

Making a success of integrated care systems

In November, the Rt Hon Patricia Hewitt, chair of NHS Norfolk and Waveney integrated care board (ICB) and deputy chair of the integrated care partnership (ICP), was commissioned by the chancellor, the Rt Hon Jeremy Hunt, to lead a review into the role and powers of integrated care systems (ICSs). The terms of reference of the review were:

- “How to empower local leaders to focus on improving outcomes for their populations, giving them greater control while making them more accountable for performance and spending.
- The scope and options for a significantly smaller number of national targets which ICBs should be both held accountable for and supported to improve by NHS England (NHSE) and other national bodies, alongside local priorities reflecting the particular needs of communities.
- How the role of the Care Quality Commission (CQC) can be enhanced in system oversight.”

The review was conducted with significant engagement with leaders from across health and social care and we had a welcome and constructive relationship with the review team on behalf of our members.

The findings were published on 4 April and are summarised below:

- There is welcome recognition throughout of the issues hindering progress and placing unhelpful burdens on system players. The report recognises that without investment, workforce and leadership development, recurrent and multi-year funding, reduction of duplicative or unnecessary data requests, and effective planning (centrally and locally), systems will be unable to achieve their potential.
- The report makes the case for reducing the number of national targets to give local leaders the ‘time and space’ to lead. Hewitt suggests that there should be no more than ten national priorities, and that local priorities should be treated with equal weight.
- The report suggests high performing ICSs should have fewer national targets – it recommends establishing an initial cohort of ten “high accountability and responsibility partnerships”.

- The report clearly explains the fundamental need to join up health and social care in numerous ways, and the challenges of doing so. It also emphasises the potential benefits to patients of shifting the focus to prevention and health improvement, including through more joined up central government, an increase in prevention spending, and a focus on inequalities and discrimination.
- The review recognises the importance of collaboration and co-design as drivers of improvement. It emphasises the need for improvement support to be the focus of most intervention, proposing a 'one team' approach to system development and oversight.
- The report aims to set out clearly the responsibilities and accountabilities of the different players in systems locally, regionally and nationally. We are concerned that it falls short of providing the clarity we believe is necessary to enable more effective collaboration. We are also concerned that ICBs are positioned as system overseers, rather than equal partners of trusts.
- On finance and capital, Hewitt recommends reviewing the entire NHS capital regime, reducing the use of short-term funding pots, and learn from good practice (including internationally) around payment models.
- The political appetite for such significant change (and necessary investment over the longer term) has yet to be seen: the Department of Health and Social Care (DHSC) has so far only committed to "review [the report's recommendations] in due course." NHS England said: "we will look in detail at the recommendations as we continue to support local areas to improve outcomes for patients".

Our [briefing](#) provides more detail, along with our view of the areas we welcome and those we feel require further thought. The [report](#) does not make any specific recommendations about the role of governors in systems but does recognise governors' important role in local accountability in your foundation trusts.

During a similar period, parliament's **Health and Social Care Select Committee** undertook its own inquiry into ICS autonomy and accountability, which we also submitted evidence to on our members' behalf. Their report is relatively short and accessible, with fewer recommendations than those made by Hewitt, but in many ways reaching similar conclusions. NHS Providers [submitted evidence](#) on behalf of our members.

The [full report from the inquiry](#) is available and the conclusions and recommendations that might be of most interest to governors begin on page 24.