



## **Strengthening Integrated Care Systems: Priorities for the Incoming Government**

### ***A survey of stakeholder opinion by the Health Devolution Commission***

#### **1. INTRODUCTION**

This is a survey by the Health Devolution Commission (the Commission) to identify stakeholder opinions about the priorities for improving integrated care systems that should be adopted by the incoming government. It is not a performance assessment or comparison of individual Integrated Care Systems (ICSs), but a survey of opinions of key stakeholders in the system about how the ICS network as a whole could be better supported to ensure that all 42 ICSs succeed in delivering on all four of their key aims<sup>1</sup>.

This survey is being sent to a wide range of stakeholders with whom the Commission has been working over the last four years including:

- members of IC Boards and IC Partnerships,
- statutory providers of both NHS and social care services,
- VCFSE sector organisations,
- policy think tanks and analysts,
- trade unions, and
- voluntary groups that provide a voice for people with a lived experience of care including children, and adults with a learning disability or autism.

***Please take part by the end of Tuesday June 25<sup>th</sup> as everyone's voice matters.*** The results of the survey will be released at the Commission's on-line meeting on 10<sup>th</sup> July 2024 (after the General Election) to inform the policies and priorities of the incoming Government.

#### **2. THE SURVEY THEMES**

Since its formation in 2020, the Health Devolution Commission has developed and promoted a very clear understanding of the changes required in government systems and policies through health devolution and integration - to improve the health and social care services that people use, achieve improvements to the health of the population through tackling the social determinants of ill-health, and ensuring a financially sustainable NHS and social care system in the long term.

In early 2024 the Commission concluded that there is no alternative to health and social care integration; and that devolution is essential for integration to happen. The creation of a statutory network of ICSs was, and is, seen by the Commission as a transformation in the way the nation approaches and organises our health, wellbeing and care. However, it is not - and cannot be - 'just another NHS reorganisation' or it will fail.

The Commission believes that ICSs have the potential to be a platform for a whole new system-wide approach (a new operational paradigm) to improving the health, care and wellbeing of individuals, families and communities that embraces health, social care, public health and the wider public realm.

This survey draws upon the aims of the ICS network, and the learning from the work of the Commission, to identify **twenty core components of Integrated Care Systems that the Commission believes are essential for their success**. Grouped within four domains these twenty components are described below:

### **Domain A Outcomes**

1. **Improving population health** – shared responsibility for and a recurrent, mainstream agenda item for ICSs to tackle the social determinants of ill-health such as poor housing, low pay, unemployment, and poor air quality; and involving relevant leaders in this task such as wider local government and public sector services, Metro Mayors and Combined Authorities (CAs), and relevant government department services (e.g., DWP)
2. **Reducing health inequalities** among those who experience greatest inequalities in accessing health and care services or experiencing inequalities in their health outcomes including people living in poverty, and particular ethnic groups who experience health inequalities
3. **Ensuring ‘a health in all policies’** approach: for example, a ‘better housing for better health’ strategy in every ICS and focused action on the homes already known to be at highest risk of causing ill-health
4. **Ensuring an ‘economic benefit in all health and social care policy’** approach: the links between health and wealth, work as a health outcome, hospitals as community anchors. ICS performance on this measured and reported – but not subject to top-down targets
5. **Improving the performance of the NHS and social care services:** for example, meeting government targets for waiting times for hospital operations, being seen by an Accident & Emergency department or being compliant with financial limits

### **Domain B Governance**

1. **Ensuring parity of esteem between primary and secondary care within the NHS:** including community care services, primary care services (e.g. GPs), and secondary care services (e.g. hospitals)
2. **Increasing the impact and status of the Integrated Care Partnership of the ICS:** the ICP taking the lead in delivering the population health goals of the ICS
3. **Ensuring genuine power-sharing between the NHS and local government including Combined Authorities** at every level in the new ICS and place-based structures: in their collaborative leadership, membership, accountability, values, culture and behaviours at all levels; in the mutually accountable relationship between their IC Board and IC Partnership; and in the relationship between the ICS structure and local health and social care providers in the statutory, voluntary and private sectors.
4. **Ensuring a strong voice for service users:** A strong voice in the system at every level for people who draw upon care and support through an active engagement strategy with service user, unpaid carers and patient ‘voice’ groups,
5. **Ensuring meaningful partnerships with the voluntary, community, faith and social enterprise sector (VCFSE):** for example, each ICS having a VCFSE concordat about how they will work together for common good.

## **Domain C**     **Priority Groups**

1. **Supporting people with mental health needs, learning disabilities or autism:** parity of esteem between mental and physical health services, and identified learning disability leadership in the ICB supported by a comprehensive action plan
2. **Supporting children and young people:** A Children's Alliance in every ICS with a comprehensive policy framework for health, social care and public health services for children and young people including education and investing in the early years.
3. **Supporting older people with frailty:** analysis and action to prevent health deterioration and reduce costs of care and treatment for an ageing population
4. **Supporting minority ethnic groups and communities of interest** who experience inequalities in accessing health, social care and public health services, or experience inequalities in their health outcomes.
5. **Supporting unpaid carers and volunteers:** recognition and active support for the crucial role played by unpaid carers upon which the social care system and the NHS relies

## **Domain D**     **Delivery models**

1. **Having local freedom and flexibility:** balancing local freedom with national accountability to allow partners to align and pool budgets, and to agree and act upon locally determined shared priorities including fewer national targets for ICSs to achieve and aligned budget allocation timetables for Local Government and the NHS
2. **Ensuring provider collaboratives (Trust-to-Trust)** at the ICS level work in ways that reinforce rather than undermine place-based ways of working and collaborations
3. **Establishing mature place-based partnerships and effective neighbourhood networks:** true partnerships that reflect a strong commitment to subsidiarity by statutory partners for health, social care and public health services including the NHS, local government, the VCFSE sector and private sector social care providers
4. **Shifting resources to community, primary care, prevention and early intervention:** Moving money, staff and service users away from acute and towards community-based services; moving resources from treatment of ill-health to prevention of ill-health; moving away from an over-medicalised model of health treatment towards an integrated support model that addresses both clinical and non-clinical causes of ill-health
5. **Supporting an integrated workforce:** An integrated approach to the planning and development of the health, social care and public health workforce; and the development of locality based Multi-Disciplinary Teams (MDTs) involving health, public health and social care

## **System enablers**

Although not asked about in the survey it is important to note that during its deliberations the Commission also identified some additional ways of working that would help/enable the ICS network to achieve its aims including:

1. **Adopting evidence-based decision-making:** Use of timely, relevant, high quality and transparent data (including examples of best-practice) to identify and address local health, social care and public health needs and inequalities
2. **Supporting innovation** in achieving all four ICS aims, and doing so in partnership with others
3. **Supporting ICS development:** Time and resources to develop and improve as a system, including peer support and challenge within the ICS network and a national cross-government mission for improving the public's health

### 3. THE STAKEHOLDER OPINION SURVEY

Please give your opinions about the priorities of an incoming government for strengthening the ICS network by completing the survey through the link below (also provided in the email).

[FILL IN USING GOOGLE FORMS](#)

The four survey questions each ask you to rank five items (all of which are essential) in order of priority from first to fifth.

For clarity, an example of what this activity looks like is given below:

*Please rank in importance – from highest to the lowest priority - the following five items essential for survival in the wild:*

	First priority	Second priority	Third priority	Fourth priority	Fifth priority (of these five essential items)
<b>Clothes</b>					*
<b>Shelter</b>			*		
<b>Water</b>	*				
<b>Fire</b>				*	
<b>Food</b>		*			

**Deadline: close of play 25<sup>th</sup> June 2024**

Please complete the survey – [here](#) - by no later than close of play on **Tuesday 25<sup>th</sup> June 2024**. Thank you for your help and contribution.

Please do let Steve know if you would like an invitation to the on-line meeting on 10<sup>th</sup> July 2024 when the results of the survey will be published. Please email [stevebarwickPC@outlook.com](mailto:stevebarwickPC@outlook.com)

**Steve Barwick and Phil Hope, Health Devolution Commission**

The partners of the Health Devolution Commission are NHS Confederation, Local Government Association, London Councils, West Yorkshire Health and Care Partnership, Mencap and Barnardo's.



<sup>i</sup> ICSs have four key aims: improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience, and access; enhance productivity and value for money; and help the NHS support broader social economic development. See [www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf](http://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf)