The Hewitt Review: an independent review of integrated care systems

Letter from Rt Hon Patricia Hewitt to ICB Chairs, ICP Chairs and ICB CEOs

18th January 2023

Dear Colleague,

As you know, the Chancellor of the Exchequer and the Secretary of State for Health and Social Care asked me to lead an Independent Review into how the oversight and governance of Integrated Care Systems (ICSs) can best enable them to succeed. The review covers ICSs in England and the NHS targets and priorities for which ICBs are accountable, including those set out in the Government's mandate to NHS England.

Since the Terms of Reference were published, I have had the opportunity to discuss the issues with over 300 ICB and ICP leaders, as well as other leaders from local government, NHS Trusts and Foundation Trusts, social care providers, VCSE groups, academics and others with an interest in the success of ICSs. I'm also delighted to say that I've received around 400 submissions from organisations and individuals in response to the Call for Evidence.

If you have been involved already in discussions or evidence, thank you very much. If you haven't yet been involved, I look forward very much to hearing from you in the coming weeks. As well as the Confed networks that many of you belong to, if diaries permit I would also welcome the opportunity to join you at any regional meeting you may already hold of ICS chairs or CEOs.

As several of you have pointed out, this Review covers a very wide range of issues and the timescale is very tight indeed (my final report is due by 15 March) And as some of you have stressed, it will be essential to distinguish between short-term recommendations that can be implemented within weeks or a few months, and those that need consistent action over the medium or longer term.

Fortunately the Review isn't starting from a blank sheet of paper. As well as the excellent evidence that has been submitted, the Review will build on a great deal of prior work, including the Messenger Review, the Fuller Stocktake of Primary Care, Sir Chris Ham's recent report on ICSs, the Integration White Paper and so on. And we can already see welcome change taking place, particularly in the way NHSE involved many ICS leaders in the recent Planning Guidance and the nature of that Guidance itself.

But fundamentally, this Review is an opportunity for all of us with a stake in ICSs to shape our future. As I've said to many of you, I certainly don't claim to have all the answers. But through this Review, I hope I can be a catalyst for crowd-sourcing! So the impact of the Review depends upon your contribution, personally as well as organisationally.

The next stage: five work streams

The next stage of the review will focus on five work streams, led by colleagues from across the health and care system. These will cover:

- **Prevention and population health management**, co-chaired by Patricia Miller (CEO, Dorset Integrated Care Board) and Joe Rafferty (CEO, Mersey Care FT);

- **Integration and place**, co-chaired by Felicity Cox (CEO, Bedfordshire, Luton and Milton Keynes Integrated Care Board) and Cllr Tim Oliver (Chair, Surrey Heartlands Integrated Care Partnership and Leader, Surrey County Council);

- **Autonomy, accountability and regulation**, co-chaired by Dr Kathy McLean (Chair, Nottingham and Nottinghamshire Integrated Care Board) and Rt Hon Paul Burstow (Chair, Hertfordshire and West Essex Integrated Care Board and Chair, SCIE);

- **Productivity and finance**, co-chaired by Dr Penny Dash (Chair, North West London Integrated Care Board) and Sir Richard Leese (Chair, Greater Manchester Integrated Care Board);

- **Digital and data**, co-chaired by Sam Allen (CEO, North East and North Cumbria Integrated Care Board) and Adam Doyle (CEO, Sussex Integrated Care Board).

Colleagues from patient and service user groups, local government, the voluntary community faith and social enterprise sector and the social care provider sector, as well as the NHS, are all being included in the work streams, reflecting the partnerships that constitute ICSs. There will also be opportunities to join 'town hall' style meetings in February. If you would particularly like to be involved in one of these work streams, could you please contact the co-chairs and the secretariat at the Department of Health and Social Care, via **hewittreview@dhsc.gov.uk.**

Draft Principles

Six principles have emerged repeatedly from the discussions so far as well as from an initial reading of the evidence. They are set out, in draft, below. I'm grateful to everyone who has contributed to them, including the authors of the many documents I've drawn on.

These principles are not set in stone, although they will help provide a framework for the work streams. As discussions develop, so will the principles. But I intend my final report to set out principles that will, I hope, command as close to universal agreement as possible, and will therefore provide a touchstone for all of us, whether partners within ICSs or working at national and regional level, about how we should act in future.

Collaboration: within each system as well as between systems and national bodies. Rather than thinking about the centre, regions, systems, and places as a hierarchy, we should view each other as real partners with complementary and interdependent roles and work accordingly. This means recognising the importance of collaboration between partners from the NHS, local government, social care providers and the VCSE in neighbourhoods, places and systems. Because different local partners have different accountability and funding arrangements, only ICSs can create mutual accountability between all partners around jointly agreed outcomes and targets (for both the long-term health of the population and for immediate issues such as discharge and tackling the backlog). On the other hand, it is also essential to recognise that, while the role of the centre should change, some things can only be done effectively and efficiently by them. NHS England's new operating framework and its emphasis on aligned support and collaboration managed by or with the ICS rather than direct to provider organisations is therefore very helpful and should be followed by more joining up between DHSC, DLUHC, NHSE and other national bodies to mirror the integration within ICSs.

A limited number of shared priorities: the public's immediate priorities – access to primary care, urgent and emergency care, elective care and mental health services - are priorities for all of us, Ministers, NHSE and ICBs. The level of interest in these matters rightly makes them a central part of accountability for all ICBs – and their partners in the wider ICS. Evidence-based guidance and best practice examples are, of course, invaluable to local leaders; but it is essential that those local leaders have flexibility about how they apply those lessons to their particular local circumstances.

Give local leaders space and time to lead: Effective change in any system - particularly one as complex as health and care - needs consistent policy, finances, support and regulation over several years. Adding new targets and initiatives, providing small funding pots (often with complex rules and reporting requirements), or non-recurrent funding makes it impossible to plan or even recruit, wastes money and time, and weakens impact and accountability. Multi-year funding horizons, with proportionate reporting requirements, are essential.

Systems need the right support: ICSs require bespoke support geared to the whole system and the partners within it, rather than to individual providers or sectors. But support also needs to be proportionate: less intervention for mature

systems delivering results within budget; more intervention and support for systems facing greater challenges.

Balancing freedom with accountability: It is right that with greater freedom comes robust accountability, including for financial spending and ensuring value for money. That accountability includes the local accountability that is hard-wired into ICSs - through ICPs, HealthWatch, Foundation Trust governors and many other forms of patient and public involvement. Peer review, widely used in local government, may also have a role. This local accountability is complemented by NHSE's role to support and provide oversight for ICBs in line with the statutory framework including NHSE's support for NHS organisations within the ICS with greater challenges. The role of CQC as the independent inspector has itself been strengthened by the 2022 Act. The CQC's remit now includes inspecting ICSs as a system, regulating local authorities in relation to their adult social care functions, as well as their existing functions in relation to social care, NHS and other healthcare providers. CQC is transforming its own working methods to meet these new responsibilities. It will also be essential to consider the vital, but different, role of supporting ICSs, ICBs and providers with great challenges to improve, particularly where there are major failings in care. This will need to be done hand in hand with NHSE's role in overseeing systems.

Enabling timely, relevant, high-quality and transparent data: we recognize that timely, relevant, high-quality and transparent data is essential for integration, improvement, innovation and accountability. As high performing ICSs are already showing, high quality, integrated data collection and interoperable digital systems can initiate real change. Good data, used well, can generate actionable insights into outcomes and the drivers of inequalities, as well as productivity, quality and safety. ICSs should focus on enabling data sharing and digital innovation that supports real-time service improvement, Of course, effective data can also enable greater accountability, a learning culture and research, although simply doing this through uncoordinated data requests can create unnecessary administrative burdens rather than improvements. NHS England, working in collaboration with DHSC and local government (including through DLUHC, the LGA and CCN) have a key role to play. By defining standards on data taxonomy and services' interoperability, and coordinating data request to the system, they can create the conditions for wider transformation.

Do please let me know if you have any questions about the Review, any immediate comments on the draft principles or particular issues you would like to draw to the attention of the work streams that weren't included in the evidence you've already submitted.

Yours sincerely,

Rt Hon Patricia Hewitt

Chair of the independent review of Integrated Care Systems