

BRIEFING ON THE 2023 HEWITT REVIEW OF INTEGRATED CARE SYSTEMS**Report of the Assistant Director for Integrated Commissioning****1.0 Purpose of the Report**

- 1.1 To provide the Health and Wellbeing Board (HWB) with a high-level overview of [The Hewitt Review: an independent review of integrated care systems](#). The report will additionally consider Sunderland's position in relation to the review findings and proposed recommendations for improved integration of care.

2.0 Background

- 2.1 The Hewitt Review was published on 4 April 2023. High-level objectives of the review included an assessment of how the leadership, governance and regulation of integrated care systems (ICSs) could be optimised to deliver a self-supporting system that delivers sustainable health and care transformation. Key drivers for change noted within the report included:

- A need to address immediate pressures on the NHS and social care, with a recognition of public priorities around access to primary care, urgent and emergency care, cancer, other 'elective' care services and mental health provision.
- Increased volume and complexity of both physical and mental health needs.
- Deteriorating mental and physical health across the population, with a rise in longer-term ill-health and premature death - most notably in those affected by economical disadvantage, racism, discrimination and prejudice.

- 2.2 The review made recommendations across four specific areas of opportunity, that included:

- A shift in focus from illness to promoting health
- System governance, accountability and regulation
- Unlocking the potential of primary and social care
- Resetting the approach to finance.

- 2.3 These recommendations are built on six proposed principles, that set out ways of working across the system to harness widespread support for change, these included:

- **Collaboration** – particularly through Place Partnerships that build on the work of the Health and Wellbeing Board (HWB) and emerging Provider Collaboratives to support subsidiarity within the ICS.

- **A limited number of shared priorities** that build on the public's immediate priorities outlined in section 2.1 and supported by associated ICB accountability arrangements.
- **Giving local leaders space and time to lead** - recognising the detrimental impact of complex, short-term funding arrangements on long-term planning and change.
- **Proportionate whole-system support and intervention** that is commensurate with size, scale and maturity of individual ICS's.
- **Balancing freedom with accountability**, by building on current local accountability arrangements (such as Health Overview and Scrutiny Committees, local government, ICPs, Health Watch, foundation trust governors and patient and public involvement groups), alongside strengthening the new role of NHS England and the Care Quality Commissioning (CQC) in overseeing the ICB and ICS, respectively.
- **Enabling timely, relevant, high-quality and transparent data** through integrated data collection and interoperable digital systems.

3.0 Hewitt Review Recommendations and Implications on Sunderland's Place-Based Partnership Arrangements

3.1 This briefing will consider the principles and recommendations of the review – assessing for potential implications on the development of Sunderland's place-based health and care system, including the role of the HWB in supporting the transformation of health and care services.

4.0 A Shift in Focus from Illness to Promoting Health

4.1 Through the 4 strategic purposes of the ICS¹ and the new statutory ICS framework, the review highlights the potential for integration reforms to maximise the NHS contribution to social, environment and economic objectives and the creation of thriving places that are supported by more active citizen engagement and a greater emphasis on wider determinants within NHS policy.

4.2 The review additionally emphasises the importance of:

- upstream investment in preventative services and interventions
- embedding health promotion at every stage
- embedding population health management
- harnessing the potential of data to support prevention, and
- empowering people to manage their own health.

4.3 In translating these priorities into practice, the review makes nine recommendations, as per the below:

¹ These are: improving outcomes in population health and healthcare; tackling inequalities in outcomes, experience and access; enhancing productivity and value for money; and, supporting broader social and economic development

- A 1% increase, over the next 5 years, in NHS budget contribution to investment in prevention at an ICS-level.
- Creation of a cross-government mission for health improvement, including the development and delivery of a National Health Improvement Strategy, and potentially supported by the publication of a Department of Health and Social Care's shared outcomes framework.
- Establishment of a national Integrated Care Partnership Forum to support a two-way exchange between Integrated Care Partnerships (ICPs) and relevant government departments.
- Establishment of a cross-sector Health, Wellbeing and Care Assembly to support the shift to a new focus on prevention, population health and health inequalities.
- Development of a minimum data sharing standards framework to improve interoperability and data sharing across organisational barriers.
- Implementation of the proposed reform of Control of Patient Information regulations to support joint planning between NHS and local authorities through appropriate access to patient information.
- Including ICS leadership within NHS England's Data Alliance and Partnership Board arrangements.
- Strengthening the role of the NHS App to support greater patient access to health and care information and generate new innovation in the use of technology to better meet the diversity and complexity of health and care needs.
- Developing a longer-term ambition to establish Citizen Health Accounts to support people to proactively manage their own health and care.

Implications for Sunderland

- 4.4 Sunderland's Place Plan includes an overarching policy objective to prioritise prevention and tackle inequalities across all areas of local NHS investment. This will provide a key lever for ensuring that place-level implementation of integration reforms, supports a determined shift in focus from 'ill-health' to 'health promotion', and builds on priority action within the Healthy City Plan and Integrated Care Strategy ([Better Health and Wellbeing for All](#)).
- 4.5 System-level leadership and oversight of the plan through the Place Committee arrangement, will additionally create opportunities to join-up approaches to prevention and tackling of wider determinants on a place-footprint, whilst working through the new Healthier and Fairer ICB Sub-Committee and Central Area ICP arrangement to create broader system-level support and learning opportunities.
- 4.6 As part of the 2023/24-2024/25 Better Care Fund (BCF) planning process, minimum pooled budget allocations are being recodified to support the establishment of a local baseline of BCF investment against key integration schemes, including establishing a baseline of BCF investment in prevention-

related activity. This will support local monitoring of joint system-investment in prevention within the BCF, ensuring there is clear and transparent baseline that can be built-on to evidence a shift toward improved focus on prevention.

- 4.7 In addition to the above, the revised version of Sunderland's Place Plan prioritisation framework, included a fifth priority to, '*deliver place-shaping innovation and sustainability through investment in critical system enablers.*' This included more innovative use of shared system resource to support improved data and digital innovations, that can be used to accelerate improvements in joint-planning of both services and care, including new ways of supporting more proactive and personalised care.

5.0 System Governance, Accountability and Regulation

- 5.1 The review makes 15 recommendations in relation to how governance, accountability and regulation, can collectively support a 'self-improving system' approach that supports increased system and place-level autonomy. Recommendations include:
- Establishing an explicit 'system-level' role for Health Overview and Scrutiny Committees, with built-in support from the Department of Health and Social Care to develop this arrangement.
 - Enabling the ICS to identify locally developed priorities and targets and self-select metrics for measuring these, in a way that carries equal weight with any nationally imposed target and prioritisation frameworks.
 - Enabling ICBs to be the first point of support for providers facing difficulties, in line with the NHS operating framework. This includes ensuring that NHS England works '*with and through*' ICBs as the default arrangement - supporting more localised improvement approaches that contribute to shared local priorities.
 - Ensuring NHS England and CQC work together to create complementary and mutually reinforcing improvement arrangements.
 - Establishing a national peer review offer for systems to support continuous system learning.
 - Co-designing and developing a pathway toward ICB maturity (to take effect from April 2024), in order to support a model of delivery that balances autonomy with accountability.
 - Establishing a High Accountability and Responsibility Partnership (HARP), involving ICS-leaders alongside partners within the department of Health and Social Care, Department of Levelling-up and Communities and NHS England, to be in operation by April 2024. The proposed HARP would have the potential to support a move toward reduced targets and reporting arrangements, with increased financial freedom and use of the public estate.
 - Ensuring balance between national, regional and system-level resource, with a larger shift toward systems. There is also a recommendation to reconsider the 10% cut in NHS Running Cost Allowance (RCA) before the Budget 2024.

- Reviewing and reducing the burden of approval processes for ICB, foundation trust and trust salaries - ensuring there is the right capability and governance to fulfil statutory functions at all times, without unnecessary appointment delays.
- Ensuring ICS engagement in the development of the new NHS England operating framework - supporting the codesign of the next evolution of NHS England regions.
- Developing a strong system leadership support offer, built-on strong partnership working between NHS England, the Local Government Association, NHS Confederation and NHS Providers.
- Implementing the [Messenger Review](#) call, for systems to create collaborative behaviours through strong collaborative leadership development and cultures.
- Reducing the number of priorities set within the Mandate to the NHS, with a similar reduction in the number of national targets, which should not include more than 10 national priorities.
- Establishing a common approach to co-production work between NHS England and ICBs.
- Emboldening the role of CQC to provide clear and transparent ratings on the quality of services within the ICS, as well as assessment of the level of maturity and effectiveness of each ICS, including its leadership and progress in shifting emphasis and resources toward prevention, population health and tackling health inequalities.
- Enabling consistent access to high-quality, automated and accurate data across ICSs, Department of Health and Social Care, NHS England and the CQC,

Implications for Sunderland

- 5.2 The emphasis on increased autonomy supported by improved accountability arrangements and a firm embedding of the principle of subsidiarity, aligns well with local ambitions to better integrate health and care provision around the needs of Sunderland's population. This would be supported by the recommendation to review the proposed cuts to the RCA, which would enable a greater period of stability ahead of longer-term transformation.
- 5.3 The Hewitt Review highlights the expectation on the ICS, to define a clear role for 'place' level partnerships, whilst also pointing to the variation in size and architecture of 'place-level' arrangements nationally. For areas such as Sunderland, that forms part of the largest ICS/ICB arrangement, a clear definition and role for 'place' - and its relationship with the wider system (including Provider Collaboratives) - will be critical in establishing the appropriate leadership and accountability arrangements that promote maturity and transformation.
- 5.4 In section 3.19 of the review, there is a recognition that some place partnerships continue to '*look up*' to the ICB for permission and instruction, at the expense of '*looking out*' to communities and neighbourhoods they serve. The role of local accountability arrangements, including Health Overview and

Scrutiny and patient and public involvement forums, together with the Health and Wellbeing Board and place-level governance arrangements (see Appendix 1), will therefore be critical in ensuring that Sunderland benefits from the 'promise of system' outlined within the review.

6.0 Unlocking the Potential of Primary and Social Care and Building a Sustainable, Skilled Workforce

6.1 The review highlights the importance of flexible decision-making and joined-up national policy approaches for primary and social care, to improve community health outcomes and overall system performance. This includes removing organisational boundaries to greater workforce integration and training, in order to support a determined focus on prevention and early intervention.

6.2 Specific recommendations within the review include:

- Creating a national partnership group to develop a new framework for GP primary care contracts. This would entail NHS England and the Department of Health and Social Care working together to remove barriers that currently stifle innovation and opportunity within the GP partnership model.
- Development of a social care workforce strategy that complements the NHS workforce plan. This additionally includes a recommendation to pool/align training and development budgets within the NHS and social care to create shared training opportunities that accelerate ambitions around multi-disciplinary, multi-organisational neighbourhood teams and support more system-wide recruitment and career progression opportunities (for example, through a 'passport' type approach to workforce portability).
- Reform the processes and guidance around the delegation of healthcare tasks to support service improvement and enable closer alignment of different aspects of a person's care.
- Work with the trade unions to resolve salary issues that prevent competitive recruitment of critical specialist roles (such as, data science and system engineering) through the current NHS Agenda for Change framework.

Implications for Sunderland

6.3 The Place Plan for Sunderland has identified primary and community care integration as a key priority for place. This is supported by a local delivery plan to support local implementation of the national and regional delivery plan for [recovering access to primary care](#) and embedding the recommendations of the [Fuller stocktake report](#).

6.4 Whilst wider decisions around primary care provision will take place through regional ICB sub-committee arrangements, the Sunderland Place Committee will have influence at place-level, and the HWB will additionally need to

consider how it can evolve to maximise the potential of place to strengthen the role of primary care locally. This will include harnessing new ICB responsibilities for the combined commissioning of community pharmacy, optometry and dentistry, to achieve accessible, high quality and integrated services as outlined in the review.

- 6.5 Improved workforce integration creates a unique opportunity to both transform care and develop new and innovative solutions to address the ongoing challenges of recruitment and retention within the health and care sector. Within the Sunderland Place Plan, the introduction of a fifth priority to build critical system infrastructure, includes a commitment to a more joined-up approach to workforce strategy over a 5-year transformational period.
- 6.6 In addition, the continued development of multi-disciplinary team working through integrated personalised and anticipatory care approaches in Sunderland, continues to be a priority – supporting the acceleration of more proactive prevention and early intervention approaches across health and care, as described in the review.
- 6.7 A further consideration for Sunderland in relation to workforce development (as well as wider public services reform), is the future role of the North East Combined Authority in catalysing workforce transformation and addressing skills shortages within the system through its devolution deal.

7.0 Resetting the approach to finance

- 7.1 This area of recommendation reflects a shift in thinking of health and care as a 'cost', to one in which it is considered a '*creation of health value*'. This includes generating increased health value through 'allocative efficiency', such as increased investment in primary and secondary prevention, and through more balanced investment in primary and community care compared to acute-based provision. It additionally considers the opportunity to increase value-for-money through technical efficiencies, such as estates optimisation and the introduction of sustainable and efficient paper-light processes.
- 7.2 Within the review, there is wider consideration of funding allocation processes, financial accountability, increased flexibility for intra-system funding arrangements and more innovative use of capital expenditure, culminating in seven recommendations in this priority area. These are:
- Development of a cross-system approach to financial reporting that would increase public accountability, without creating unnecessary bureaucracy.
 - Increasing financial freedoms and flexibility through a reduction/cessation of small in-year funding pots; local determination of service allocations and payment mechanisms; and, development of national guidance around inter system allocations.
 - Aligned budget and grant allocation across social care, public health and the NHS to enable more joined-up, longer-term planning.

- Widening the scope of the section 75 arrangements to include previously excluded functions (such as the full range of primary care services), and review regulations to increase simplicity and expand the range of organisations who can be party to a section 75 agreement.
- Development of improvement tools and resources to build NHS England capability to support improved productivity, as well as address financial and quality challenges and/or opportunities.
- Developing innovation in practice through national and international learning and development opportunities that draw on good practice and support the development of better outcomes through a culture of research and innovation.
- Conducting a cross-system review of the NHS capital regime with specific consideration of developing a 10-year NHS capital plan with improved system delegations that are commensurate with system maturity. The review recommendations should seek to be implemented from 2024.

Implications for Sunderland

- 7.3 Whilst much of the recommendations outlined in the review relate to national decision-making and policy, the Sunderland Place Plan has identified a number of actions to support improved financial sustainability and innovation. This includes undertaking an efficiency review to identify savings opportunities (including invest to save schemes) and baselining current investment against high-level impact via the BCF planning process.
- 7.4 In addition, local action to increase research intensity across place-based partnerships, forms part the Sunderland Place Plan. Creating new opportunities to invest in research and innovation that delivers increased health value within Sunderland’s investment approach. This includes an ICS-funded research project through the North East and North Cumbria Applied Research Collaboration (NENC ARC), to develop evidence-based tools for assessing the relative cost-utility of service redesign and commissioning options for tackling inequalities.

8.0 Recommendations

- 8.1 It is recommended that the Health and Wellbeing Board:
- Review and consider the national recommendations outlined in the Hewitt Review, with specific consideration of how recommendations align to Sunderland’s approach to:
 - Shifting focus from illness to health improvement
 - System governance and accountability
 - Maximising the potential of primary and social care
 - Financial management and efficiencies
 - Review the operations of the Health and Wellbeing Board in-light of health and care reforms, ensuring the operational effectiveness of the board within the new integrated care system context.

Appendix 1: Sunderland's Place-Based Governance Model



