

Integrated care systems

The journey so far

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NEXT STEPS ON THE
NHS FIVE YEAR FORWARD VIEW

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

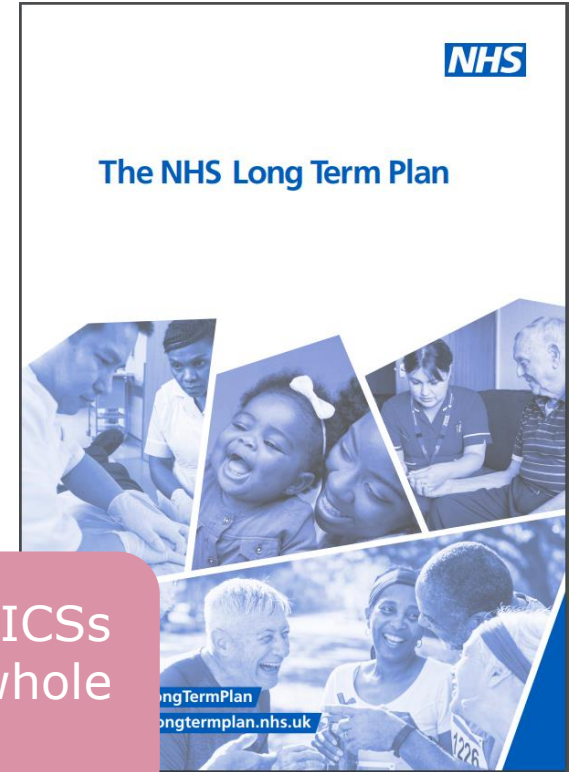
*“ICSs are where the health and care sector is headed ...
there is no plan B”*

Simon Stevens, 2018

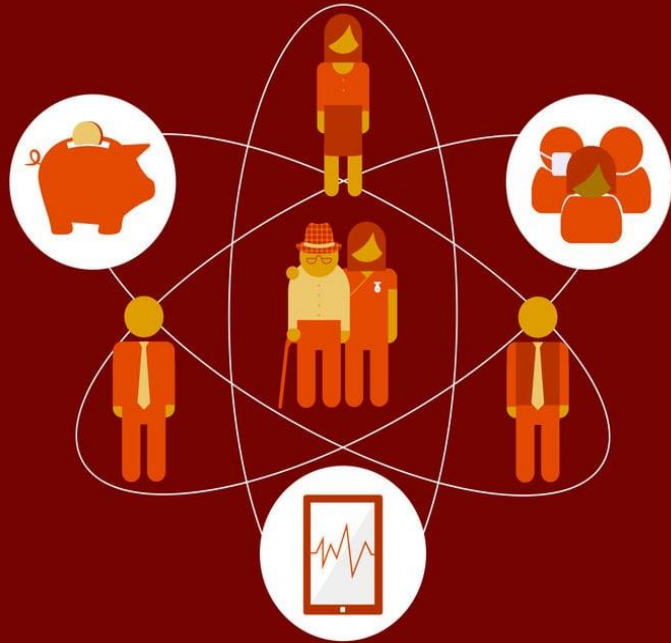


Long-term plan: what does it mean for ICSs?

- No blueprint but a transition year for local plans
- Changes to funding flows and performance framework
- New “Duty to collaborate”
- No legislative change in short term
- It’s an **NHS plan**



“By April 2021 ICSs will cover the whole country”



- 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

A year of integrated care systems

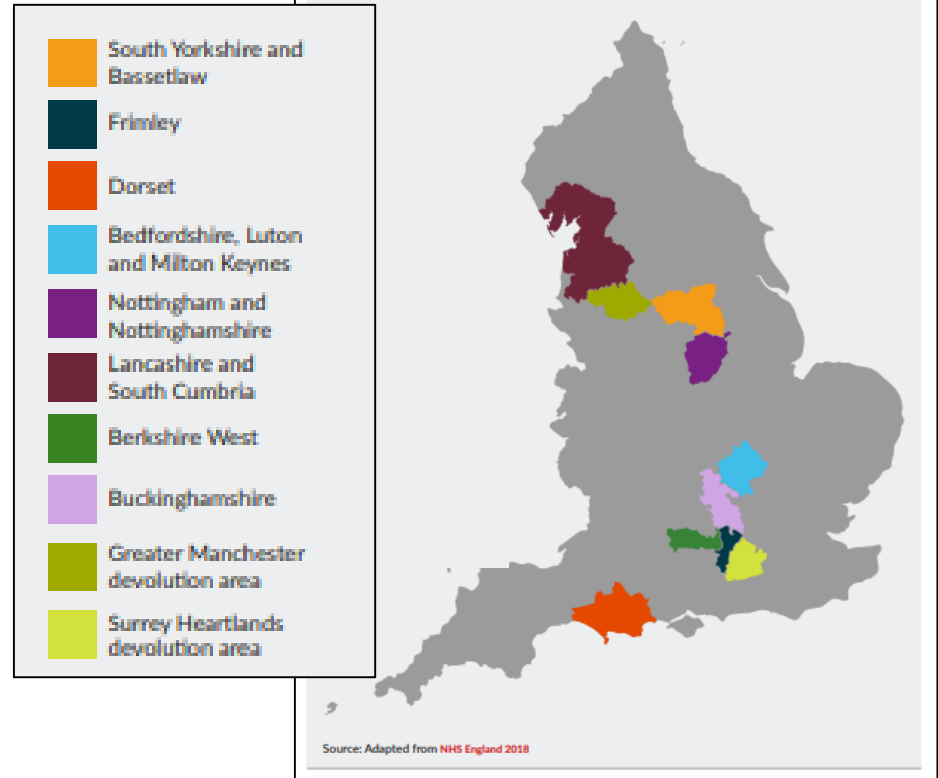
Reviewing the journey so far

Anna Charles
Lillie Wenzel
Matthew Kershaw
Chris Ham
Nicola Walsh

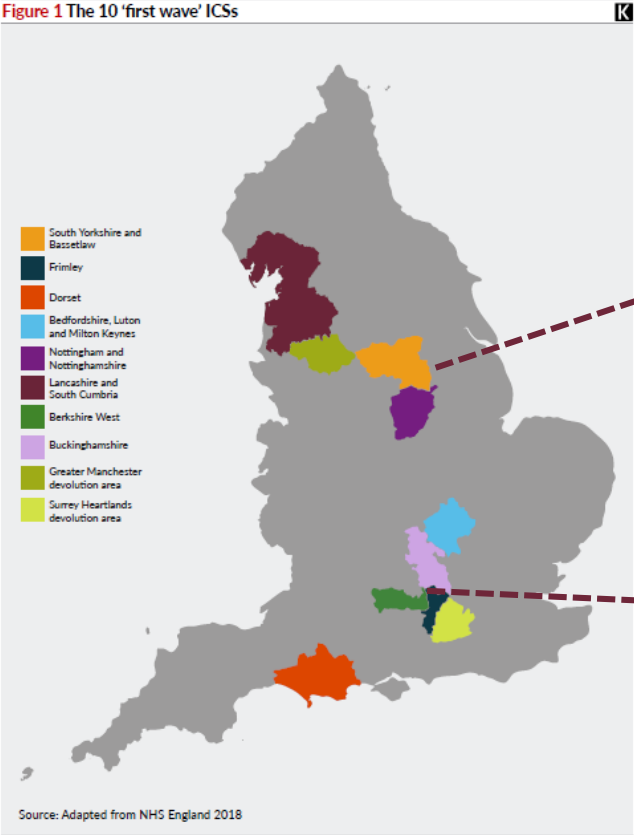
September 2018



Figure 1 The 10 'first-wave' ICSs



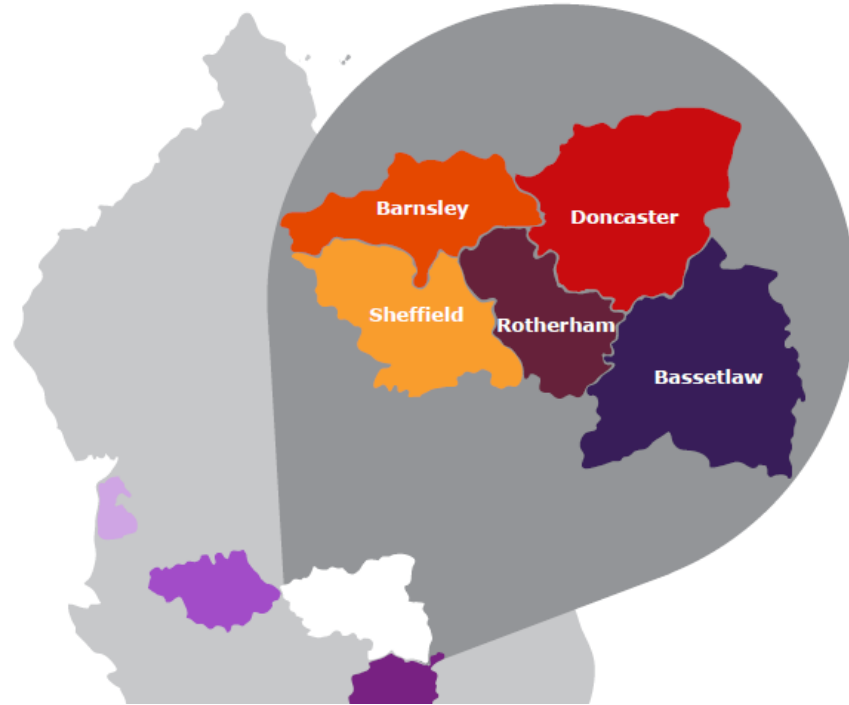
Emerging features: variation



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



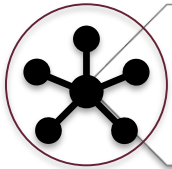
Planning for the future across local system



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

- ICS leaders are drawn from a range of organisations and backgrounds

- Collegiate

- ICSs are y
leaders

- A shift in

- Looking to the system, seeing the bigger picture
- System leadership ≠ organisational leadership
- System leaders are facilitative and enabling not pace setting

- Leaders are learning on the job

I've learnt more about how local authorities work in the past 18 months than I've done in the previous 42 years. I think we've got more of a genuine partnership than we've ever contemplated beforehand and that seems to be working... 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, with colleagues, 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.

- ICSs are using existing flexibilities – MOUs, partnerships boards, joint committees
- System governance must work with organisational roles and accountabilities

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.

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 varies
- 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



Managing change

- This is a big change – not to be underestimated
- Takes longer than expected
- Coping with ambiguity – changing roles

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.

Challenges

The statutory framework does not make this work easy

Regulators are often slow to align behind ICSs

Much hinges on relationships and trust – can't be rushed

Leaders face competing demands

Local Authorities are key partners in some areas but not in all

Thank you

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