

Now is the time for courage and vision

We find ourselves in a form of integrated care limbo. The NHS remains at full stretch meeting the extraordinary demands of the COVID-19 pandemic but November's NHS E/I paper about the future of integrated care has also put a slight pause on progress as organisations digest its ideas and consider their responses – around 7,000 of which have already been submitted.

Implementing an integrated care model means bringing together four key areas, each with its own distinct priorities and tensions: the legal framework, systems working, simplification of the provider market, and place.

- **Legal framework** – which includes the 2012 Health and Social Care Act, the varied status of current statutory organisations, current systems of board reporting and accountability, ongoing business contracts – some of huge significance, employment contracts and so on.
- **Systems working** – the subject of a strong policy drive enabled by legislation, developing integrated care systems and partnerships, nascent governance and management structures, plans and work programmes, strategic commissioners, provider alliances among others.
- **Simplification of provider market** – including the development of hospital chains, mergers and acquisitions, vertical as well as horizontal integration, primary care networks, some players leaving the field (some community interest companies, for instance), private sector mergers etc.
- **Place** – which includes such concepts as vertical integration, locality commissioning, locally defined and agreed care pathways, citizen engagement, local regeneration and the potential for beneficial supply chain or employment impact by statutory organisations.

Focus for the here and now

What should we be focusing on right now as these four major forces come together against the backdrop of a continuing battle against COVID?

Last week saw the start of a new run of GGI breakfast webinars – The New NHS: ICS series – in which these questions were discussed by more than 130 guests in a session chaired by Masood Ahmed, Chief Medical Officer & CCIO at NHS Black Country & West Birmingham CCGs.

There are two approaches to navigating the path ahead of us.



We could be ambitious and aim to build a sustainable system that's focused on population health, economic regeneration, citizen engagement, and achieving financial balance and good value for money across the system.

Or we could engage in a more closed thought process concentrated on financial sustainability in a system focused on the NHS and changing as little as possible as we move into the integrated model.

We believe that the first of these approaches is the right choice. And the signals we received from Wednesday's webinar were very encouraging – suggesting we're not alone in that view.

One of our contributors suggested three areas of immediate focus.

1. Finding our common purpose – what are the opportunities presented by coming together in this new way? We need to coalesce around the citizen, which we've not truly done before.
2. System leadership – form follows function so we need to think now about getting the vision and leadership right rather than just recreating what's been done before.
3. Workforce focus – there could be some retention issues ahead of us but the huge vaccination programme has brought in many new people and we have a window of opportunity to work with anchor institutions across our patches and do things differently.

Another contributor agreed that an immediate focus on workforce is required, along with a willingness to learn from the pandemic and reframe what we believe to be possible. They also proposed three guiding principles:

1. Do no harm – whatever improvements we make must not be at the expense of existing excellence.
2. Keep it simple – the NHS is too complex; we must push back against that complexity and create simple structures with light governance.
3. Measure outcomes for people – not actions completed, committees established, or reports issued.

No one is underestimating the scale of the challenge we face. But if ICS partners can find common purpose and mutual benefit; if they are prepared to work to understand each other's priorities, language and ways of working; if local authority and third sector players can be convinced that this is more than just a health and social care initiative; and if we are all brave enough to grasp this enormous opportunity to create something better and different, then the possibilities ahead of us are truly remarkable. To borrow a phrase from the bard: "Once more unto the breach, dear friends." Now is a time for courage and vision.

Illuminations

- With ICS design and development, form needs to follow function.
- The partnership between the main players in the integrated care model must be genuine, working towards a shared vision with a shared language.
- ICSs need to be purpose-led, focused resolutely on the needs of the citizens they serve.

If you are interested in joining future webinars in our new ICS series, you'll find details on the GGI website.

If you have any questions or comments about this briefing, please call us on 07732 681120 or email advice@good-governance.org.uk