

National Voices' response to the Hewitt Review call for evidence

9 January 2023

Initial reflections on the Hewitt Review

Challenges in engaging with the Review

Thank you for sharing the call for evidence issued on 13 December 2022. Unfortunately, the tight time frame for this consultation – taking place over the Christmas period when many charities face increased demand and / or try to offer hard working staff and volunteers a break – meant it was not realistic for National Voices to gather member input to support a detailed response to the calls for evidence and examples you set out. However, we offer the following reflections, which we hope will be of interest to the Review team.

National Voices strongly supports the Review's aim to reduce the bureaucratic burdens placed on ICSs and to encourage them to focus more wholeheartedly on improving outcomes for populations – the great prize of the move to ICSs is in achieving a shift towards creating partnerships for health and wellbeing across communities, and away from competition between providers and system which centres around a medical model of care. It is therefore important that we ensure that the processes set up around ICSs enable them to do this effectively.

However, we are concerned that the timescale set out for the Review and the processes of consultation offered to date will not allow the meaningful participation of most voluntary, community and social enterprise (VCSE) sector partners, nor of people with lived experience of the health and social care system.

Engaging with the voluntary sector and people with lived experience

We are concerned that there have been minimal opportunities for colleagues across the broad and diverse VCSE sector to engage with the Review, despite the vital role that VCSE partners will need to play in ICSs in the future. We expect that very few of our members will have been able to respond to the Review's call for evidence, given the timescales and the complexity of the information sought, notwithstanding their significant interest in the issues under consideration. With regard to this Review we have offered to facilitate an opportunity for Patricia Hewitt to hear directly from our members about their concerns and issues, we hope that this can be taken up.

We recognise that the Review team's options are limited by the tight time frames set by Ministers, however it is vital that any decisions emanating from a process run at such pace, and with minimal engagement, must be rolled out with care – opportunities for further scrutiny, input and engagement with VCSE partners and with people with lived experience must be built into roll out plans.

National organisations' engagement in ICSs

The role of national charities in ICSs

Capacity concerns, and the pace of change, are not just an issue in relation to this Review, but present a wider challenge in relation to our members' engagement in the future of ICSs.

Many of our members are small or medium sized charities which operate at a national scale, with minimal capacity. Their work is vital – advancing understanding and offering support to people with rare or under-recognised conditions, or advocating for groups whose voices are seldom heard in the health system – but many already struggle to have the capacity to engage across the national agenda. When more decision-making is devolved to ICSs these challenges will be multiplied 42 times over.

We are concerned that the processes currently under development to support VCSE organisations to engage with, and participate in, ICSs (primarily through the establishment of VCSE Alliances within each ICS) do not take account of the needs of national organisations such as these. There seems to be little recognition of the need for support for these organisations to engage in ICSs in future, nor recognition of the expertise, insights, connections and data they hold. We have set out our concerns about this in [this note](#).

The impact of targets

What gets measured gets done

We know that the Review team has been asked to consider the role of national targets in supporting ICSs. We recognise that a "bean-counting" approach can get in the way of moves to improve population health, by focusing on outputs rather than outcomes. However, we also know that, in the current health system – given the pressures on all services, it remains the case that "what gets measured gets done". Caution is therefore needed to ensure that any targets removed do not have adverse impacts on patient experiences.

National minimum standards

It will also be important to ensure that there is clarity around national standards that must be met, notwithstanding their inclusion on any data

dashboard. The quest to create greater local autonomy must not lead to the watering down of national minimum standards that have been hard won by organisations within our membership on behalf of the people with whom they work. As set out above, we also need to be clear about the mechanisms through which national charities – including those working on rarer, or neglected, conditions - can influence the setting of local priorities where national targets are removed.

Making what matters to people count

Often data collected and targets set are skewed towards a focus on the performance, productivity and effectiveness of the health and care system, rather than what patients would consider to be the markers of good quality care. While the NHS' performance, productivity and effectiveness are clearly in all our best interests, sometimes the things that matter most to patients can run counter-intuitively to what we expect. For example:

- [Studies](#) suggest that being treated with dignity and respect matters more for patient satisfaction than pain control.
- A far better metric of success in relation to MSK conditions across a health system might be the number of people with MSK conditions who are able to work, and not the number of people receiving any particular treatment.
- Even if waiting lists for elective care are significantly reduced and the statistics around these are improved, it doesn't necessarily mean that everyone who was meant to be seen was seen, or that patients feel valued or heard.

It will be important to ensure that any adjustment of targets brings the focus more directly on the issues that matter to people. We are concerned that the emphasis in the Review's terms of reference on creating a system of targets that can be monitored using real-time data, may run counter to this aim. Often what matters to people most is not what is captured in formal data systems held within the NHS.

At National Voices, we have carried out a series of conversations with people living with ill health and disability to understand what matters most to them in the care and support they receive. Using these insights, we have developed 'I Statements' which outline some of the key ingredients for good, joined up and quality care. You may find these statements useful to be a useful guide as you decide how to approach and frame any data set on ICSs in the context of what matters most to people who use health and care:



I-Statements

National Voices



Health inequalities

We are also concerned that very significant issues relating to health inequalities can be missed within aggregate data sets and that the work that is most impactful in addressing health inequalities is hard to measure, and often only uncovered through conversations with people in communities.

We ask you to consider how you can give precedence to the voices and experiences of people at risk of health inequalities when developing accountability systems for ICSs. While the evidence is strong that persistent and significant inequalities exist in health and care, accountability systems reliant on aggregate data sets have often been lacking.

Guidance for ICSs

Function is more important than form

While we agree that it will be important to ensure that ICSs are not so penned in by guidance and reporting that they are unable to operate effectively on behalf of their local populations, it will be important to ensure that requirements around engagement with people and communities and partnership with the VCSE sector are protected. National Voices has argued – for example in relation to [social prescribing](#) – that function is more important than form, so ICSs should be encouraged to develop structures

appropriate to their local contexts, and that central measures should focus on ensuring *that such structures exist and function well* rather than on requiring these to take a particular form.

Roles and responsibilities

The importance of good administration, IT and communications

We understand, from [a recent article in the HSJ](#), that the Review team are considering the balance of the workforces within ICSs, and we welcome Patricia Hewitt's reassurance that she understands the value of good management, and the implied understanding of the importance of patient-facing administrative roles.

National Voices' work on [NHS administration](#) demonstrates the wide ranging impact of poor administration on people who draw on health and care services. Our research demonstrates clearly that it is not just directly patient-facing roles that are important, as patients are also impacted by the quality of IT, communications etc. We would urge the Review team to ensure that any approach to workforce issues is fully informed by an understanding of how administrative roles support the outcomes that matter to people.

The importance of VCSE and lived experience partnership

Alongside these vital roles we would urge the Hewitt Review to ensure that ICSs are encouraged to continue to invest in the roles needed to support the engagement of people with lived experience and to enable VCSE sector engagement in ICSs – including through the direct employment of patient leaders, and the remuneration of VCSE leaders working to support VCSE Alliances etc.

We hope that these reflections will be helpful to the Review team as their work continues. We also hope that the Review will take up our offer to facilitate further engagement with our sector colleagues.

About National Voices

[National Voices](#) is the leading coalition of health and social care charities in England. We have **over 200 members** covering a diverse range of health conditions and communities, connecting us with the experiences of millions of people. Our mission is to make what matters to people matter in health and care.