Department of Health & Social Care

Hewitt review: call for evidence

This call for evidence is to support the Hewitt review. The review will consider how the oversight and governance of integrated care systems (ICSs) can best enable them to succeed, balancing greater autonomy with robust accountability, with a particular focus on real time data shared digitally with DHSC and on the availability and use of data across the health and care system for transparency and improvement. The review will draw upon the expertise of ICSs, local government, the NHS, the voluntary sector, patient and service user representatives and other subject experts including in academia, government departments and relevant thinktanks.

Please review the full call for evidence page before completing this survey.

Notes about this survey: to share this survey with others, please right click to copy this direct link address and paste it. Do not share the page to the survey once you've started it. If you navigate away from the survey, it should continue from where you left it, if you reopen the link in the same browser.

This call for evidence closes at 11:45pm on 9 January 2023.

About you

In what capacity are you responding to this survey?

- An individual sharing my personal views and experiences
- An individual sharing my professional views
- On behalf of an organisation

Are you a member of an integrated care board or integrated care partnership?

- Integrated care board
- Integrated care partnership
- Both
- Neither

What type of organisation are you employed by, or representative of?
If more than one of these statements applies to you, please select the option you feel is most relevant to your response.

- Integrated care board
- Primary care body for example a GP or dental practice
- Local authority or combined authority
- Voluntary, community or social enterprise (VCSE) organisation that works with integrated care
- National representative body (for example, medical royal college or the local government association)
- None of the above, I am an elected representative, for example a local councillor
- NHS trust or foundation trust
- Non-NHS organisation that provides health services
- Provider of social care services
- Nation-wide charity or campaigning organisation
- I am an academic or affiliated to a think tank
- None of the above apply to me

What is your job title?

Policy Specialist

What is the name of your organisation?

Homecare Association

As part of this survey there are a few reasons we may require your email address:

- if you need to contact us about amending or deleting your response - the only way we can verify that it is your response is via your email address
- if you didn't have time to finish the survey, we can send you a reminder before it closes.

If you are responding on behalf of your organisation, please provide your organisational email address. Your name and email address will not be shared with anyone outside of the department.

Are you happy to share your name and email address with the Department of Health and Social Care?

Yes

What is your email address?

policy@homecareassociation.org.uk

Name

Michelle Dumont

Empowering local leaders

Integrated care systems (ICSs) are partnerships of organisations, including integrated care boards, NHS providers, local authorities, social care providers and voluntary, community and social enterprise organisations and other agencies with a role in improving health and wellbeing, that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

As the system moves towards new ways of working, we are keen to explore how we can empower local leaders within ICSs.

What do you think would be needed for ICSs and the organisations and partnerships within them to increase innovation and go further and faster in pursuing their goals? (250 word limit)

Providers are at the coal face in terms of undertaking social care work and are often the best placed to identify the complex problems preventing progress and then to drive and lead innovation. However, commissioning practices are often inflexible or too tightly controlled to allow for significant innovation (financially or in terms of time input – for example, the use of electronic call monitoring and time and task commissioning can restrict innovation in homecare delivery). Systems need to be designed to enable those working on the frontlines to innovate. Providers may also not be included in discussions about innovation which happen between NHS and local government officials. Providers need to be included and empowered to innovate.

There is sometimes fatigue amongst providers about pilot projects which are undertaken, appear to work and are later shelved, never to be progressed. The lack of progress could be for a range of reasons including resourcing, structural, policy or leadership changes. This can be disheartening and discourage further engagement.

What policy frameworks, regulations or support mechanisms do you think could best support the active involvement of partners in integrated care systems? (250 word limit). Examples of partners include adult social care providers, children's social care services and voluntary, community and social enterprise (VCSE) organisations. This can include local, regional or national suggestions.

We published a report with Care England and the Good Governance Institute (GGI) designed to explore whether the adult social care (ASC) sector is being appropriately engaged in the ongoing development of Integrated Care Systems (ICSs).

https://www.good-governance.org.uk/publications/papers/ics-engagement-with-the-adult-social-care-sector-in-decision-making-a-report-by-ggi-care-england-and-the-homecare-association

In the report we called on ICS leaders to:

- Note that the social care partner member on the Integrated Care Board (ICB) will not necessarily be able to effectively represent providers, and therefore, ICSs should work with providers to develop more effective engagement mechanisms
- Develop a plan about how to engage with ASC providers and involve them in the process
- Have a provider forum or liaise with local care associations which nominate a representative to the ICS Partnership Board
- Ensure that ASC providers have a role in the new local place arrangements, the Integrated Care Partnership (ICP) and/or the ICB. Perhaps through the creation of a paid position that is tasked with furthering the ASC agenda and educating others around them on the issues facing the sector

We also called on the Department of Health and Social Care to publish a specific framework for ICS engagement with the ASC sector. This was produced and can be found at: https://www.gov.uk/government/publications/adult-social-care-principles-for-integrated-care-partnerships

We call for action to ensure this guidance is consistently implemented.

National targets and accountability

What recommendations would you give national bodies setting national targets or priorities in identifying which issues to include and which to leave to local or system level decision-making? (250 word limit)

There is an important role for national targets, alongside enabling local systems to determine local priorities. These should take account of the priorities for social care (both the people served by social care and the providers and staff working in the sector) as well as the needs related to healthcare. This means priorities for social care from a social care perspective and not just the inclusion of social care targets to measure the capacity of the social care sector to support the healthcare sector.

National targets should cover identified systemic issues that relate to key policy direction. For example, there are current significant staff shortages in social care which are having a critical effect on service quality and capacity. The 2022 Integration White Paper indicated that “ICS will support joint health and care workforce planning at place level, working with both national and local organisations.” If ICSs are to implement this intention then it would be sensible to set priorities in relation to the social care workforce, which if not met, can be urgently fed back into national policy development to address complex national issues.

Other key areas could include monitoring the use of certain commissioning practices (e.g. time and task, or 15 minute calls) which may severely limit quality of care. Delayed transfers of care and waiting times can indicate how well systems are working together as well as capacity. Commissioning rates could also be benchmarked against the fair cost of care exercise data to ensure the sector's market stability and sustainability.

What mechanisms outside of national targets could be used to support performance improvement? (250 word limit) Examples could include peer support, peer review, shared learning and the publication of data at a local level. Please provide any examples of existing successful or unsuccessful mechanisms.

People that use social care services and social care providers should be enabled and encouraged to provide feedback. This should be acted on and communicated back to those who provide feedback.

Funding should be made available to care providers (rather than ICSs themselves) to properly support innovation in service delivery, and commissioning practices should be made flexible enough to support this.

Evidence from pilot projects and other experiments should be collated nationally, key findings should be made publicly available and implementation, or reasons for not implementing, should be tracked systematically.

Local social care providers should be provided with available local data on performance, along with benchmarking where possible. They should be encouraged to comment on this to facilitate analysis.

There should be networking, best practice and shadowing opportunities between ICSs to facilitate learning. This should include opportunities for care providers engaging with ICSs or those representing social care providers in Partnerships to liaise about common issues and solutions. Ideally, funding should be made available to facilitate this.

Data and transparency

We recognise that key to reaching greater local control and accountability is the transparent use of data, both at a local and national level.

How could the collection of data from ICSs, including ICBs and partner organisations, such as trusts, be streamlined and what collections and standards should be set nationally? (250 word limit)

Social care data may be gathered by a range of actors including Skills for Care, Capacity Tracker, the CQC, local authorities and ICSs. Data should be audited to ensure that there are no duplications and that statistical data is shared across different public sector organisations where feasible.

There should be robust data sharing agreements between local authorities and ICSs to prevent duplication of effort.

If, in future, shared care records are pursued which include social care and healthcare elements; and if these are able to be used as a source of aggregate data; then thought should be given as to whether this would enable other forms of data collection to be made redundant.

What standards and support should be provided by national bodies to support effective data use and digital services? (250 word limit)

A common concern when it comes to any government body collecting and holding data on social care from providers is that the aggregate data is often not made available to the care providers who input the raw data. This can limit providers' ability to undertake analysis and plan service developments that will meet the needs of the local area.

One suggestion would, therefore, be for national bodies to facilitate the operation of data sharing portals where social care providers can access the key statistical data that their ICS(s) hold on social care provision.

System oversight

Integrated care systems are continuing to develop, and DHSC, NHS England and Care Quality Commission (CQC) are still in the process of developing their working relationships with them.

We recognise that there is significant variation in maturity, capability and performance between different systems and partner organisations, including trusts. This will require an appropriate balance between autonomy, support, regulation and intervention. We are keen to explore whether there are any principles we can identify to help set that balance.

What do think are the most important things for NHS England, the CQC and DHSC to monitor, to allow them to identify performance or capability issues and variation within an ICS that require support? (250 word limit)

Some key indicators around effective joint working between health and social care could include data on delayed transfers of care; hospital readmission and prevention of escalation of need.

Feedback from people using services, waiting times, fee rates paid and commissioning practices should be compared between Continuing Health Care and local authority commissioned social care. Continuing Health Care is likely to be more complex and should, therefore, be more expensive as staff will require higher levels of training etc. However, some NHS organisations pay lower rates to providers than neighbouring local authorities – this must affect quality and supply of services and should be made visible within the ICS.

What type of support, regulation and intervention do you think would be most appropriate for ICSs or other organisations that are experiencing performance or capability issues? (250 word limit)

Whilst the CQC is expected to review partnership working in ICSs under the Health and Care Act 2022, consideration should be given as to whether the powers that the Secretary of State has in regards to local authorities' social care duties should also apply to ICSs/NHS organisations that commission care. It is otherwise unclear how ICSs could be ultimately held accountable if performing poorly with regards social care.

Partners, such as social care providers, should be consulted with regards what might improve the situation when an ICS is performing poorly.

Additional support or funding, including peer-support from high performing ICSs, should be available to ICSs with identified performance issues.

Is there any additional evidence you would like the review to consider? (250 word limit). See the Hewitt review terms of reference as a guide to what additional evidence may be relevant.

As mentioned previously, you may wish to review our report with Care England and the Good Governance Institute on ICS engagement with Adult Social Care.

https://www.good-governance.org.uk/publications/papers/ics-engagement-with-the-adult-social-care-sector-in-decision-making-a-report-by-ggi-care-england-and-the-homecare-association

Before you submit your response

We have a few questions we would like to ask to help us improve future consultations.

How satisfied are you with the consultation process?

- Very satisfied
- Satisfied
- [x] Dissatisfied
- Very dissatisfied

How did you hear about the consultation?

- GOV.UK or other government website

Do you think we could improve this process?

The Call for Evidence was launched on 13 December 2022 and will close on 9 January 2023. Given this is an extremely busy time for the health and social care sector and many people will be taking leave over the festive season the timescale for considered responses is short.