Hewitt Review – Solace submission

Solace is the representative body for more than 1,600 chief executives and senior managers working in the public sector in the UK, committed to promoting public sector excellence. Our members offer a unique perspective on how policies interact in place and operate on the ground.

Key messages

- Solace is committed to strengthening the ways in which local authorities and the NHS work together. It is only through genuine partnership working that we will be able to drive improvements in population health, support social and economic development, and address the many health inequalities which have been further exposed and exacerbated by the Covid-19 pandemic.
- Local authorities, as key collaborators and conveners in a place, have a unique role to play in particular relation to addressing inequalities and driving positive social and economic improvements in each locality, while working in close collaboration with their health and third sector partners.
- However, this should not be an excuse to place disproportionate resource burdens on local authority budgets, which are already under extreme pressure due to rising demand, more complex case management, spiralling costs, and increased expectations from the public, to deliver on such ambitions – it is in all public sector partners' interests to address the health and socio-economic issues that hold places back.
- Without our people we are nothing. If we are to collectively address and influence the wider determinants of health and address inequalities, national, regional, and local partners must work together to create a broader workforce strategy that works sustainably for the system as a whole.
- The creation of Integrated Care Systems has presented a golden opportunity to build on the partnerships already in place, and those created during the course of the pandemic. As such, Solace is strongly supportive of the reforms and their empowering ethos.
- While relationships between local areas and ICSs will of course vary across the country, it is clear that enabling work to happen at a place level will be crucial if ICSs are to be successful at improving health and wellbeing outcomes.
- Solace is not persuaded further legislation is required. While there is a gap between rhetoric and delivery we already have the legislative powers to pool budgets, jointly commission, and integrate, and the new Act has enabled ICBs with sufficient powers to take this further forward if that is what localities and wider systems want.
- We understand the need for a small set of strategic priorities for ICSs, but these should be focused on outcomes rather than process or activity so local leaders are empowered with enough space/resource to address issues of local importance.

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- As things stand there are too many nationally set priorities and whilst ICBs are doing their best to join these up there is too much dysfunction and turbulence to clearly understand the problems in some system areas.
- We should aspire to move to continuous system data sharing rather than event/initiative driven performance management e.g. winter, responding to inspection, etc. However, we do not need to collect more data – we should simply seek to make better use of what all partners currently have.
- Even though ICSs are relatively new and are still finding out what works best in each local area, or place, already there are outstanding examples of partnership working across England which are making a positive impact on the health and wellbeing of so many people – see Solace's 2021 report 'Delivering together for residents – How collaborative working in places and communities can make a difference' for a number of excellent examples.
- While it is in everyone's interests to drive improvements across the country we must avoid attempting to apply a 'one size fits all' approach to effective integration – local systems should be empowered and trusted to do what is in the best interests of the people and places they serve.

We must note that, given the importance of this Review to the future of the people and places we serve it was somewhat disappointing that the timescale for responding to this consultation has been compressed to a handful of weeks over the Christmas break. Given a more reasonable timescale, we would have been able to conduct more bespoke engagement with our members (e.g. via surveys and calls for evidence) to assist the Review. However, please find below a more detailed description of Solace's views in relation to the Review's four themes.

Theme 1: Empowering local leaders

- Local authorities, as key collaborators and conveners in a place, have a key role to play in particular relation to addressing inequalities and driving positive social and economic improvements while working in close collaboration with their health and third sector partners.
- However, this should not be an excuse to place disproportionate resource burdens on local authority budgets, which are already under extreme pressure due to rising demand, more complex case management, spiralling costs, and increased public expectations, to deliver on such ambitions – it is in all public sector partners' interests to address the health and socio-economic issues that hold places back.
- Also, if we are to collectively address and influence the wider determinants of health and address inequalities, national, regional, and local partners must work together to create a broader workforce strategy to co-design a sustainable strategy that works for the system as a whole.

- A two-tier workforce is developing in systems across the country with many staff working in the NHS and social care fulfilling similar roles, yet the pay differentials are different - average care worker pay is £1 per hour less than healthcare assistants in the NHS that are new to their roles, and £1.80 below those with more than two years of experience, according to Skills for Care[1] (the Government-funded strategic workforce development and planning body for adult social care in England).
- In addition career structures for staff working in social care are very limited in comparison to the NHS. Solace has been calling on the Government to co-produce career frameworks for a number of key professional disciplines in local government, including social care, which has been experiencing recruitment/retention issues for a number of years.
- There is a particular problem developing among senior leadership roles – vacancy rates doubled to 4.2% in the year to 2021-22 – but it is anticipated a more co-ordinated approach will help with the development of a thriving pipeline of future leadership candidates with the necessary skills and experience to fulfil key professional roles, including social care, to a high standard.
    - The professions requiring additional attention/support should be kept under regular review, informed by good data.
- The creation of Integrated Care Systems has presented a golden opportunity to build on the foundations already in place, and the partnerships created during the course of the pandemic. As such, Solace is extremely supporting of the reforms and their de-regulatory direction but it is important that ICSs devolve power, decision-making, and resources to the most local level appropriate.
- While relationships between local areas and ICSs will be different in different parts of the country, it is clear that empowering work to happen at a place level will be crucial if ICSs are to be successful at improving health and wellbeing outcomes.
- It is far too early to provide examples of where ICSs have transformed services, but there is some emerging evidence that it is empowering leaders to change policy in areas where there is a greater level of maturity of partnership working. Good examples include Greater Manchester and Calderdale in West Yorkshire, but it is important to recognise that areas like Greater Manchester have had significant financial and support investment which have helped to drive change.
- Solace is not persuaded further legislation is required. While there is a gap between rhetoric and delivery we already have the legislative powers to pool budgets, jointly commission, and integrate, and the new Act has enabled ICBs with sufficient powers to take this further forward if that is what localities and wider systems want.
- However, it is important to recognise that many areas are struggling because of financial challenges and this often leads to relationship difficulties - not just between Council and

[1] The state of the adult social care workforce in England 2022, Skills for Care

NHS systems but within different parts of our respective organisations too - so this often requires a different level and style of leadership.

- Some culture change is still required with some areas reporting too much central control at ICB level and our members report a widespread view that the agenda in many areas remains heavily NHS-focused, in particular on acute services, with little attention paid to wider local government agendas.
- What ICSs and ICBs do should be driven by a focus on population health and be democratically accountable to local politicians as this is what will ensure they improve outcomes. It is especially important that systems recognise the uniquely import community leadership role of democratically elected councillors in the partnership.
- As such, ICSs need to work closely with councils and their elected members to ensure that their priorities and plans for services reflect local needs, concerns, and aspirations.
- While Health & Wellbeing Boards can be an important and effective mechanism to engage elected members and help drive improvements at a local level, they do not themselves have access to any levers to effect positive change – they can only work through other parts of the system such as ICBs.

Theme 2: National targets and accountability

- We understand the need for a small set of strategic priorities for ICSs, but these should be focused on outcomes rather than process or activity so local leaders are empowered with enough space/resource to address issues of local importance.
- As things stand there are too many nationally set priorities and whilst ICBs are doing their best to join these up there is too much dysfunction and turbulence to clearly understand the problems in some system areas.
- While it is helpful for NHSE to emphasise that they expect ICBs to focus on population health and socio-economic determinants, how each area approaches this should be determined at the local level.
- The more local, regional, and national structures and priorities can be aligned the greater the positive impact all partners are likely to have on addressing the wider determinants of health, tackle inequalities and deliver improved life chances and stronger, more resilient economies.
- Nationally set priorities should be kept to a minimum in order to maximise chances of buy-in across all partners at a national and local level.
- Let local areas decide how national priorities should be addressed – and provide them with the tools (data, resources) to deliver.

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- The four objectives for ICSs need different accountability and oversight approaches i.e. service quality is different to socio economic determinants and requires a different approach in order to meaningfully monitor progress.
- Performance management systems and data are now also far too top-down, they have lost focus and variability is very distinct.
- It is important to recognise that different tools are available nationally and regionally beyond performance management – i.e. learning, use of vision and enablers rather than control.

Theme 3: Data and transparency

- We are not currently maximising the potential from existing digital systems and, as things stand, it is a very one-sided approach with lots of data and information shared with health systems but very little coming back the other way.
- Councils have an excellent array of ward-based data which isn't used effectively in overall system terms. However, for this to be effective we need to get the buy-in that this data can be used to change population outcomes, but we are a long way off that at the moment.
- Quality, relevant data shared in a timely manner between all partners will help with that and better enable issues to be identified and addressed.
- As such we should aspire to move to continuous system data sharing rather than event/initiative driven performance management e.g. winter, responding to inspection, etc.
- However, we do not need to collect more data – we should simply seek to make better use of what all partners currently have.
- A stronger focus on outcomes, experience, and equality – and less on process and outputs – aligned to relevant priorities will also help to drive positive change.

Theme 4: System oversight

- We welcome the fact the Review is considering the role of national regulators in what is an increasingly complex assurance and oversight framework for health and care providers and commissioners.
- While we understand leadership and governance will be a key issue as part of the Care Quality Commission's inspection regime from April, it is important the burden of responsibility and accountability is not laid to rest at the door of councils alone – inspectors must distinguish between system, place, and individual organisation roles.
- More broadly, more consideration is required of the commissioning landscape with a greater focus on outcomes that are based on need than is currently the case. Too often at the moment services are commissioned principally driven by cost and supply issues, the

result of which, as has been evidenced within children services and SEND by the Independent Review of Children's Social Care[2], leads to detrimental consequences.

- As NHSE at a national level provides oversight of ICBs there is a risk there will be a tendency for these bodies at a local level to focus on NHS activity and away from the system working we all want to see.
- Ensuring there is integration and join-up across different assurance mechanisms will also be key to providing a rounded picture of what is happening in a place and avoid, where possible, duplication.
    - With the forthcoming inspections of adult services, it is important to recognise that there are now four regulator system inspections which are routed through local government. Whilst we welcome the opportunity for scrutiny and improvement, we also note the increasing number of interventions or support provided through various Government departments and the capacity for systems to respond is becoming increasingly challenging, not least due to the financial and workforce challenges referenced at the top of this paper.
- Inspections should also not be solely about identifying areas which are struggling and highlighting poor performance – they should also identify and promote best/good practice so that other areas can learn from places which are getting things right.
- Where systems are feeling the pressure in relation to A&E and delayed discharges it will be important to look at the wider antecedents of those areas rather than simply focus on data which, more often than not, fails to tell the whole story.
- And while it is in everyone's interests to drive improvements across the country, we must avoid attempting to apply a 'one size fits all' approach to effective integration – local systems should be empowered and trusted to do what is in the best interests of the people and places they serve.

[2] Independent Review of Children's Social Care, May 2022

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