

REFORM

December 2021

Putting patients
first: how
Integrated Care
Systems can drive
better outcomes



Social
Enterprise UK

Putting patients first: how Integrated Care Systems can drive better outcomes

Reform was delighted to host a policy roundtable in late November 2021 entitled 'Putting patients first: how integrated care systems can drive better outcomes' with the generous support of Social Enterprise UK. The discussion was introduced by Mark Cubbon, the interim Chief Operating Officer of NHS England, and Professor Jo Pritchard OBE, Director of Health and Social Care at Social Enterprise UK.

The importance of integration

As developed countries grapple with how to sustainably manage the health and care needs of their populations, many have turned to integration. The NHS is no different. Achieving a more joined-up approach between health and social care services was a central feature of the 2019 Long Term Plan and the Government's Health and Care White Paper.

Health leaders hope that establishing Integrated Care Systems (ICSs) in law next April will help to deliver on the aims of the Long Term Plan – by bringing together service providers and commissioners with local authorities and partner organisations across 42 systems in England.

Meanwhile, there are broader ambitions that ICSs will take advantage of smarter commissioning to reduce health inequalities, and to avoid wasteful duplication of services.

Understandably, there have been important debates about how ICSs will be governed, held accountable, and financed. There have also been questions about who will sit on newly formed Integrated Care Boards (ICBs), and the role non-NHS partners will play, including the voluntary, community and social enterprise sectors. Some will no doubt be answered as the Health and Care Bill passes through parliament and votes are taken on key amendments in the coming weeks.

However, the true acid test for the success of ICSs will be how they look and feel to patients accessing their services. This is what will make the difference on the ground, and ultimately drive improved health outcomes. Innovation should be focused on the user experience, and how to engage the most marginalised. For example, though new competition rules give ICS leads more discretion to shape services and delivery as they see fit, they will only improve care if they are used to respond to the needs of local communities.



Patrick King
Research & Events Assistant
Reform

"The true acid test for the success of ICSs will be how they look and feel to patients accessing their services."

Putting patients first

To ensure that patients' needs are being met, their voices must be heard in the planning and commissioning of services. One way that this can happen is through the existing mechanism of Healthwatch, an organisation which makes recommendations about how services operate by sourcing feedback from patients. Ensuring Healthwatch representation on Integrated Care Boards is essential.

However, it is important that patient input goes beyond representation at board level. As well as providing feedback on existing provision, patients must be empowered to help co-design services that meet their needs at every level of the system.

Major opportunities exist to rethink the existing model of patient feedback – to ensure that the voices of the most marginalised are not excluded and that feedback has a tangible impact on outcomes. Social enterprises, which often provide support for groups overlooked by traditional services, will play a critical role here.

A place-based approach

Attendees reflected on the importance of place in Integrated Care Systems and stressed the need for boards and partnerships to 'look down' to place-level, rather than up to centralised direction. The centrality of place in Integrated Care Systems, and place-based partnerships, have been a priority in guidance issued by the NHS on developing ICSs. Whilst there is no doubt ICSs will be held accountable for the strategic direction of the areas they serve, it is at the most local level that true change in services will occur. Opportunities exist here to offer services outside of the medical setting, that look to the wider determinants of health. Thus the comment that ICSs should be citizen-centred and not patient-centred was well-received.

Towards subsidiarity

Localised decision making too often creates a false equivalence between communities and local authorities. Consequently, if the Health and Care Bill is to be successful, it must involve speaking to communities themselves. It cannot be a bureaucratic 'stand-in' for more radical change. Attendees shared an ambition that services should be integrated into people's lives, not the other way around, and that, if done properly, this will be an ongoing process once the legislation has been implemented.

One part of the solution will be to draw on the expertise of social enterprises, charities, and the voluntary sector, who are already embedded in local communities, and can act as a vital link between commissioners and citizens. Attendees noted that the voluntary sector can sometimes be overlooked because it is difficult to measure its contribution. However, experience in recent years suggests that the knock-on impact of cuts to charitable and voluntary sector funding is felt strongly in communities and is passed on as a higher cost to statutory services.

Opportunities for innovation

The move away from competition in NHS tendering presents opportunities for more joined-up care in supporting patients with complex needs. But an end to competition risks removing an important vehicle for innovation in health and care. For this reason, ICSs will have to think hard about how they stimulate innovation.

One way to introduce innovation is to prioritise using data collection and technology to enhance the patient experience. However, there is a risk that technology creates further barriers for those who are already marginalised by the healthcare system – something that should be accounted for as ICSs navigate increasing backlogs and continued pressure from COVID-19.

Relationship-led change

Much of the discussion around Integrated Care Systems rightly concerns the 'hardware' of governance and structure. The key, unresolved, debate in this regard is who should sit on the newly formed Integrated Care Boards. The risk is that, if they are too NHS-dominated, they could exclude partners, particularly from the social enterprise sector, who are the material providers of crucial services on the ground.

Just as important, commissioners could lose out on user insights generated by these partners, which are necessary to understand local population health needs. Integrated Care Partnerships are a means to mitigate this risk, but only if they are seen as equal partners within the system. Despite the importance of ongoing debates on ICS governance, the hallmark of effective joined-up working will be strong and open relationships between a wide range of providers, commissioners, and social services.

Thankfully, the new legislation gives local systems significant autonomy to structure their provision of care. But to truly make a success of integration, ICSs must develop a shared sense of purpose, and put work into developing effective relationships at every level of the system.

A vision for the future of care

It is important that ICSs being placed on statutory footing next April is seen as the starting point. There is still a long way to go in shaping new ways of working that will facilitate truly joined-up care.

However, what will matter in five years' time is not how mandarins in Whitehall evaluate integration, rather how well patients navigate the system, their individual experiences of care, and whether we have achieved improved health outcomes across key determinants. It is in this area that Integrated Care Systems face both their biggest challenges and greatest opportunities.

REFORM

Get in touch



info@reform.uk



[@reformthinktank](https://twitter.com/reformthinktank)



www.reform.uk