



Health and social care reforms: integration for the sake of it not enough

- *Good Governance Institute optimistic about the new system approach to health and social care in England.*
- *Despite plans to make ICS boards NHS-only, adopting an integrated mindset for a place-based approach to health and social care represents the best chance for success.*
- *As systems come together, governance should be an enabler that embeds change, brings legitimacy, ensures an ethical culture, preserves the control of precious assets and ensures value is added.*

The Good Governance Institute (GGI) welcomes the reforms proposed in today's [White Paper](#) about NHS and social care reform in England.

The proposals promise to strip away unnecessary legislative bureaucracy, empower local leaders and services and tackle health inequalities.

Will it work? Certainly much of the pain of trying to run a managed system within a market-legal framework will be gone. The hope is that many of the committee arrangements that stifled proper governance can be done away with. The provider market will be consolidated and power structures simplified. The organisational map will look more symmetrical with neat, explicable layers. Political oversight will be more straightforward.

Integration is not new

Parts of the United Kingdom never embraced the internal market and integration has been structurally embedded for years. GGI has been a fellow-traveller with various Scottish integrated joint boards and in the last decade worked with every health board in Wales.

The Health Foundation has shown that in the broadest sense population health outcomes and the use of resources has progressed no faster in any particular part of the UK.

There are all sorts of claims: Scotland has more GPs per head of population than England in headcount, but England more than Scotland in WTEs. Waiting times for hip replacement are better in England than Scotland at the 50th percentile, but the reverse at the 90%. Northern Ireland is the best at childhood vaccinations. Wales has overtaken everyone in amenable mortality in women aged 0-74.

So structural variations for NHS organisations have not favoured any one part of the UK, but GGI remains optimistic about the imminent reforms and the new system approach in England. Why is this?



The cat is out of the bag

GGI Chief Executive Professor Andrew Corbett-Nolan says: “There is little appetite within systems leadership anywhere in the NHS to ‘go it alone’. The challenge from COVID has been so enormous that any patience for parochialism has evaporated. Leaderships have had more pressing matters to worry about than turf wars.

“And therein lies the opportunity. Though disappointing in many ways, the fact that ICS boards will be NHS-only need not get in the way of an integrated mindset around place. The leaked White Paper has been minimally prescriptive about how place will be developed.

“The White Paper says: ‘Legislation ... needs to be used in a targeted way and in conjunction with a great deal of local and system level freedom to make arrangements that work for all partners. We will not, for example, be making any legislative provision about arrangements at place level.’

“In other words, find the way that makes sense locally.”

Governance priorities for the new model

- GGI has always said that when reforming structures, governance comes last. Work through what you want to do first and only then decide the best way to govern it.
- Systems that want to ‘get the governance right, from the start’ are actually trying to establish how power will work. That is not a good recipe for a genuine focus on putting patients first and population health outcomes.
- Neither should governance be abandoned because getting it right is hard to do. In many areas COVID has been excellently managed but poorly governed. Over time, the problems will show. As systems come together governance should be viewed as an enabler that embeds change, brings legitimacy, ensures the culture is ethical, preserves the control of precious assets and ensures value is added.
- Centrally-prescribed, ‘cookbook’ governance and the ‘comply or explain’ model may satisfy the neat mind of regulators but rarely delivers true value. GGI prefers the ‘comply and explain’ model: understand and apply the principles of governance in the way that best meets the local context and explain why this is best.

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Notes to editors

- [GGI’s full response to today’s White Paper](#)
- Throughout February and March, GGI is hosting fortnightly webinars **The New NHS: ICS Series** for senior decision-makers. The next event takes place on 17 February. More details are available on the [GGI website](#).



About GGI

- Identified by the Financial Times as one of the top 20 consultancies operating in the public sector, the Good Governance Institute (GGI) brings a decade of experience working with leaders on the broad canvas of governance.
- GGI's reputation as a thought-leader working to review and develop boards and governing bodies makes it a recognised partner across health, social care, education, local government, and the charitable and corporate sectors.
- GGI's value lies not only in its detailed understanding and expertise in relation to the challenges and opportunities faced by board members, but also in its ability to bring issues of governance to life through delivering support in strategy, leadership, engagement, and organisational development.

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