Reflections on integration and collaborative working

There is a broad understanding across the NHS that closer and more effective work with partner agencies, such as the fire and rescue service, local authorities the police, and voluntary and community sector, is needed. This will be especially important in the new era of integrated care with one of the main areas of purpose for integrated care systems (ICSs) being around social and economic development. There is a lot to be gained from closer partnership and collaboration, particularly around community safety at place level.

The pandemic has provided a stern test of the efficacy and robustness of public sector partnership working and some challenges have been revealed. In my experience, it has shown that the NHS in particular can be a challenging partner to work with.

It's obviously true that health is a very large and busy sector. Because of that, communication needs to be strong with other agencies. From my perspective as another public sector leader, that communication has sometimes been lacking.

Here in East Sussex, there are some effective ways of working with strong partnership engagement forums with other CEOs and through the East Sussex Strategic Partnership, for example, but it's key that we all invest in them. Integrated care systems should naturally help, as vehicles through which to create shared language and clarify roles and responsibilities.

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I believe the best way to view this is as a learning opportunity. Here are some of my reflections of areas that need improving for public sector collaboration to be as effective as it needs to be.

Slow governance

The pace that things happen in the health sector can be a problem. For instance, there are lots of elderly people in Sussex and there's an issue with large volumes of them frequently attending hospital.

The Fire and Rescue Service offered to support the NHS by sending firefighters and other staff out to do home safety checks of elderly people who are most at risk of going to hospital due to slips, trips and falls in their homes – or indeed because of fires or other accidents.

But NHS governance took a very long time to agree to this, due to anxiety about data security, so instead fire crews started working directly with individual surgeries and we engaged with the Information Commissioners Office to tackle the concern over data security. Even though it isn't directly in a firefighter's role, many understand the importance of supporting prevention and the wider health system – and by the way we saw a significant reduction in hospital admissions in those surgeries involved in the pilot.

In fact, I'm proud to say that the work was recently recognised in the IESE public sector awards, with a gold award for collaboration and use of data insights.

This example raises the important question of trust and understanding of other partners. It is important that the NHS really gets to know partners' strengths better and doesn't think of integrated delivery from within the confines of traditional relationships.

COVID demonstrated really clearly that effective decision making between health and other agencies can be more streamlined and more dynamic and we should endeavour to collectively ensure that is fed into more business-as-usual workstreams.

In summary, we should be building much more one-touch, multi-organisational system thinking, with better communication channels.

Data sharing

Another issue is around data sharing, which is too frequently a barrier to initiatives that can improve outcomes and facilitate collaborative delivery, as illustrated above.

GDPR is an important piece of legislation, but it was never intended to inhibit innovation or initiatives that improve community health and resilience.

The NHS was sent data about all over-65s (known as the Essex data) from Public Health England. This data was shared with Fire and Rescue Services (FRS) across the UK, but little consideration was given to the very small resource and capacity in some FRSs for data analysis. This means that in some instances, due to the sheer volume of information, it took years to get through the data. Of course, during that considerable time lag a lot changed – some people had moved, or gone into care, or even passed away – so there was quite a lot of abortive work. Thankfully, things have now improved and we have seen smaller data sets more focused on vulnerability since, so we can prioritise visits.

Sharing mindset

We know that developing a sharing mindset is essential to effective system working, and this has already started – at least across Sussex. Hampshire and Humberside are probably two areas from the FRS perspective where we can look to for some best practice when it comes to achieving a sharing mindset between agencies to develop collaborative approaches that are really embedded

But we need to see more consistency across the country and more inclusive language being used across health and other sectors. We almost need people to translate 'fire service speak' into 'health speak' and vice-versa, as the language used can be very different. When this is done well, it becomes much easier to form long-lasting relationships; people find it easier to articulate what is working and why it is working.

I believe there are a few other issues we all need to consider as we move towards more collaborative working.

- Inward focus – the impending governance changes in the health sector mean that organisations will inevita bly have a period of 'inward focus' as they deal with the implications – we need to be mindful of that and its potential impact on partnership working.

- Regulation – I think the regulators need to cut the health care sector a bit of slack and give organisations a chance to transform themselves into system players. I have observed the impact on one of our partner agencies closely who have been so busy dealing with inspections it feels like they haven't had space to collaborate.

- A place at the table – In Sussex, I already have a direct line to Adam Doyle, our local ICS leader, but the FRS is not yet a statutory partner on wellbeing and health boards, which can be a limiting factor. We are of course a partner on the local resilience forums, but that's all about broader community resilience not targeted place needs. Recently we have been invited to a new collaborative forum for suicide prevention by our local director of health, as one of the responders to some of the body recovery incidents. That's

encouraging and it's a positive sign that the impact on responders is being considered as well as the community impact.

- System partnerships – I already invite South East Coast Ambulance senior leaders to two meetings per year to discuss strategic issues, and we've now started to do that with some acute trusts in our area too. This is designed to initiate conversations and to improve understanding of strategic direction, local initiatives and challenges and of course maintain relationships. We are seeking to create open databases to share information with an aim to be seen as open, transparent and trustworthy. We have published area risk profiles on our website and we have also invited partners to take part in recruitment panels when we're making senior appointments, which allows them to ask questions and position the importance of collaboration and partnership systems thinking to us.

We're making progress, there's no doubt about that, but there remains a long way to go if we want to see ICSs working to their full potential. I think addressing the points above would be a great start. It's also crucial that we encourage conversation and continue to share views.