Integrated care systems

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A year of integrated care systems
Reviewing the journey so far

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**Integrated care systems (ICSs)** have evolved from Sustainability and Transformation Partnerships (STPs) and take the lead in planning and commissioning care for their populations and providing system leadership.

They bring together NHS providers and commissioners and local authorities to work in partnership in improving health and care in their area.
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Overview
- Integrated care systems (ICSs) have been proposed as the future model for the health and care system in England. Their development represents a fundamental and far-reaching change in how the NHS works across different services and with external partners.
- ICSs’ development has been locally led and there is no national blueprint. We carried out interviews in eight of the first wave ICSs to understand how they are developing and to identify lessons for local systems and national policymakers.
- The systems vary widely in their size and complexity. Larger ICSs are working to improve health and care through neighbourhoods and places as well as across whole systems, emphasising the principles of subsidiarity.
- Most ICSs are making progress in developing their capabilities to work as systems, and organisations are working more collaboratively to manage finances and performance in a way that was not happening previously.
- There are some early signs of progress in delivering service changes, particularly in relation to strengthening primary care, developing integrated care teams and reviewing how specialist services are delivered. It is early days, and more time is needed to embed these changes and determine their impact.
- The challenge now is to build on the foundations that have been laid by removing barriers and providing time and support to ICS leaders to take their work to the next stage of development. As this happens, the understandable desire to see change happen quickly needs to be married with realism about the scale and complexity of what is being attempted.

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Emerging features: variation

Figure 1: The 10 'first wave' ICSs

Source: Adapted from NHS England 2018
Emerging features: activity is taking place at multiple levels
Integrated care partnerships (ICPs) are alliances of NHS providers that work together to deliver care by agreeing to collaborate rather than compete. These providers include hospitals, community services, mental health services and GPs. Social care and independent and third sector providers may also be involved.
Emerging functions: ‘system level’ activities

- Planning for the future
- Aligning commissioning behind the plan
- Taking responsibility for performance and resolving challenges
- Providing system leadership
Locally led change: there is no roadmap

MAP NOT AVAILABLE
ICS leadership

- ICS leaders are drawn from a range of organisations and backgrounds
- Developing leadership teams (collective leadership)
- ICSs are voluntary, they rely on the willingness and commitment of individual leaders
- A shift in styles and perspectives
- Looking to the system, seeing the bigger picture
ICS leadership

I’ve learnt more about how local authorities work in the past 18 months than I’ve done in the previous 42 years... It’s been spending time with one another and understanding one another’s problems and issues.
ICS governance

• Governance arrangements are iterative and emergent

We’ve done it, I won’t say on the fly, but we’ve done it where we’ve come up with an idea or come up with a service change or initiative and then worked out, how the governance or decision-making sits. That always takes longer, but I think we probably iron out more bumps in the road as we go along.

• System governance must work with organisational roles and accountabilities
Building collaborative relationships
Building collaborative relationships

It’s relationships, relationships, relationships... All the governance structures and technical things in the world are great, but if people don’t have an aspirational intent to work together, it doesn’t really matter what you write down.
What service changes are taking place?

- This is the core rationale for ICSs and integrated care partnerships
- Many are building on existing care models
- Common features are emerging

Improvements in primary care and community services (often in neighbourhoods)

Developments in IT to join up information systems and create shared care records

Prevention and early intervention, population health management

Changes to acute hospital services designed to improve patient outcomes
Reflecting on the journey so far
Challenges

The statutory framework does not make this work easy

Regulators are often slow to align behind ICSs

Much hinges on relationships and trust

Leaders face competing demands
Getting the focus right

Figure 3: What does it mean to move from integrated care to population health systems?

Integrated health and care

Population health systems

Aim:
To improve health and wellbeing of a population and address inequalities through prevention and by addressing the wider determinants of health.

How?
By strengthening connections between the health system and wider public sector services, the voluntary sector and community.

Service provision → Health and wellbeing
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This is the only game in town... We can’t deliver competing with each other. We can’t deliver by taking an isolationist stance. We can’t deliver by reinforcing the borders. We can only deliver by recognising what the challenges we’ve all got are and working together to try and solve them.

We can’t do any of this quickly. This is very big change for a lot of people across the system. I think that to do it any quicker we would have just fallen over. I think we need to give ourselves a very realistic timeframe going forward and give ourselves, as a system, the opportunity to realise those goals.