

## Appendix A – Recommendations from the Hewitt Review with specific action for ICBs / ICSs

Recommendation	DHSC Response in detail	HNY ICB/ICS Position
<p><b>The share of total NHS budgets at ICS level going towards prevention should be increased by at least 1 per cent over the next five years. To deliver this the following enablers are required:</b></p> <p>a) <b>DHSC establishes a working group of local government, public health leaders, OHID, NHS England and DHSC, as well as leaders from a range of ICSs, to agree a straightforward and easily understood framework for broadly defining what we mean by prevention.</b></p> <p>b) <b>Following an agreed framework, ICSs establish and publish their baseline of investment in prevention.</b></p>	<p>To support investment in prevention, NHS England and DHSC will work closely with ICSs, local government partners and NICE to develop practical information and evidence to support local investment decisions. This will include considering the methodologies for developing an appropriate definition for preventative healthcare spending and exploring options for local baselining. Once this process has concluded we will make an assessment on publishing this information.</p>	<p><b>As an ICB we have already taken the initial decision to protect funding and therefore investment into prevention agenda. The Population Health and Prevention Executive Committee has oversight of this and the allocation to Places and agreed programmes.</b></p> <p><b>We are through the Population Health and Prevention Executive Committee looking to develop an approach to future investment in population health.</b></p> <p><b>As an ICB we have one of the Directors of Public Health on our Board and as part of our Executive Team to ensure we maintain a focus on population health and prevention.</b></p>
<p><b>The government leads and convenes a national mission for health improvement. DHSC should publish, as soon as possible, the proposed shared outcomes framework.</b></p>	<p>Given that policies affecting many of the underlying drivers of health are the responsibility of departments other than DHSC, we have established the Health Mission Working Group to provide a forum for working with other departments to explore opportunities for cross-government action to drive progress on the health mission and support common interests.</p> <p>In the coming months we will publish a toolkit that will support all places to develop local shared outcomes frameworks.</p>	<p><b>Through the development of the Integrated Health and Care Strategy next steps we are looking to develop an Outcomes Framework which will be informed and support a shared set of outcomes for our system and Places.</b></p>
<p><b>NHS England, DHSC and ICSs work together to develop a minimum data sharing standards</b></p>	<p>Currently, NHS and publicly funded adult social care organisations in England must have regard</p>	<p><b>The system through the success of being part of the Discharge Frontrunner - Community</b></p>

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<p>framework to be adopted by all ICSs in order to improve interoperability and data sharing across organisational barriers.</p>	<p>to information standards. We have been working to support interoperability, which is detailed in Data Saves Lives.</p>	<p><b>Optica programme will be creating a single real time version of the system capacity based on agreed data standards with NHS, Social Care and Voluntary, Community and Social Enterprise (VCSE) sector.</b></p> <p><b>See further comments re data in one of the other recommendations.</b></p>
<p>Building on the existing work of NHS England, the NHS App should become an even stronger platform for innovation, with the code being made open source to approved developers as each new function is developed.</p>	<p>As we continue to develop the NHS App we are committed to continuing this approach of open sourcing elements of the code that are most useful for others to have access to.</p>	<p><b>We continue with the support of the VCSE Collaborative to increase the usage of the NHS App across Humber and North Yorkshire.</b></p> <p><b>We have had 795,436 registrations to date 51% of our GP Patients aged 13+ are registered.</b></p> <p><b>It is connected to secondary care through Patients Know Best (secondary care patient held record)</b></p>
<p>Health Overview and Scrutiny Committees (HOSCs)(and, where agreed, joint HOSCs) should have an explicit role as system overview and scrutiny committees. To enable this, DHSC should work with local government to develop a renewed support offer to HOSCs and to provide support to ICSs where needed in this respect.</p>	<p>DHSC will work closely with local government and ICSs to identify how to support HOSCs to carry out their roles in a way that supports outcome-focused, balanced, inclusive, collaborative and evidence-informed overview and scrutiny of ICSs. This support could include providing necessary resources, guidance and expertise to HOSCs.</p>	<p><b>We have regular engagement with the Health Overview and Scrutiny Committees within each of Places and as an ICB.</b></p>
<p>Each ICS should be enabled to set a focused number of locally co-developed priorities or targets and decide the metrics for measuring these. These priorities should be treated with</p>	<p>ICSs should be enabled to set a focused number of locally co-developed priorities and we have already taken meaningful steps towards this approach.</p>	<p><b>As a system we have our sibling plans (Integrated Health and Care Strategy, our joint forward plan and the operational plan) that include the relevant national targets and our local priorities spanning health and care.</b></p>

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equal weight to national targets and should span across health and social care.		
<b>In line with the new operating framework, the ICB should take the lead in working with providers facing difficulties, supporting the trust to agree an internal plan of action, calling on support from region as required. To enable this, support and intervention should be exercised in relation to providers ‘with and through’ ICBs as the default arrangement.</b>	The principle of this recommendation closely aligns with the approach taken by NHS England in the existing NHS oversight framework.	<b>This is part of the system oversight and assurance arrangements and the responsibility and accountability arrangements we have in place with our providers and the sector collaboratives.</b>
<b>NHS England and CQC should work together to ensure that as far as possible their approach to improvement is complementary and mutually reinforcing.</b>	CQC is continuing to work with NHS England in developing its approach to ICS assessment, to ensure alignment with NHS England’s annual assessments of ICBs, including sharing evidence and information. CQC will test working arrangements with NHS England during its pilot assessments.	<b>The ICB has approached the CQC to be one of the pilots of their new assessment approach.</b>
<b>ICS leaders should be closely involved in the work to build on the new NHS England operating framework to codesign the next evolution of NHSE regions.</b>	NHS England continues to work closely with ICBs to design the arrangements for delegating further commissioning functions from regional teams to ICBs, following the delegation of commissioning responsibilities for pharmaceutical, general ophthalmic and dental (POD) services.	<b>The ICB is part of the North East and Yorkshire Region 4+1 (4 ICBs one region) approach where the new operating framework is discussed.</b>  <b>We have taken the responsibilities for the commissioning of Pharmacy, Ophthalmic and Dentistry services on the 1<sup>st</sup> July.</b>
ICSs, DHSC, NHS England and CQC should all have access to the same, automated, accurate and high-quality data required for the purposes of improvement and accountability.	DHSC supports the spirit of this recommendation and is already making progress in several ways e.g. data alliance partnership, five promises on data.	<b>As an ICB we have implemented our EIPH&amp;NY system to enable the system to have access to high quality data.</b>

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		<p><b>As a system we are developing and implementing our strategic intent for a multi-disciplinary data and analytical collaborative – that produces high-quality, locally-relevant intelligence to enable leaders at all levels to make decisions informed by evidence.</b></p> <p><b>We are connected to the national work around federated data platform (FDP) and Making Data Counts programme.</b></p>
<p><b>NHS England and DHSC should, as soon as possible, convene a national partnership group to develop together a new framework for GP primary care contracts.</b></p>	<p>Over the course of 2023 to 2024, the government and NHS England will engage with the profession, patients, ICSs and key stakeholders to build further on the Fuller stocktake report. We want to work with the profession and engage on the development of the future general practice contract.</p>	<p><b>Implementation of the Fuller Stocktake recommendations is being managed through the Primary Care Collaborative.</b></p> <p><b>The ICB will engage in further opportunities as they present.</b></p>