

## **Summary of BASW England key points raised in response to the Hewitt Review: An independent review of integrated care systems**

### **Background and Context**

In January 2023 BASW England responded to the Hewitt Review call for evidence into the oversight, governance and accountability of integrated care systems (ICSs).

The review covered ICSs in England and the NHS targets and priorities for which integrated care boards (ICBs) are accountable, including those set out in the government's mandate to NHS England.

The review proposes greater autonomy to enable ICSs to better prevent ill health and improve NHS productivity and care, matched by renewed accountability.

The BASW England submission contained the following key messages and points based on feedback from BASW members and family carers summarised below with information from the Hewitt review response.

For more detailed information about the BASW England response, please click this link to view the full submission: [BASW Member Call for Evidence review response.](#)

### **Key Message One – Mandatory requirement for the Principal Social Worker (or equivalent) from each local authority to be part of and sit on their local Integrated Care Board.**

In the early-stage development of the ICS's the indication from members and Principal Social Workers is they have had little exposure to ICS policies and practices

A strong social work voice at the decision-making table is crucial to achieving good outcomes for people in health and social care.

We recommended a mandatory requirement for the Principal Social Worker (or equivalent) from each local authority sitting on their local Integrated Care Board where neither the Director of Adult/Children's Social Services (DASS/DCS) is professionally qualified.

### **Review Response:**

There is a lack of reference to the integral role and contribution of professional social work in the published response. This adds further weight to concerns about the lack of understanding and marginalisation of social work as a profession.

In the section: The right skills and capabilities for ICBs 3.64 makes reference to ICB's needing to work with partners and mentions local government - but there is no specific reference to the representation or inclusion of either social work or social care.

**Key Message two: Family carer's perspective:**

The difficulties faced when a person's journey through the system transcends several regions and how this impacts their care and engagement with systems.

**Review response:**

Information about cross system working is included but this relates to system level thinking and system innovation as opposed to the complexities of geographical and organisational footprints and boundaries including issues pertaining to the barriers of portability of funding that individuals, family carers and members experience.

5.39 makes some connection with this point relating to people placed out of area and Tier 4 mental health beds, but the focus remains on in patient provision rather than the community based services .

There appears to be a recognition of some issues in relation to providers working across systems in 5.43 which calls for a cross government review focusing on how to enable providers working across systems (particularly mental health, specialised and ambulance providers) to access capital to support population need rather than just in their designated lead area.

**Key Message Three: Co-production, accountability and improvement of outcomes**

Must be at the heart of all strategic and operational systems – including commissioning, governance and financial systems. The inclusion of voices of people with lived experience and carers cannot be seen as either a tick box exercise or an afterthought. It is our view this is integral to the delivery of good joined up community-based services.

For this to work there needs to be transparency surrounding these systems. Clarity about the Integrated Care Systems responsibilities as part of the wider health system to engage and coproduce meaningfully with all groups, including those unable to access health services. It also needs to make clearer the responsibility of local systems to engage and coproduce at 4 levels:

- Strategic
- Operational
- Community
- Personal

**Review Response:**

It is positive to see the following at 3.27 which states that “local communities must be involved through a continual process of engagement, consultation and co-production in design and decision making about local services. Strong and visible local accountability, recognising the principle of subsidiarity, also plays an important role in promoting legitimacy with the local population through empowering, accountable, and transparent decision-making. “

The report then references a range of structures, organisations and boards currently in place to enable this.

There is an assumption about the effectiveness of these mechanisms and no further consideration in terms of different approaches to citizen engagement or reaching seldom heard voices and those from marginalised communities to truly embed co-production in the design and delivery of services.

Co-production is mentioned further on in the report but relates to working together with other organisations such as the NHS Confederation, NHS Providers and the LGA: 3.11.3, chapter 3 recommendation 23.

#### **Key Message Four: Development of clear commissioning strategies and clear implementation plans**

As expected, there are several references to commissioning in this response. There is acknowledgement of the complexity of the social care landscape in terms of commissioning and market shaping which was highlighted as part of the BASW England response. The need for investment in the sector and the workforce is reinforced at 4.23 linked to the delivery of social care reforms.

A further suggestion at 4.25 to address the current challenges is for the expansion of the Fair Cost of care exercise to include working age adults and children's social care. This is seen as a helpful model in enabling high quality care to be provided to all.

The need for shared training and development opportunities to enable more holistic understanding of the system and the diversity of professional approaches is proposed. Social care is mentioned here albeit with reference to commissioning and the provider sector.

#### **Key Message Five: Implementation of Integrated Care Records**

BASW England advised that the government should be more active in playing a leadership and co-ordinating role in fast tracking the Integrated Shared Records initiatives. There are clearly significant benefits for people who use services when key professionals are able to access appropriate, timely, relevant information they need to support people, even if they work for different organisations.

#### **Review Response**

2.41 In the report this is referred to as the "The Shared Care Record (ShCR)" it advises that this is now established in all ICSs and should be a priority for further development.

However, access remains an issue and feedback from BASW members is that this is not yet fully operational in practice.

This acknowledged further in 2.41: support care that is integrated around individuals, there is an urgent need to enable social care providers, Voluntary, Community, Faith and Social Enterprise (VCFSE) providers of community and mental health services and local authorities to access the ShCR on an equal basis with NHS partners.

The ShCR should expand beyond individual ICSs to support people being treated by a provider in a different system or needing care elsewhere in the country.

#### **Key Message Six: The most important things for the CQC to monitor, to identify performance or capability issues**

- The BASW England response listed a number of suggested areas linked to the experience and outcomes for people, families and communities and also those relating to key areas of social work practice such as safeguarding, the use and application of the Mental Capacity Act and a 'Rights' based approach to the quality assurance framework through the life course of individuals.

### **Review Response:**

What is detailed here is the strategic overview of how the oversight from CQC of Integrated systems will work as opposed to the detail of what CQC should focus on.

The proposal for the enhanced CQC role in relation to systems is clarified at 3.119- stating that 2023 to 2024 should be a transitional year, allowing for different levels of ICS maturity and to enable CQC and ICSs to co-design the most effective approach to CQC reviews, sharing learning as both CQC and ICSs embed system working and enabling it to generate ratings that the public, as well as ICS partners themselves, can trust.

### **Key Message Seven: Outlining the type of support, regulation and intervention most appropriate for ICSs or other organisations that are experiencing performance or capability issues.**

BASW England called for increased transparency, seeing it as crucial for the CQC to properly understand how services are actually allocated with regards to how some people get services and some don't. Transparency is important when it comes to ensuring that people can understand the situation in their local areas such as the situation with waiting lists.

### **Review Response**

Transparency is referred to several times in the response with the main focus as set out in the objectives on improvements through the use of data and systems to improve accountability. There is reference to increased transparency as a requirement for the accurate comparison of the workforce: 5.32.

The simplification and increase in transparency relating to the methods available for pooling budgets at 5.21 is also highlighted with changes to s75 agreements to reduce bureaucracy welcome.

Disappointingly, the report does not consider the issues highlighted by members and family carers about transparency items of the way that social care funding, in particular decisions about how personal budgets are allocated and prioritisation of those on a waiting list for assessment or support.

### **Conclusion**

In terms of a response to the key messages from members and family carers that informed the BASW England submission, the report reflects some of the points made however, does little to offer any assurances to address the concerns previously expressed by BASW about

parity of esteem and acknowledgment of the integral role, value and contribution of social work within ICS's.

The recognition of the need for investment in the social care workforce through the development of a national social care workforce strategy is welcome. BASW England has been calling for investment in social work through a national social work strategy in response to concerns about recruitment and retention and working conditions. However, what is proposed here seems to be completely at odds with the announcement made on the same day that this report was published (4.4.23) from the Department of Health and Social Care, about plans for a “new care workforce pathway” will receive £250million in funding. This falls well short of the £500million Ministers outlined in their white paper- People at the Heart of Care: Adult Social Care Reform- was needed to properly support the social care workforce.

The mixed messages from governmental departments at a time when the sector is experiencing immense challenges is offensive.

BASW England are clear: Government must invest in social care and deliver on it's promise for a national workforce strategy demonstrating that the valuable contribution made by the sector is recognised and valued.

BASW England

British Association of Social Workers