A changing NHS – Integrated care systems

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“Our aim is to use the next several years to make the biggest national move to integrated care of any major western country”

Next Steps, 2016

“the NHS will take decisive steps to break down the barriers in how care is provided”

FYFV 2014
ICSs are ‘where the health and care sector is headed’ and stated that ‘there is no plan B’

Simon Stevens, 2018

“By April 2021 ICSs will cover the whole country”

LTP 2019
• Opportunity to integrate care
• And to act on wider determinants and improve population health
• Not a magic bullet, but are an opportunity to work differently
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.
• Local flexibility - some core requirements but no blueprint

• Changes to funding flows and performance framework

• More streamlined commissioning

• New “Duty to collaborate”

• No legislative change in short term

• Cancer Alliances will be co-terminus
Emerging features: variation

SYB ICS
population 1.5m, 23 members

Berks West ICS
population c 500k, 7 members
Emerging features: activity is taking place at multiple levels
Emerging functions: ‘system level’ activities

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

- ICS leaders from a range of organisations and backgrounds
- ICSs are voluntary, they rely on the commitment of individuals
- A shift in leadership styles - looking to the system
- Developing leadership teams

- No single governance structure
- Arrangements are iterative and emergent
- Using existing flexibilities – MOUs, partnerships boards, joint committees
- System governance must work with organisational roles and accountabilities
“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”
Service change

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

- Integrated community teams
- Primary care at scale
- Information sharing
- Some acute reconfigurations
- Prevention and population health management (more aspiration than action)

“And that’s really difficult, isn’t it? The bit around the left shift... I don’t think we’re seeing evidence of that yet”
Who’s been involved in developing ICS?

- Local Authority engagement patchy
- Staff engagement still strongest at senior levels
- Importance of communicating a vision staff and patients can engage with
- Need to do more to engage with the voluntary and community sector
Opportunities and risks for cancer?

- More joined up care
- Shift towards outcomes based commissioning
- Less fragmented commissioning
- Competing priorities
- Engagement of voluntary and community sector
Thank you

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