unite's membership and many staff will find this a demoralising and stressful process.
- In many cases there are insufficient change at work procedures in place to support any reorganisation.

7. Evidence base

Unite believes that all changes in the NHS should be evidence led but the White Paper does not include enough detail of the impacts and reasoning for the changes set out.

- Where are the numbers and impact assessments of the changes?
- There will not be a formal consultation on this White Paper so how do we input?
- How will outcomes be determined and measured?
- Where do the health improvement functions go in the White Paper?

For more information about Unite's campaigning around the NHS visit:

www.unitetheunion.org/health

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Health Campaigns Together:
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