

# Introduction

- When the NHS was set up it was primarily focused on treating single conditions or illnesses, but since then the health and care needs of the population have changed.
- People are living longer with multiple, complex, long-term conditions and increasingly require long-term support from many different services and professionals.
- To deliver joined-up support that better meets the needs of the population, all parts of the system (health and social care) need to work in a much more joined-up way.

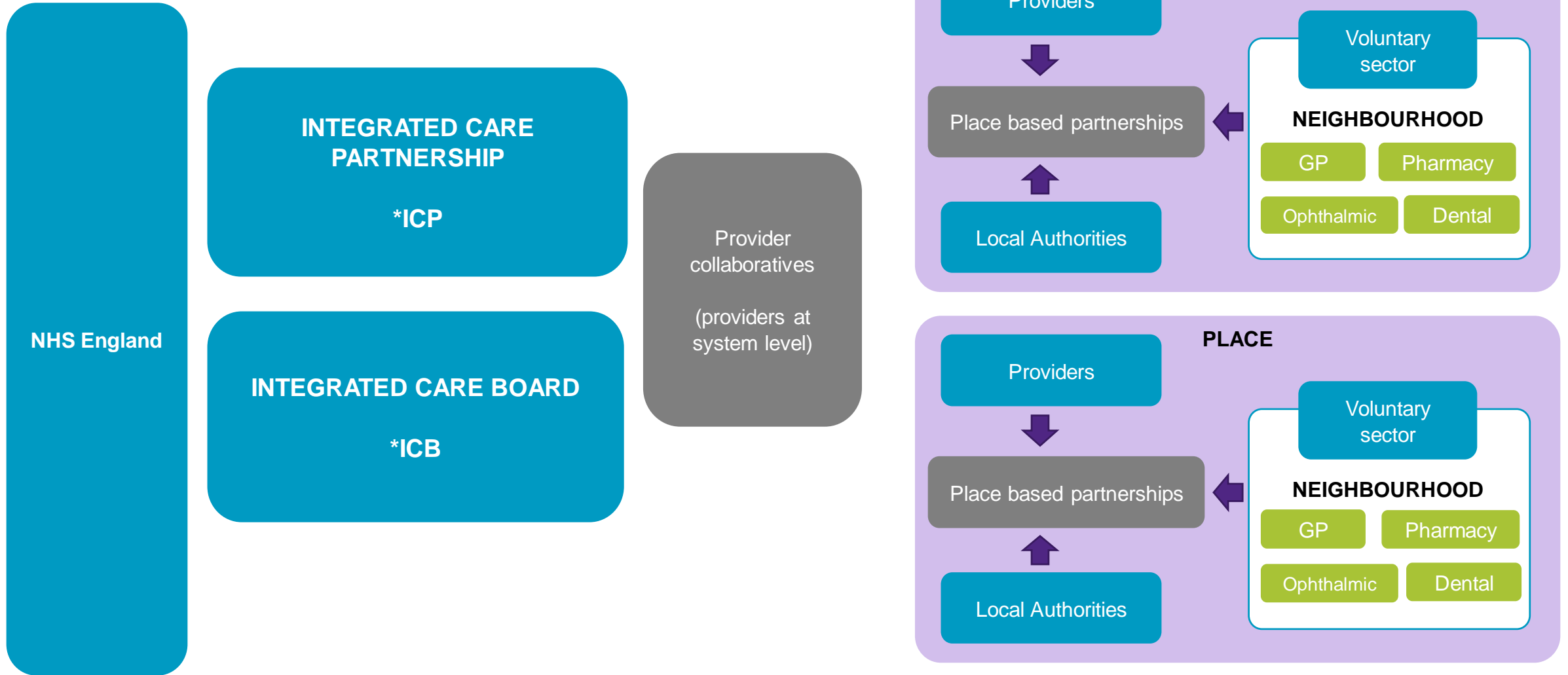
## Wider determinants of health

30% Health Behaviours	40% Socio- economic	20% Clinical Care	10% Environment
10% Smoking	10% Education	10% Access to Care	5% Environment Quality
10% Diet/Exercise	10% Employment	10% Quality of Care	5% Environment Build
5% Alcohol Use	10% Income		
5% Sexual Health	5% Family Support		
	5% Community Safety		

# The position under the 2022 Act



# INTEGRATED CARE SYSTEM



# ICS Design Framework

- **NHS trusts and foundation trusts** are core members of ICSs and **will move into taking a broader role for their local communities**, supported by formal amendments to their governance including charging them with the triple aim of better health for everyone, better care for all and efficient use of NHS resources.
- **Providers will be expected to engage in solutions beyond their immediate services**, increasingly leading on the transformation of services across place/s and system; and this could develop into the ICS NHS body delegating its commissioning functions to them.
- Provider collaboratives add value not only through providers working together on common organisational priorities, but also by allowing ICS NHS bodies to ask providers together **to take on greater responsibilities on behalf of the whole system**, such as elective recovery with a shared patient treatment list.
- The success of individual trusts and foundation trusts will be judged against their role within the ICS, depending upon delivery of the system control and performance under the new approach to oversight.

# Provider implications

- Subsidiarity of decision making
- The role of place based partnerships and provider collaboratives would be central to the delivery of the ICS strategy
- Place based partnership would need to look to their populations for `permissions` rather than the ICB
- Place and Provider Collaborative delegations not expected before April 2024
- What is the readiness / maturity of collaboratives and or Place to take on delegations
- What is the function of place if provider collaboratives become `commissioning` providers.

## Provider Collaboratives

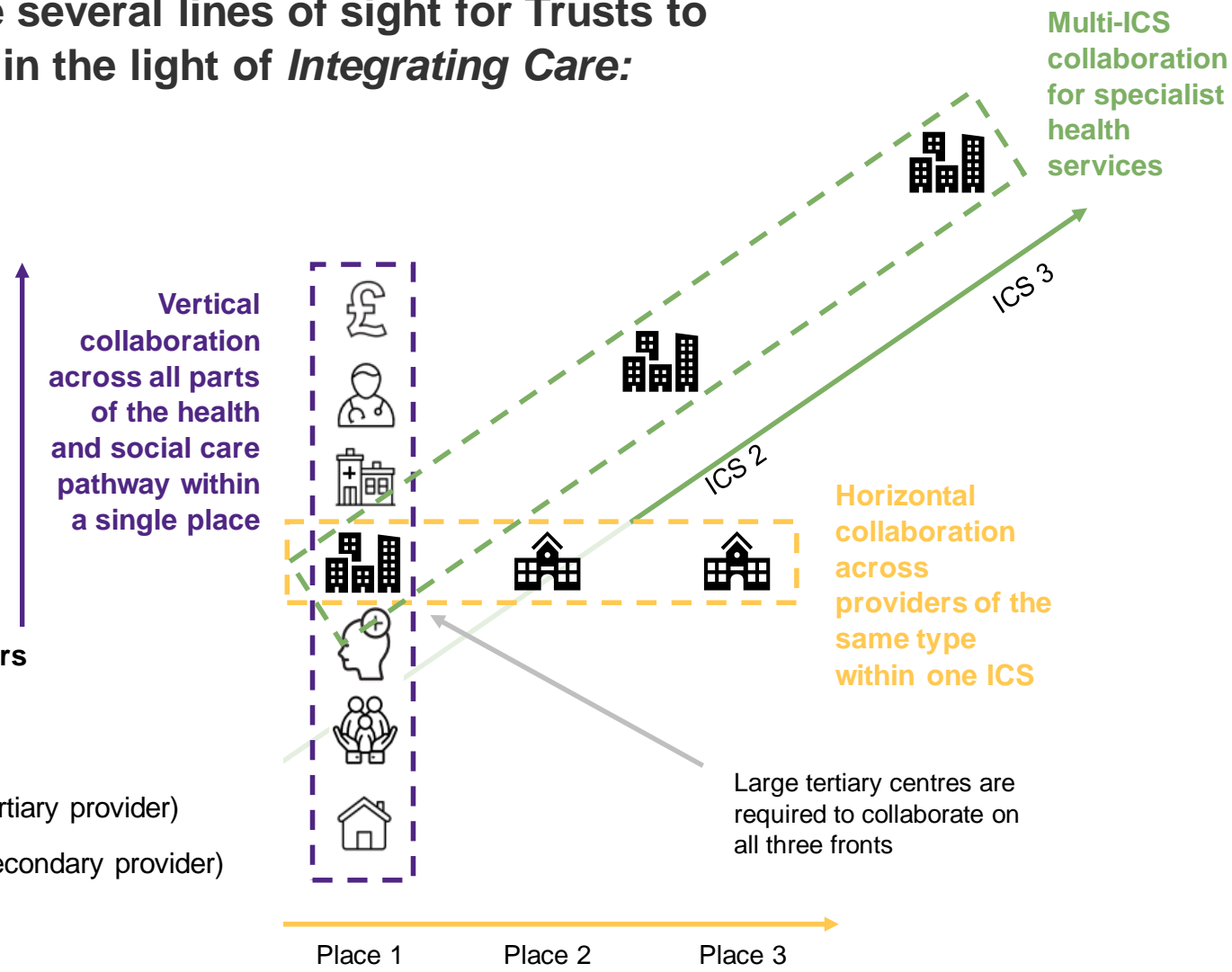
- Lead Provider models
- Joint Working Groups
- Committees in Common
- Pooled funds

## Purpose

- Shared leadership
- Fragile services
- Sustainable service
- Critical mass

# Framing the context for Trusts

There are several lines of sight for Trusts to consider in the light of *Integrating Care*:



In their relationships with Provider Collaboratives, Trusts have;

- Their own organisational imperatives and statutory requirements;
- Relationships with other providers within the Provider collaboratives;
- The relationships of Provider Collaboratives themselves with partners at place, ICS, other Provider Collaboratives and so on.
- To move from working in competition to working in collaboration
- To be clear on the differences between accountability vs responsibility
- To be prepared for “In flight” design

- Commissioners
- Primary care
- Community care
- Acute care (tertiary provider)
- Acute care (secondary provider)
- Mental Health
- Social care
- Wider public services e.g. housing

# Challenges

Trusts remain accountable as the statutory-body but we are increasingly required to work in partnership and in collaboration

Trusts are expected to take decisions in best interests of their populations, even when this is difficult for individual institutions to do this for “the greater good”.

Accountability

Operational delivery

System Management

Historic Bias

Trusts are facing biggest and most relentless challenges ever with backlog / capacity and demand and workforce shortages

Working in partnership can mean different things to different people especially when we have historic bias and organisations that have been hard-wired for competition for decades.

Successful Trusts are becoming more agile with

- Broader role for their local communities and beyond their immediate services
- Taking greater responsibilities for the systems within which they work;
- Tackle inequalities in access and outcomes and, indeed,
- Use the opportunity to transform to address these long-standing inequalities;
- Paying attention to and actively support the health and wellbeing of an exhausted workforce

- Increasing peer to peer challenge in Provider Collaboratives whilst individual organisations are held to account formally via Standard Operating Framework;
- Balancing effort between vertical integration and “primacy of place(s)” with development of Provider Collaboratives and active participation in ICS(s);
- Prescription vs permissiveness in national policy with need for ICS Body and PvCvs to define their working relationships to ensure contribution of PvCv to achieving ICS objectives

# Opportunities

Variation



Additionality



Resilience



- **Consolidation of low-volume or specialised services:** Sub-specialisation & outcomes
- **Reductions in health inequalities:** Equity/timely access to services, whole pathway view & role as 'anchor institutions' gain.
- **Tackling variation in clinical outcomes & access to services:** Evidence-based models of care and standardise protocols

- **Delegated functions:** With maturity develop lead provider & associated models
- **Efficiencies and economies of scale:** Achieved through collective action in clinical & non-clinical areas

- **Workforce** - Better recruitment, retention & development: Providers collectively support national and local people plans
- **Mutual aid:** Better management of system-wide capacity & immediate workforce pressures

# Opportunities (cont)



## Clinical Services

- standardising pathways;
- delivering service transformation
- designing new models of care
- jointly managing clinical demand and capacity
- staff flexibility between sites - aligned contracts, processes, & cultures.

Provider Collaboratives can deliver improvements through...



## Corporate Services

Coordination/consolidating - HR, procurement, analytics

- sharing data and informatics
- joint quality improvement and change management frameworks.



## Clinical Support Services

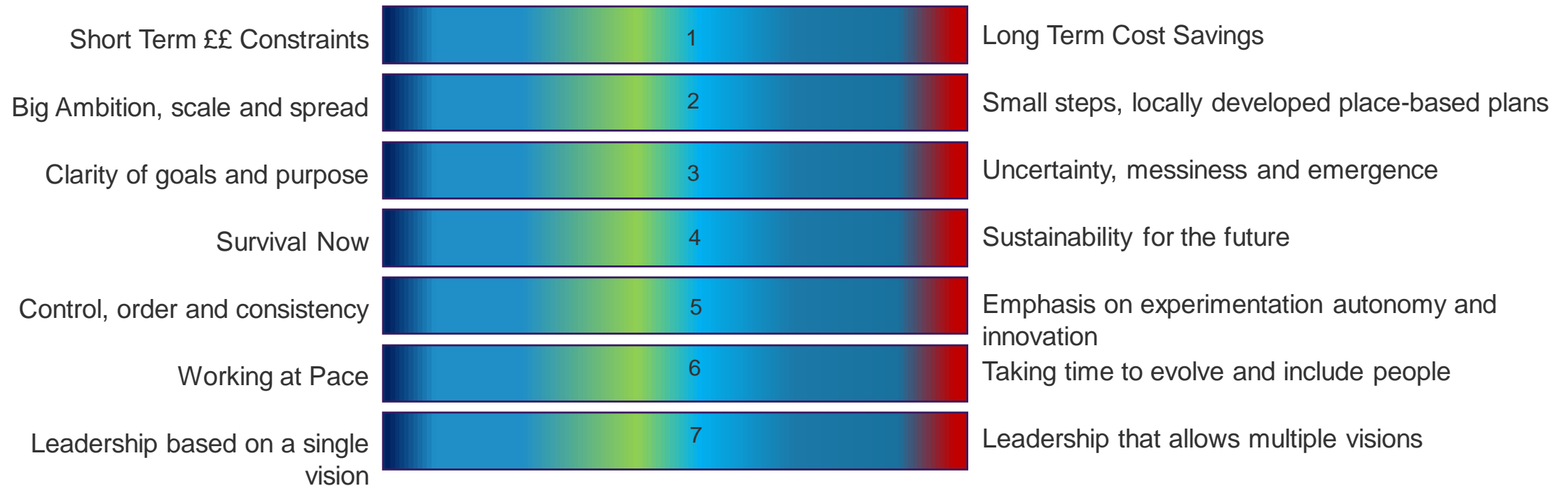
- sharing pharmacy, radiology, or similar services
- sharing patient records - seamless patient experience



## Clinical Networks

- coordinate clinical & support networks
- facilitate agreement to network plans across services
- provide a multi-speciality view of interdependencies and cross-cutting issues.

# The Leadership Challenge



**7 Dilemmas of Systems Leadership (Weir and Hardacre, 2018)**