

## **BASW England response to the Hewitt Review of Integrated care Systems – 9.1.2023**

**Do you have examples where policy frameworks, policies and support mechanisms have enabled local leaders and, in particular, ICSs to achieve their goals? (250 word limit)**

We carried out a snapshot survey of Principal Social Workers (PSWs) to explore their current understanding and/or involvement in their local Integrated Care Boards (ICBs). We asked for their experiences as to whether existing ICBs had social worker representation on them. Results showed that over 90% of PSWs that responded were unaware or knew conclusively that there weren't social workers represented on their local ICB. None of the respondents named themselves as a member of their local ICB either.

In the early-stage development of the ICSs the indication from members is they have had little exposure to ICS policies and practices. Our view is that a strong social work voice at the decision-making table is crucial to achieving good outcomes for people in health and social care. We would recommend a mandatory requirement for the Principal Social Worker or equivalent from each local authority sitting on their local ICB where neither the DASS/DCS is professionally qualified. It is imperative that the voice of social care is represented at ICS level where there is likely to be a predominance of Health Care Clinicians whose value base has been influenced by medical models of care and support.

**Do you have examples where policy frameworks, policies, and support mechanisms that made it difficult for local leaders and, in particular, ICSs to achieve their goals? (250 word limit)**

We have heard from, a family carer, who told us she has “no knowledge or understanding of ICBs, what they are, what they mean”. She also added that “As a family carer it is really hard to get your voice heard in health and to seek accountability or a resolution.”

This family carer's situation highlights a challenge for the existing systems. Their son has health needs that need to be planned across three different regions due to the fact his funding comes from one ICS region whilst his college and residence are in two further regions. They have highlighted that those who need planning across several regions are lost in all of this. This is something that has to be considered when it comes to the accountability of systems and decision making within them.

Local leaders will no doubt have difficulties when families are having to navigate a system that falls across different regions. Consideration is needed where this occurs like in the example above.

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)

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 that 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:

Strategic

Operational

Personal levels

These are not interchangeable, and each is equally important. It is not clear that systems and commissioners understand the differences and how they and services have to deliver well in all areas in order to see the transformational changes we expect in terms of health and life outcomes from the Health and Care Act 2022.

Social Care is often seen to be represented at Director level within Local Authorities however, not all Directors hold a professional social work qualification and may not always have a background in social care. We are clear that the voice and contribution of professional social work is through representation on ICBs and ICP's.

**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)**

The ICS's need to ensure that they develop clear commissioning strategies, based on strategic needs analysis of the whole area population, having involved people who use services together with some deliberative public engagement.

There needs to be clear implementation plans for commissioning strategies, supported by market management development and quality assurance frameworks. The overall Financial Plan should ensure that all plans are costed, and outcome focused, the Board being held accountable.

Innovation could include ensuring that as a starting point they move forward quickly in developing shared care records across Health and Social Care. The ICS should fund and

promote assistive technology where this will enhance the quality of life of people who use services and support their independence.

The ICBSs could also consider effective operating models that have been seen to work in this country (evidence-based practice) and overseas for example the community health and social care service in the Netherlands: Burtzorg. We would support placed based models, that align with strengths- based practice.

Targets and accountability

**Do you have any examples, at a neighbourhood, place or system level, of innovative uses of data or digital services? (250 word limit)**

It is disappointing that to date not all areas across the UK have Integrated Care Records, many are still at the start of trying to establish them. 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. Shared records can lead to more informed decision making, reduce duplication and increase efficiency. The government should be more active in playing a leadership and co-ordinating role in fast tracking the Integrated Shared Records initiatives.

We would also reaffirm points about difficulties faced when a person's journey through the system transcends several regions and how this impacts their care and engagement with systems.

Transparency must be at the core of how new approaches may be explored.

**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)**

CQC need to look at all areas of performance within the adult social care NHS remit including:

People's experience and outcomes through full care pathways.

Specifically of interest to social workers:

How does adult social care manage and mitigate risk?

What does adult social care do to keep people safe?

The quality of outcomes for individuals where interventions have been made?

Similarly, NHS outcomes on Safeguarding.

Across the Partnership how well are people who use services protected by the Mental Capacity Act?

How do the local authority and NHS partners manage resources effectively and what gatekeeping processes have they?

How effective is the adult social care commissioning process; taking into account diversity and the needs of all communities?

Is it outcome focused and from a “strengths-based approach”

How robust are health and social care partnerships at a frontline, locality base?

How are people who use services, their supporters and professionals involved fully in policy development and commissioning in the ICS?

Other areas to monitor include:

Protected characteristics of citizens receiving access to services, on waiting lists, accessing integrated funding for services and place-based community variation levels of need.

An integrated equality, anti-racism, anti-oppressive framework ‘owned’ and embedded by leaders (including the elected leadership) and the workforce.

Peer Review models and innovative creative quality assurance systems are developed rather than process models of inspection.

The life journey and experience of the child, young adult, adult is reviewed with a ‘Rights’ based quality assurance framework.

**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)**

First, it is 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 with regards to things like waiting lists. We also support an approach where the CQC will look at how systems centre the needs of people based on assessments from social workers rather than decision-making that is focused on the cost of the provision of certain services.

On the issue of decision-making, we support a transparent process and for decisions not to be made behind closed doors without the professional judgement of a social worker informing the process.

We believe that as part of the CQC Quality Assurance of Local Authorities and the system oversight of Integrated Care Systems, that accountability within the Discharge to Assess model and process needs to be explored. This should be with a focus on how an individual's rights and the opportunity to be listened to, heard, and involved in making decisions about care and treatment are being adhered to. Public Bodies are accountable in relation to the Human Rights Act and the Mental Capacity Act (2005).

BASW England

British Association of Social Workers