



Department  
of Health &  
Social Care

From Edward Argar MP  
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The Rt Hon Sir George Howarth MP  
By email to: [george.howarth.mp@parliament.uk](mailto:george.howarth.mp@parliament.uk)

13.11.2021

Dear *George*,

Thank you for your correspondence of 2 July to Sajid Javid on behalf of a number of your constituents, about the Health and Care Bill 2021-22. I apologise for the delay in replying, which has been caused by an unprecedented volume of correspondence throughout the pandemic.

While I appreciate your constituents' concerns I believe that, rather than undermining the NHS, this Bill will achieve the reforms set out in the NHS Long Term Plan. It will make permanent some of the innovations that we have seen implemented during the COVID-19 pandemic. The Bill is designed to improve our health and care system, level up health outcomes across the country and enable people to live longer and healthier lives. It will incorporate the lessons learned from the pandemic.

We appreciate the strain that the health system is under, as well as the extraordinarily hard work of its staff. We are acting now to support recovery, starting with improvements to the underpinning legislative framework. The aim is to make permanent the improved ways of working learned during the pandemic. Changing legislation takes time; if we are to implement the changes that are needed by 2022, we need to act now.

Rather than resulting in 'rationing of healthcare', we expect these reforms to make it easier for the NHS to manage its resources more effectively. Most of the proposals in the Bill are to enable greater integration of services and will not place any direct costs on health and care organisations purely by their enactment. The suggested reforms are based on the principle that reducing bureaucracy and increasing integration of services will lead to greater value for money for the taxpayer in the long term. For example, changes to procurement processes will remove barriers, giving commissioners more discretion over when to use a competitive process to arrange services. Savings will depend on how effectively NHS bodies and their partners are able to improve the arrangement of services. Furthermore, this Government has given the NHS record funding, and this is enshrined in law.

Our proposals on integrated care systems (ICSs) are the latest step in a six-year process, led by local health and care leaders, to achieve the long-held ambition of more integrated care. The Government, alongside NHS England, is putting in place arrangements that give ICSs the best possible chance of success. In particular, the ICS model has been tried and

tested on the ground and provides a strong basis for ICSs to flourish. We are also working closely with the Care Quality Commission to develop an appropriate oversight framework and will set out further details in due course.

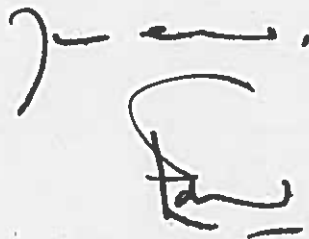
The discharge to assess model has been implemented nationally since March 2020, and the provision in the Bill is simply removing the existing legal requirement for all assessments to take place prior to discharge. The model is also increasingly recognised as the most effective way to support patient outcomes, enabling them to be discharged to recover in a familiar environment.

Everyone should receive the care and support they need in the right place, at the right time, and these expectations will be clearly set out in guidance on hospital discharge. This will include requiring all patients to undergo a holistic welfare check before discharge, which will determine the level of support they need, and a home visit on the day of discharge, if appropriate, to co-ordinate what support is needed at home. The proposal does not change the existing legal obligations on NHS bodies to meet health needs, and local authorities are still required to assess and meet people's needs for adult social care. In fact, the integrated approach of discharge to assess will allow staff to work across organisational boundaries to focus on individual people's needs, enabling them to access care at the time they need it.

With regard to the deregulation of NHS professions, these powers will form part of a wider programme to create a more flexible and proportionate regulatory framework that is better able to protect patients and the public. This will make it easier to ensure that the professions protected in law are the right ones and that the level of regulatory oversight is proportionate to the risks to the public.

Integrated care boards will be NHS bodies, and the vast majority of the constituent members will also be NHS bodies; therefore, any suggestion that private companies would be making decisions on public spending are entirely misleading. The overwhelming majority of services paid for by the NHS are provided by NHS organisations, and this will continue to be the case.

I hope this reply is helpful.

A handwritten signature in black ink, appearing to read 'Edward Argar', written over a horizontal line.

**EDWARD ARGAR MP**