



## **A GREAT STEP FORWARD**

### **THE HEALTH DEVOLUTION COMMISSION'S RESPONSE TO THE HEWITT REVIEW OF INTEGRATED CARE SYSTEMS**

#### **1 Introduction to the Health Devolution Commission**

The Health Devolution Commission is an independent cross-party and cross-sector body working to champion and support the successful implementation of devolved and integrated health and social care services across England. It was established in 2020. Its Co-chairs are the Rt Hon Sir Norman Lamb, Rt Hon Andy Burnham and Imelda Redmond.

The Commission's submission to the Hewitt Review along with further details about the Commissioners, its partners and previous reports can be found at [www.healthdevolution.org.uk](http://www.healthdevolution.org.uk).

#### **2 Commission support for the Review's recommendations**

The Commission welcomes strongly the [Hewitt Report](#) analysis and recommendations for the next stage of development of Integrated Care Systems to deepen and strengthen health devolution. The review cites the Commission's view that broad-based integrated care systems and local partnerships are the only long-term solution to creating a financially sustainable and successful NHS and social care system; improving the population's health and reducing health inequalities.

We agree strongly that 'the creation of integrated care systems (ICSs), with their four purposes and a strong statutory framework for partnership working, provides a real opportunity to build upon this approach and suggests a welcome recognition of the need for a more holistic approach to improving the nation's health'. Like the Review, we believe that the NHS has a crucial role to play in creating thriving places.

The Commission recognises that robust financial accountability, both to local residents and to Parliament through NHS England and Ministers is necessary but believes there is scope for significant change in the balance between the traditional 'vertical' accountability of the NHS and its 'horizontal' mutual accountability to local government and other local partners and, most important, accountability to local communities.

The review has 36 separate recommendations covering health promotion (9), system functioning (16), primary and social care (4) and finance and change (7). Many of these have been the subject of previous discussion by the Commission and all of which we believe have merit and should be adopted.

Specific recommendations by the Review that reflect the Commission's particular areas of interest include proposals for:

- six key design principles to underpin the new system
- a significant shift of NHS resources 'upstream' to support prevention
- a broad-based national Health, Wellbeing and Care Assembly
- a cross-government National Health Improvement Strategy
- a limit of 10 national health and care priorities for ICSs to deliver
- local ICS priorities to be treated with equal weight to national targets
- a system based on subsidiarity, autonomy and self-improvement
- a Strategic Alliance for Children and Young People in every ICS
- a new strategy for the social care workforce
- a new NHS financial framework to enable greater local accountability
- clarity on the oversight and accountability roles of CQC and NHSE
- new measures of ICS maturity to support development

We discuss below a limited number of specific issues that the Commission has previously considered and are supported by the analysis and recommendations of the Review. We conclude by identifying what we believe are some 'must do' elements of the Review and some areas for further work by the Government in collaboration with partners.

## **2a System principles**

The Review's principles for ICSs reflect the approach previously identified and promoted by Commission and are worth repeating in full, namely:

- collaboration within and between systems and national bodies
- a limited number of shared priorities
- allowing local leaders the space and time to lead
- the right support nationally and locally
- balancing freedom with accountability
- enabling access to timely, transparent and high-quality data

## **2b Health improvement**

The Commission welcomes the recognition that cultural change within systems is required to make these principles a reality. We support the Review's call for a shift in the focus upstream to improve population health, and reduce pressure on our health and care system, through a shift in NHS resources towards prevention.

We too know that 'unless we make the change, the continual focus on improving flow through acute hospitals will simply channel more and more of an older and increasingly unhealthy population into acute hospitals, which will never be large or efficient enough to cope'.

## 2c Subsidiarity, autonomy and self-improvement

The Commission welcomes the Review's emphasis on ensuring subsidiarity at place, system, regional and national levels; and that national and regional organisations should support ICSs in becoming 'self-improving systems', given the time and space to lead - with no more than 10 national priorities.

We support the recommendation that each ICS should be enabled to set a focused number of locally co-developed (with local people and organisations) priorities or targets and decide the metrics for measuring these. And that these priorities should be treated with equal weight to national targets and should span across health and social care.

The Review's ambition to develop a new model of ICSs with a far greater degree of autonomy, combined with robust and effective accountability is shared by the Commission, and we agree that increased transparency is also vital to enabling local autonomy for all ICSs.

## 2d Measures of ICS maturity

The Commission recognises that the CQC and NHSE will continue to have a vital role in oversight and accountability for ICSs; and agrees with the Review that their improvement approaches should be as complementary as possible, and support peer review arrangements between systems.

The Review helpfully identifies a number of measures that the CQC could use in their assessment of the maturity of an ICS and the Commission agrees these will be of value to system leaders leading the process of change in their areas. The areas to be addressed include:

- **Self-assessment by local partners:** how different partners - local government, the VCFSE sector, social care providers, other ICS partners and the local NHS including the ICB - themselves assess their engagement and relationships within the ICS itself, including the extent to which both public health expertise and the social care provider sector are involved in the leadership of the system
- **Local outcomes framework:** the strength of the system-wide integrated care strategy with Joint Forward Plans, clear priorities, outcomes and timescales, providing a local outcomes framework against which the system can be held accountable by local residents and others
- **High quality person-centred care** with the system having a good understanding of the experience of people through engagement with communities and individuals.
- **Places and neighbourhoods:** the coherence, consistency and impact of arrangements at place and neighbourhood level within the ICS
- **Shifting resources towards prevention:** how far the system is making progress in shifting resources towards prevention, population health and tackling health inequalities
- **Support from NHSE:** how well systems work with and respond to support provided by the NHSE regions within the new operating framework, including the goal of supporting ICSs to become self-supporting systems
- **Action planning:** practical examples of ICS partners identifying priorities, agreeing a diagnosis of the problem as well as a plan of action and making progress towards agreed outcomes. This should include looking at specific pathways of care from a patient and service user perspective.

- **Ofsted:** inclusion of Ofsted’s assessment of children’s social care services, and whether or not system partners have developed an effective strategy for prevention, population health and tackling health inequalities amongst children and young people
- **Mutual accountability:** whether system partners are developing a framework of mutual accountability, sharing performance and financial data transparently in order to agree a single version of the truth; developing an ability to learn from mistakes and respond effectively to problems without blame within systems (in other words, focusing on quality improvement and creating a learning and improvement culture, building on peer review, 360-degree feedback, measurement of staff engagement, role of Health Overview Scrutiny Committees and psychological safety)

## 2e Priority for social care

The Review is right to say that if health and care are to be effectively integrated and delivered at ICS level, social care needs to be a national priority for investment and workforce development, enabling delivery of the reforms of the 2014 Care Act. Extending this ambition to build a more preventative system underlines the importance of wider social care reform. Effective social care offers the potential to work across communities and partners to build a preventative approach.

The Commission has previously supported the call for a new [Social Care People’s Plan](#) and welcomes the Review’s recommendation that the Government should produce a strategy for the social care workforce that is complementary to the NHS workforce plan. Ultimately, the Commission would like to see an integrated health and social care workforce plan developed nationally and within every ICS. This also provides an opportunity to think about the skills needed to develop community capacity and prevention rather than just thinking about social care assessments.

In the meantime, the Commission agrees that more should also be done to enable flexibility for health and care staff, both in moving between roles and in the delegation of some healthcare tasks.

## 2f Children and young people

The Commission has proposed previously that every ICS should develop a ‘children and young people’s policy framework’ and welcomes the Review’s recommendation that every ICS should ensure that both their ICP’s integrated care strategy, and through it their ICB Joint Forward Plan, include a clear articulation of the needs of children and young people within their population, and how those needs will be met through collaboration across the system.

Best practice described in the Review of forming an ICS Children’s Alliance to develop and lead this work should be adopted by every ICS.

The Commission has previously drawn attention to the role that Ofsted should play in the new system and welcomes the Review’s recommendation that CQC assessment of ICSs should ‘take account of Ofsted’s assessment of children’s social care services and whether or not system partners have developed an effective strategy for prevention, population health and tackling health inequalities amongst children and young people’. This should go further and include Ofsted assessments of local schools’ performance in supporting the health and wellbeing of their students.

## 2g Local financial accountability and transparency

The Commission recognises that robust financial accountability, both to local residents and to Parliament through NHS England and Ministers is necessary but believes there is room for significant change in the balance between the traditional ‘vertical’ accountability of the NHS and its ‘horizontal’ and mutual accountability to local partners, particularly local government.

In particular we share the review’s analysis that ‘ICBs’ accountability for NHS finances needs to sit within a wider framework of local accountability for ICSs including the mutual accountability of ICS partners to each other for achieving their agreed goals.

The Commission supports the Review’s aim that an ICS should ‘show its residents, local Health and Wellbeing Boards, oversight committees and Healthwatch, as well as national bodies, how much it is collectively spending from all public funds on prevention, population health management and reducing health inequalities; or on supporting mental health as well as treating mental illness; as well as, within the NHS, how effectively money has been spent for instance with respect to rates of operating theatre utilisation’.

We welcome greater transparency and local accountability about all areas of health, care and public health spending (not just acute physical health services), and particularly the review’s emphasis on transparency about the support and spending for mental health and treating mental illness.

There are a number of detailed financial system changes proposed in the review and, in particular, the Commission welcomes the recommendation that DHSC, DLUHC and NHS England align budget and grant allocations for local government (including social care and public health which are allocated at different points) to assist ICSs in their cross-sector financial planning.

## 3 Conclusion

The Hewitt Review of integrated care systems is a detailed and helpful analysis of the steps needed to take health devolution to the next stage of development. It has insights and recommendations for action at every level that the Commission welcomes.

Within the 36 recommendations we believe that five of the **‘must do’ changes** to be acted upon by Government are:

- I. Adopting the six principles of integrated care
- II. Implementing the new national architecture of a broad-based national Health, Wellbeing and Care Assembly and a cross-government National Health Improvement Strategy
- III. Setting no more than 10 national targets and giving local ICS priorities equal weight to them (subject to this not distorting parity between physical and mental health priorities)
- IV. Supporting the development of Local ICS Outcome Frameworks within a National ICS Outcome Framework
- V. Creating a social care workforce strategy

In addition, action by the Government in conjunction with ICSs and partners across the health and care sector should be taken forward on:

1. Re-balancing local mutual accountability and national accountability for health policy and expenditure including that of all NHS Trusts in an ICS area
2. Providing more budgetary power at the local level including more flexibility for local collaboration in respect of the alignment of budget and grant allocations to local government and the NHS
3. How to improve population health, and reduce pressure on our health and care system, through a shift in NHS resources towards prevention including to mental health early intervention, including a greater focus on the social causes of ill health, early digital support and counselling and psychotherapy services
4. Ensuring that systems address the health and care needs of people of all ages with learning disabilities
5. Ensuring a strong voice at every level in the system for patients, people with lived experience of care and local residents.

Finally, the Commission urges the Government and all stakeholders in the system to consider and act upon all the recommendations as appropriate; and we will seek to do so in our own work and deliberations as a Commission.

The partners of the Health Devolution Commission are NHS Confederation, Local Government Association, London Councils, British Association for Counselling and Psychotherapy, Greater Manchester Health & Social Care Partnership, West Yorkshire Health and Care Partnership, Mencap and Barnardo's.

