

The purpose and scope of strong provider boards in making ICSs succeed

As we have heard so many times in 2020, these are unprecedented times. Not only have we been working flat-out to cope with the impact of the coronavirus pandemic, but we're also now contemplating the biggest shake-up in a generation to the way we provide services.

We're entering unknown territory together and we're doing so against an uncertain legislative backdrop – although various indicators about the likely nature of that legislation have been in evidence for a while now.

When Sir Simon Stevens talks about this legislation, he refers to it as a ribbon that will tie up everything that is already in place. To many of us it doesn't feel quite that straightforward.

But my experience in the NHS and from the regeneration work I've been involved with, together with my background as an ergonomist – someone who designs structures, objects and systems to meet the needs of the people who will be using them – might give me a slightly more optimistic perspective.

For me, the wide diversity of our backgrounds represents a massive opportunity, even though it might not always feel that way. Because despite the huge differences that exist between us and our partners in integrated care, we are united in a point of shared experience and that's our focus on the communities we exist to serve.

Yes, there is considerable complexity and uncertainty. But now is the time for us to be building the relationships that will make or break this extraordinary transformation.

Meeting challenges means building relationships

Of course, we face some significant challenges. We must find a way to build new partnerships without disturbing the quality of those that already exist. We must also balance our duties as a well governed board with collaborative partnership expectations. We must achieve alignment of finances with population health and evidenced need. We must find ways to support the collective development of all the constituent parts of systems. And, perhaps most important of all, we must keep in touch with the experience and needs of the people who use the services we provide. Because of course the better you understand needs, the more you can align service to maximise impact and optimise costs.

To rise to these challenges and to meet the aspirations set out in NHSE/I's [Integrating Care paper](#) – of building stronger place-level partnerships, of reaching formal collaborative arrangements that allow provider organisations to operate at scale, of developing strategic commissioning with a focus on population health outcomes, and developing our use of digital and data to drive system working and put citizens at the heart of their own care – to do all this we must build strong relationships now.

Some of the organisations now coming together do so against a historical backdrop of distrust, born of political differences, or conflicting priorities, or profound differences in the needs and outlook of the communities they serve. But if the integrated care model is to succeed all of this must be overcome. And that will take time and trust and care.

In the NHS many of us have already done considerable work to build those important relationships through our non-executive directors and our governors and the grassroots work we do every day. Now is the time to leverage that work – to use the mechanisms that we have so painstakingly built to build the inter-agency trust we need.

Shared intelligence

For provider collaboratives to have the beneficial effect we all want on population health outcomes, our transformation work must flow from shared intelligence. Data and analytics must underpin the way we redesign services and our finance systems to address the needs of our communities – and we are all at different stages of the process of embracing this. Data transformation is the necessary first step of the process that leads to care transformation.

- Data transformation: prioritise and integrate a multitude of data sources to provide better transparency on the population health journey
- Analytics transformation: build the analytics structure and capability to make sense of the data and identify improvement opportunities
- Payment transformation: ensure providers are being paid for the value add provided
- Care transformation: optimise care management processes to improve outcomes and reduce cost

The gathering of robust, dependable evidence is so important – as is the principle of being able to challenge it at board level in all of the organisations that make up an integrated care system.

The time is now

None of this is easy and none of it is comfortable. But despite the complexity and the daunting nature of the challenge, we should remember that it's our privilege and responsibility to do this incredibly important work. It's up to us and now is the time to act.

It's not about power or structure; it's about gathering strong metrics and data, driving finances across place with our local partners, looking at how we can collaborate – taking due account of our own accountabilities and external regulators – to make that evidenced difference.

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