Synopsis of the Hewitt Review of Integrated Care Systems

April 2023

The Hewitt Review of Integrated Care Systems

Background to the review

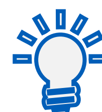
The Hewitt Review was commissioned to consider and make recommendations on how oversight and governance could best enable ICSs to succeed, while balancing greater local autonomy with accountability and with a particular focus on making available and using real-time data.

"The creation of ICSs… is the right reform at the right time. But more is needed to enable them to succeed. We have a clear choice - either do what we have done before… or back ICSs as part of a commitment to a different model of health policy and delivery."

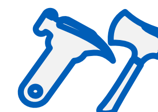
The Hewitt Review identifies five key principles to create the context within which ICSs can deliver and thrive:

1. Collaboration within and between systems and national bodies

2. A limited number of shared priorities



3. Allowing local leaders the space and time to lead



4. The right support, balancing freedom with accountability

5. Enabling access to timely, transparent and high-quality data

[The Hewitt Review: an independent review of integrated care systems (publishing.service.gov.uk)]

1. From focusing on illness to promoting health

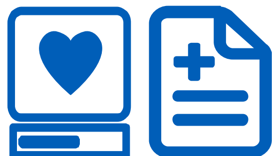
19-year gap in healthy life expectancy

Too many of our nation's population do not live as long or as healthily as they could. There is a 19-year gap in healthy life expectancy between people in the most and least deprived areas of the country. The pandemic highlighted the human cost of health inequalities. The response to the pandemic brought communities, statutory and voluntary partners together to support people in many inspiring ways.

Review areas

- **Enabling a shift to upstream investment in preventative services and interventions**
- **Embedding health promotion at every stage**
- **ICSs' role in embedding population health management**
- **Role of data and digital tools to support the prevention of ill health**
- **Empowering the public to manage their health**

Recommendations



1. The share of total NHS budgets at ICS level going towards prevention should be increased by at least 1% over the next 5 years.

   a) DHSC establish a working group of local government, public health leaders, OHID, NHS England and DHSC, as well as leaders from arrange of ICSs, to agree a straightforward and easily understood framework for broadly defining what we mean by prevention.

   b) Following an agreed framework ICSs establish and publish their baseline of investment in prevention.

2. The government should lead and convene a national mission for health improvement.
3. A national Integrated Care Partnership Forum should be established.
4. The government should establish a Health, Wellbeing and Care Assembly.
5. NHS England, DHSC and ICSs should work together to develop a minimum data sharing standards framework to be adopted by all ICSs in order to improve interoperability and data sharing across organisational barriers.
6. DHSC should, this year, implement the proposed reform of Control of Patient Information regulations, building on the successful change during the pandemic and set out in the Data Saves Lives Strategy (2022).
7. NHS England should invite ICSs to identify appropriate digital and data leaders from within ICSs - including from local government, social care providers and the VCFSE provider sector - to join the Data Alliance and Partnership Board.
8. Building on the existing work of NHS England, the NHS App should become an even stronger platform for innovation, with the code being made open source to approved developers as each new function is developed.
9. The government should set a longer-term ambition of establishing Citizen Health Accounts.

2. Delivering on the promise of systems

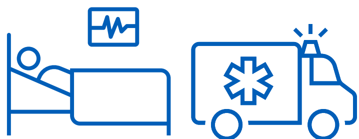
ICSs accountable for £108 billion of the £150 billion NHS funding

ICSs require clarity about where accountability sits. The new NHS England operating framework reflects the move to system-based working. NHS England and DHSC will continue to focus on the capability of the ICB and the effectiveness of all NHS partners. The new role of CQC in relation to ICSs will include an assessment of how strong the mutual accountability between partners is within a system.

Review areas

- Overall approach and Place
- Embedding a balance of perspectives
- Local accountability and priority setting
- Self-improving systems
- Accountability relationships at the heart of system working
- ICSs develop their own improvement capacity
- High Accountability and Responsibility Partnerships (HARPs)
- The right skills and capabilities for ICBs
- The role of the regions
- Organisational development
- Relationship between DHSC, NHS England and ICSs
- National planning guidance
- Enhanced CQC role in relation to systems
- The role of data for system accountability

Recommendations



10. HOSCs (and, where agreed, Joint HOSCs) should have an explicit role as System Overview and Scrutiny Committees. To enable this DHSC should work with local government to develop a renewed support offer to HOSCs and to provide support to ICSs where needed in this respect.
11. Each ICS should be enabled to set a focused number of locally co-developed priorities or targets and decide the metrics for measuring these. These priorities should be treated with equal weight to national targets and should span across health and social care.
12. In line with the new operating framework, the ICB should take the lead in working with providers facing difficulties, supporting the Trust to agree an internal plan of action, calling on support from region as required. To enable this support and intervention should be exercised in relation to providers 'with and through' ICBs as the default arrangement.
13. NHS England and CQC should work together to ensure that as far as possible their approach to improvement is complementary and mutually reinforcing.
14. A national peer review offer for systems should be developed, building on learning from the LGA approach.
15. NHS England should work with ICB leaders to co-design and agree a clear pathway towards ICB maturity, to take effect from April 2024.
16. An appropriate group of ICS leaders should work together with DHSC, DHLUC and NHS England to create new 'High Accountability and Responsibility Partnerships'.
17. During 2023 to 2024 financial year further consideration should be given to the balance between national, regional and system resource with a larger shift of resource towards systems; and that the required 10% cut in the RCA for 2025 to 2026 financial year should be reconsidered before Budget 2024.
18. NHS England and central government should work together to review and reduce the burden of the approvals process of individual ICB, foundation trust and trust salaries.
19. ICS leaders should be closely involved in the work to build on the new NHS England
20. operating framework to codesign the next evolution of NHSE regions.
21. NHS England should work closely with the LGA, Confed and NHS Providers to further develop the leadership support offer.
22. The implementation groups for the Messenger review should include individuals with significant experience of leading sustained cultural and organisational change in local government and the voluntary sector as well as the NHS.
23. Ministers should consider a substantial reduction in the priorities set out in the new Mandate to the NHS - significantly reduce the number of national targets, with certainly no more than 10 national priorities.
24. NHS England and ICBs need to agree a common approach to co-production working with organisations like the NHS Confederation, NHS Providers and the LGA.
25. As part of CQC's new role in assessing systems, CQC should consider within their assessment of ICS maturity a range of factors.
26. ICSs, DHSC, NHS England and CQC should all have access to the same, automated, accurate and high quality data required for the purposes of improvement and accountability

3. Unlocking the potential of primary and social care and their workforce

1.5 million employed in social care

A strong and supported workforce across health and social care is fundamental to the success of ICSs. There are too many barriers to innovation and transformation, and these need to be removed to unlock the potential of system working. The NHS also needs to address key gaps in the data and digital workforce to support transformation.

Review areas

- **A more holistic approach to the health and care workforce**
- **The need for a national plan for social care workforce, alongside an NHS workforce plan**
- **Encouraging flexibility for health and care staff moving between roles and delegating tasks**
- **Removing barriers in primary care contracts to local innovation and transformation**
- **Promoting the flexibility needed for ICSs to attract and retain specialists in data and analytics, risk and system engineering**

Recommendations

26. NHS England and DHSC should, as soon as possible, convene a national partnership group to develop together a new framework for GP primary care contracts.
27. The government should produce a strategy for the social care workforce, complementary to the NHS workforce plan, as soon as possible.
28. DHSC should bring together the relevant regulators to reform the processes and guidance around delegated healthcare tasks.
29. Currently the agenda for change framework for NHS staff makes it impossible for systems to pay competitive salaries for specialists in fields such as data science, risk management, actuarial modelling, system engineering, general and specialized analytical and intelligence. Ministers and NHS England should work with trade unions to resolve this issue as quickly as possible.

4. Resetting our approach to finance to embed change

£1 invested in NHS generates £4

Existing funding models do not support a focus on transformation, prevention and outcomes, and new models are needed. Multi-year settlements, with timings aligned across the NHS, social care and public health would further support effective planning, with more flexibility, balanced by greater accountability, sitting with ICSs.

Review areas

- **Financial accountability**
- **Funding settlements**
- **Financial flexibility for intra-system funding**
- **Simplifying and broadening delegation and pooled budget arrangements**
- **Ensuring efficient delivery of care**
- **Payment mechanisms**
- **Capital expenditure**
- **Strengthening and embedding a culture of research and innovation**
- **Specialised commissioning or tertiary services**

Recommendations

30. NHS England, DHSC and HM Treasury should work with ICSs collectively, and with other key partners including the Office for Local Government and CIPFA to develop a consistent method of financial reporting.
31. Building on the work already done to ensure greater financial freedoms and more recurrent funding mechanisms, I recommend:
    a) Ending, as far as possible, the use of small in-year funding pots with extensive reporting requirements;
    b) Giving systems more flexibility to determine allocations for services and appropriate payment mechanisms within their own boundaries, and updating the NHS payment scheme to reflect this; and
    c) National guidance should be further developed providing a default position for payment mechanisms for inter system allocations.
32. DHSC, DLUHC and NHS England should align budget and grant allocations for local government (including social care and public health and the NHS).
33. Government should accelerate the work to widen the scope of s.75 to include previously excluded functions (such as the full range of primary care services) and review the regulations with a view to simplifying them. This should also include reviewing the legislation with a view to expanding the scope of the organisations that can be part of s.75 arrangements.
34. NHS England should ensure that systems are able to draw upon a full range of improvement resources to support them to understand their productivity, finance and quality challenges and opportunities.
35. NHS England should work with DHSC, HM Treasury and the most innovative and mature ICBs and ICSs, drawing upon international examples as well as local best practice, to identify most effective payment models to incentivise and enable better outcomes and significantly improve productivity.
36. There should be a cross-government review of the entire NHS capital regime, working with systems, with a view to implementing its recommendations from 2024.