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New Standards of Care

Leveraging the Lessons of COVID-19 to Maximise the Benefits of Integrating Care

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An overview of the Integrated Care System (ICS), how it can help deliver significant long-term benefits to citizens and member organisations and steps that can be taken to overcome implementation challenges.

Key Points

- A truly integrated approach will help target resources towards key population health needs and address inequalities.
- Most systems are struggling with the scale of the ICS design and transformation challenge.
- Embedding capabilities that are key to integrated care, such as population health management, will require new skills and fundamental changes to how teams work together.
- The long sought-after benefits of integrated care are possible to achieve despite the significant challenges ahead.

Introduction

Over the next few months, healthcare leaders need to come together to implement local blueprints to deliver the government's integrated care agenda – a radical plan with the potential to deliver significant long-term benefits to both citizens and member organisations.

A truly integrated approach will help target resources towards key population health needs and address inequalities. End-to-end pathway approaches will create a more seamless user experience, underpinned by digital tools that enable greater choice and self-management and allowing an increased focus on prevention and wellbeing, thus keeping people healthier for longer.

The Challenge of System-Wide Change

For wider NHS commissioners and providers, local authorities, and other organisations, becoming part of an Integrated Care System (ICS) offers the prospect of greater sustainability and efficiency through shared investment in the delivery of clinical and corporate services. For their workforce, it will also facilitate a more collaborative culture and create new opportunities for employees to develop their careers and learn new skills.

But it comes with challenges, and most systems are struggling with the scale of the ICS design and transformation challenge. This includes pandemic fatigue in the workforce, capacity and capability restraints, existing structural and cultural barriers, and a complex landscape encompassing diverse systems, places and neighbourhoods.

But, having worked with systems throughout the pandemic, and seen local responses to COVID-19, we believe these can provide a model for integrating teams effectively and delivering change at pace. We believe ICSs can harness four lessons from the pandemic response when designing and mobilising their programmes:

Lesson 1: Unite stakeholders around an idea they're all passionate about

The pandemic created a focal point that all stakeholders could unite around, regardless of which organisation they worked for. This sense of common cause enabled levels of cross-organisational collaboration which many had previously thought impossible.

While the underlying logic of integrated care is similar across the country, each system should define its own unifying vision that goes beyond generic ambitions to 'improve health outcomes' or 'reduce health inequalities'. The vision must stem from a specific system idea that everyone will recognise and care about.

From a practical perspective, this means combining strong

evidence-based insights into the local health and care landscape with cross-system stakeholder engagement to identify the key challenges integrated care can address. In our experience, asking open questions such as "If there's one thing you could change within the next two years, what would it be?" helps get to the heart of people's true motivations and concerns.

Lesson 2: Challenge conventional wisdom about how and where to best deliver services

One of the more remarkable aspects of the COVID-19 response has been the rapid development of organisational capabilities to deliver services in new ways. For example, virtual consultations – which many had previously thought would take years to implement – became routine for millions within a matter of weeks. According to NHS Digital, the percentage of GP appointments delivered remotely rose from 14.5% in February 2020 to 40.9% in February 2021.

When designing ICS operating models, system leaders should ask themselves three questions:

- What are the core organisational capabilities we need to be successful and grow, such as population health management and outcome-based contracting?
- At what layer should these capabilities sit? Will a system or place approach deliver them more efficiently at scale, or will a neighbourhood approach take advantage of local knowledge, insight and relationships?
- Will current functional teams still make sense in the new world, or should we combine capabilities differently? Asking these challenging questions will ensure that ICSs are genuinely re-designed to deliver their local vision, rather than just adaptions of legacy organisations.

Lesson 3: Empower frontline teams to deliver practical changes that will make a difference

Throughout the pandemic, teams have had greater freedom to cut across traditional organisational and financial boundaries to solve problems. For example, many NHS providers collaborated by sharing supplies of PPE to ensure sufficient availability across their systems, and primary, community and social care teams have worked more closely together to support vulnerable patients. In a recent survey of NHS trust leaders, 92% reported that collaboration and partnership working in local systems had accelerated during the pandemic.

We know that frontline teams have a great ability to solve practical problems, but they also need clarity and direction to focus on the right things. System- or place-based support needs to help frontline workers identify priority areas and clear evidence for action, and to provide easy access to wider system, regional or national assets and resources where needed. For example, this means providing clear insights supported by evidence, rather than detailed reports which teams need to wade through and interpret themselves.

We also know that, as clinician time is extremely limited, initiatives need to allow clinicians to maximise their ability to shape solutions and minimise time spent attending governance meetings or providing progress updates.

Lesson 4: Provide the right support to enable people to work in new way

COVID-19 has shown that, with the right support, people can rapidly adopt new ways of working. For example, many community providers applied their expertise in infection prevention and control to help staff in care homes and primary care to embed improved practices.

Embedding capabilities that are key to integrated care, such as population health management, will require new skills and fundamental changes to how teams work together. While we're seeing several systems already planning organisational development programmes to support these changes – particularly around building analytical and digital skills - it will be important to base them on practical interventions wherever possible. For example, by defining a practical set of solutions that will improve health outcomes then mapping the skills required to deliver them.

Mechanisms that enable peer learning, such as action learning sets and collaborative improvement events, will be key to systems learning from each other, establishing best practice and building capabilities.

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Unlocking the Benefits of Integrated Care Systems

The long sought-after benefits of integrated care are possible to achieve despite the significant challenges ahead. The response to the pandemic provides a great example of how to drive collaboration and major change at pace. Leaders now have a great opportunity to capture and apply these learnings as they plan the longer-term future of their systems.

Conflict of Interest

None. ■