

# Integrated Care Systems in England: Progress towards forming new multi-stakeholder partnerships to develop quality

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# Background

- Health, social care and public health services in England restructured to Integrated Care Systems (ICSs) in July 2022
- 42 ICSs responsible for delivering integrated services to meet the needs of the population in their local area (Figure 1)
- Geographical levels (Figure 2)
  - ‘System’ level covers population of 1-3 million people
  - ‘Place’ level covers 250,000-500,000 people
  - ‘Neighbourhood’ level covers 30,000-50,000 people
- Integrated Care Board
  - Allocates health budget and commissions services
  - Produces five year system plan for health services
- Integrated care partnership
  - Plans wider health, public health and social care needs
  - Develops and leads integrated care strategy

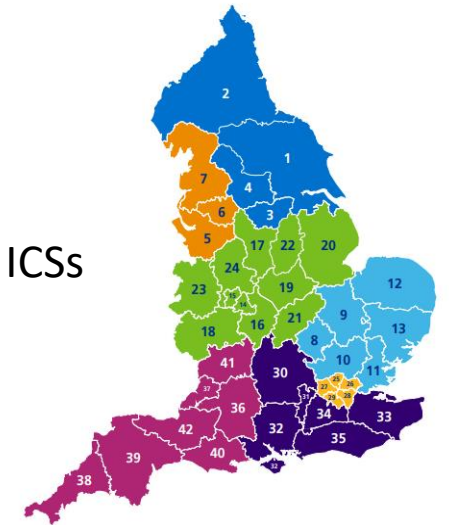


Figure 1: 42 ICSs

Figure 2: ICS geographical levels



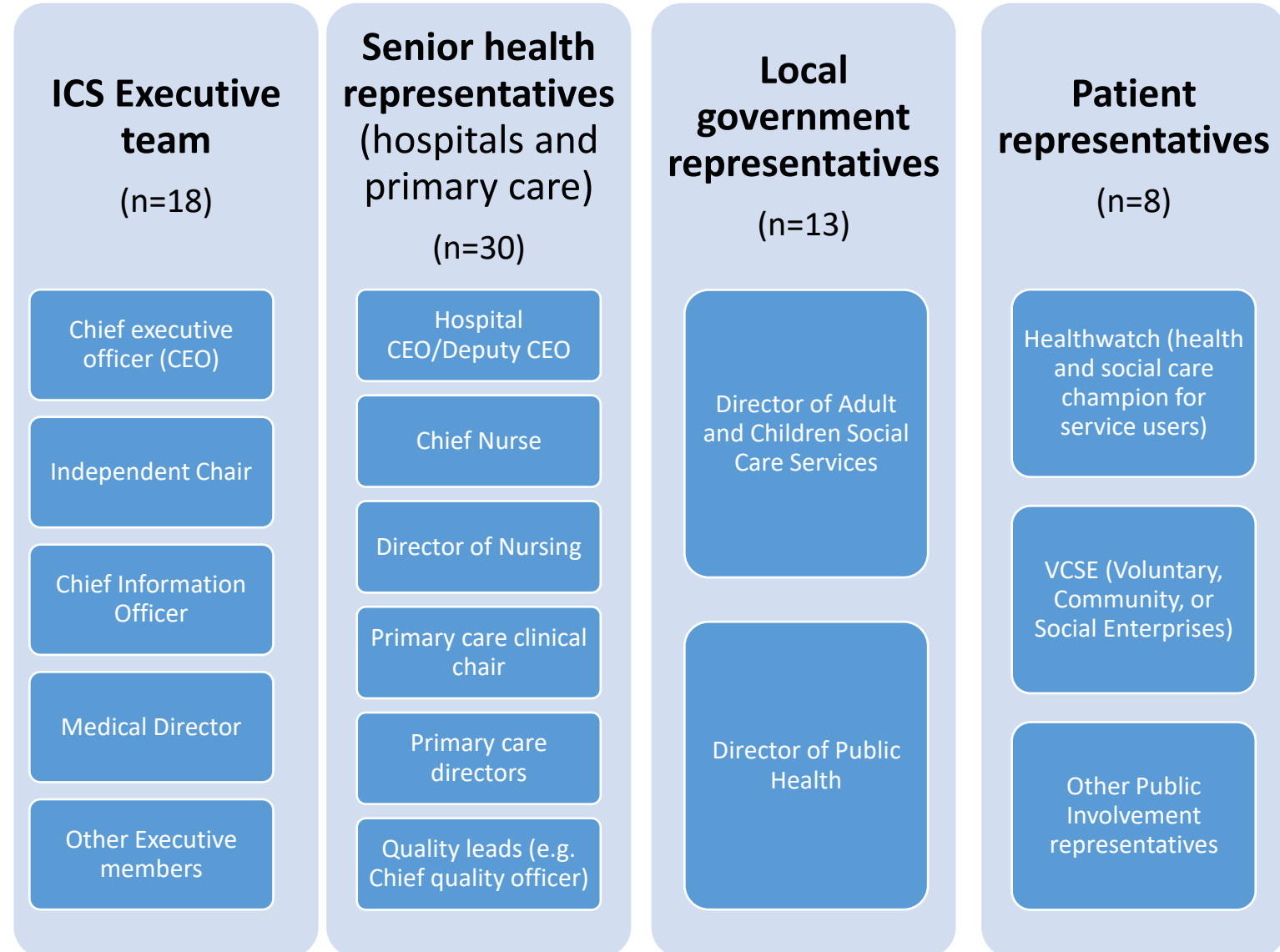
# Aims and Methods

- Aims
  - Overall aim
    - To understand how well ICSs are able to address quality in the health and care system
  - Abstract aim
    - To understand the progress with forming new partnerships to develop the quality agenda
- Methods
  - Semi-structured interviews with senior system-level representatives
  - Interviews were conducted online (MS Teams), recorded and transcribed verbatim
  - Transcripts analysed in NVivo using a thematic framework approach
  - Two PPI (Patient and Public Involvement) team members contributed to the study design and data analysis
  - Two time points
    - Baseline collected November 2021 to May 2022 (ICSs became legal entities in July 2022)
    - Follow up collected January to May 2023

# Results

- Four ICSs participated
  - Population range 1-2 million
  - Region
    - South East
    - Northern England
    - Eastern England
    - London
- 70 interviews (Table 1)
- Themes
  - Setting up ICSs
  - Emerging partnerships
    - Leadership
    - Key partners
    - Collaboration

Table 1: Interview participants



# Results- Setting up ICSs

- Progress made with establishing a new and complex system
  - Creating ICS specific committees and roles
  - Filling a large number of new roles/ jobs
  - Quality strategy was developed once ICS main committees and boards were in place
- Progress was facilitated through positive learning from history of working together across organisations
- Concerns about
  - Aftermath of COVID-19 pandemic
  - Workforce (capacity / shortages / well-being)

“... generally speaking we’ve got good collaboration and the aim is to share good practice and bring in other people, so we’ve got the training hubs that have now coming in that are really good at education and providing support for practices generally and community care, and everyone really in system...”

***London ICS - Participant 17***

“... the major problem they’re facing at the moment is actually dealing with the fallout from the pandemic, rather than actually concentrating on quality of service. Because at the moment, we’re getting a lot of feedback about the waiting lists. Patients, you know, have a horrendous waiting list due to the pandemic...”

***South-Eastern ICS - Participant 6***

# Results- Emerging partnerships

- Leadership
  - Good leadership needed to deliver quality
  - ICB, ICP and quality leads were appointed
  - Some suggested more collaborative leadership for quality (e.g. Chief Nurse and Medical Director co-leading)
- Key partners to support the leadership
  - Health services
    - Senior partners in acute hospital trusts
    - Primary care
  - Local government
    - Social care
    - Public health
  - Patient representatives
    - Healthwatch (health and social care champion for service users), voluntary services, and other

“... we’ve got a new chief exec who’s never worked in the NHS. That’s brilliant, it’s really exciting... he’s going to have a whole different perspective because he’s not a dyed-in-the-wool NHS, you know, lived in that, and breathed it all my career. So that brings a really interesting challenge to us in terms of enabling us to have that broader thinking...”

***Northern ICS – Participant 4***

“... we have also made a proposal to the ICS that quality, historically is sat with the Chief Nursing Officer in the system, and what we are proposing is it needs to sit across three portfolios...”

***Eastern ICS – Participant 13***

# Results – Emerging partnerships

- Collaboration
  - Different organisations started working more closely together
  - However, health, in particular hospitals, dominant
  - Local government representatives are included but less heard
  - Patient voice believed very important but mostly only included through Healthwatch
  - Challenges
    - Cultural differences
    - Balance between hiring new people versus keeping staff
  - Acknowledgment that equal partnership needed to be ensured

“...there’s formal integration between community health and social care, there’s an integrated commissioning team, it’s not all the team that are integrate [...] We have maybe a joint description of need, but we don’t have an approach that we’ve agreed across health and social care...”

***Eastern ICS – Participant 7***

“... I would like patients, the patient voice to be heard almost at every stage of everything we do. And the challenge I always get is, “But we need the right people.” Well of course we need the right people, just as you do to be directors or, you know. And the default always seems to be Healthwatch, and for me I don’t think that’s right ...”

***South-Eastern ICS – Participant 2***

# Discussion

Harris et al (2022) Components of leadership in integrated care systems			Our findings
	Component	Short Description – Leaders...	
1	<b>Inspiring intent to work together</b>	... advocate for collaboration	<ul style="list-style-type: none"> <li>• ICSs mandated</li> <li>• New partnerships are forming</li> <li>• Collaboration needs strengthening</li> </ul>
2	<b>Taking a wider view</b>	.... foster cross-boundary working	Joint meetings foster organizations working together
3	<b>Balancing multiple perspectives</b>	... create balance between organizational cultures	Awareness of cultural differences with balance not fully achieved yet
4	<b>Working with power</b>	... are aware of and negotiate power dynamics, and able to delegate	<ul style="list-style-type: none"> <li>• Awareness of power imbalances</li> <li>• Some commitment to be collaborative</li> </ul>
5	<b>Commitment to learning and development</b>	... are committed to learning, act as role model and provide training	Learning from joint history
6	<b>Clarifying complexity</b>	... develop policy that is easy to communicate and understand	<ul style="list-style-type: none"> <li>• Gaining clarity on approaches to quality and set overall priorities</li> </ul>

# Conclusions

- It is possible to change a system to foster integration at system level
- Progress had been made towards different organizations (health service, local government and patient representatives) working together
- More time is needed to develop a fully collaborative partnership across organizations