Integrated Care Partnerships: Driving the future vision for health and care

A joint report from the LGA and The NHS Confederation on common themes and key characteristics of effective Integrated Care Partnerships.

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Foreword

Now that most integrated care partnerships (ICPs) have been up and running for well over a year, it's a good time to take stock of their priorities for improving population health outcomes and their ambitions for the future. The NHS Confederation and Local Government Association (LGA) have drawn on conversations with senior ICP leaders across England to identify common themes and key characteristics of what leaders would define as effective ICPs. We hope that it will be useful to all ICP leaders and their partners in helping them to consider their own culture, ways of working and priorities for improving health outcomes. Most of all we hope that this document helps ICP leaders and all other stakeholders identify and appreciate the unique contribution they can make.

What comes across from these conversations is the huge diversity in the way ICPs are structured, their priorities, their ambitions for the future and the purpose attributed to them. But this diversity doesn't mean that there are not common themes emerging, or that we cannot learn from each other. As membership bodies representing NHS organisations and local authorities, the NHS Confederation and the LGA are committed to showcasing good practice and supporting our members to reach their

full potential. This report highlights some of the many innovative ideas that ICPs have developed in order to spread good practice. We have also identified the key learning so far on the essential characteristics of effective ICPs.

While this report is primarily intended to enable ICPs, their leaders and partners to learn from one another, the research also informed a handful of recommendations for national government. We are clear that for ICSs to succeed, national government stakeholders should give equal credence to ICP leaders in their work, not just focusing on ICBs; they should minimise any efforts to introduce or revamp existing guidance or requirements around the development of strategies so that we can focus on delivering for our populations, not just planning; and they should pursue ever closer, more joined-up working between government departments and other branches of government to mirror the integration that is already taking place at local level.

ICSs are united by the financial and demand pressures facing all parts of the NHS, local government and our stakeholders. We know this winter is going to be one of the toughest that we have ever faced – for our health and care systems and our communities. In such trying circumstances it is understandable that the immediate concerns dominate. But it is the vital job of the ICP to keep a focus on effecting long-term transformation: a change in culture and the way we work together and with our communities; a change in the care and support we provide to maximise health and independence and minimise the need for in-patient care; and a change in health outcomes for our communities.

ICPs have made a good start in trying circumstances and this report shines a light on the path ahead.

Introduction

Integrated Care Systems (ICSs) became formal partnerships under the Health and Care Act 2022. Defined by their two central governance structures – the Integrated Care Partnership (ICP) and the Integrated Care Board (ICB) – systems were assigned four common goals:

- Improving outcomes in population health and health care
- Tackling inequalities in outcomes, experience and access
- Enhancing productivity and value for money
- Helping the NHS to support broader social and economic development.

The legislation established ICPs, committees jointly formed between the ICB and all upper-tier local authorities within the ICS area. ICPs bring together an alliance of partners concerned with improving the care, health and wellbeing of its population, with membership determined locally. The sole statutory duty of the ICP is to produce an integrated care strategy setting out how the ICB and the local authorities concerned will meet the health and wellbeing needs of its population.

Beyond this, local partners have the freedom to determine the membership, structure and purpose of ICPs. ICPs are being thought about differently up and down the country, and vary heavily based on local arrangements with place partnerships, health and wellbeing boards and broader system structure. **Patricia Hewitt's recent review of integrated care systems (https://www.gov.uk/government/publications/the-hewitt-review-an-independent-review-of-integrated-care-systems)** recognised the leadership of ICPs in escalating the scale and pace of change towards prevention, a focus on wider determinants of health, and real impact on health inequalities and social and economic development.

NHS Confederation and LGA have together established **the national forum for ICP Chairs (https://www.nhsconfed.org/ics/ics-network-forums)**, which is valued as a place for ICP Chairs to discuss common challenges and share good practice. We are working with the DHSC to enable it to become a crucial vehicle for two-way communication between ICP Chairs and national government and its agencies about what is needed to make ICSs a success.

This publication is based on data collected through desk research and semi-structured interviews with 20 leaders from across ICSs, including ICP chairs, ICB chairs and chief executives, directors of strategy and partnerships, directors of public health and other local government

officers from across the country. The NHS Confederation and Local Government Association (LGA) conducted analysis of the results of the interviews. We also ran two roundtables with voluntary, community and social enterprise (VCSE) partners and organisations that represent patients and the public to hear their views on the role and future of ICPs.

Essential characteristics of effective ICPs

ICP leaders identified some essential characteristics that underpinned effective ICPs. These are:

Build partnerships of equals

Effective partnerships must be equal. That means no single member of the partnership feels overshadowed, undervalued or outnumbered, and no partner becomes the *de facto* lead. Interviewees recognised that this goes beyond just how ICP meetings operate, but also how their activities are resourced, organised and presented.

Crucially, many ICPs are chaired or co-chaired by councillors to ensure local government is given a significant role in their leadership. In some systems, they are chaired or co-chaired by Directors of Public Health and Mayors such as Paul Dennett in Greater Manchester and Oliver Coppard in South Yorkshire. A small number of systems have appointed independent chairs. Moreover, some ICPs have dedicated directors and teams funded by either the NHS, local authorities or both, with reporting lines into ICP leadership. This allows for a degree of independence from the ICB while also recognising the value in close alignment between ICBs, ICPs and local authorities.

“Our partners from the VCSE sector say that - at the ICP - they feel like genuine, equal partners. This has come about through relationship building, listening to VCSE leaders about their priorities, and creating agendas which give a voice to VCSE leaders and providers. This is crucial to our development and ways of working.”

Sarah Perman, Interim Director of Public Health, Hertfordshire County Council

Enable and empower local decision-making

Leaders recognised most integration and change will happen locally, and they emphasised the need for continual assessment of how the ICP's priorities and actions enable rather than stifle what leaders are doing locally.

"All 4 place leads are crucial contributors to our Integrated Care Partnership, but in Surrey we are giving real focus to the 27 'towns' because this is the way people in Surrey understand 'place', not just regarding the provision of care but also socially and economically. Our ICP will visit all 27 towns and look at how we can together drive progress, tackle inequality, and overcome barriers."

Cllr Tim Oliver, Chair, Surrey Heartlands ICP

Embed accountability

Leaders emphasised that it is vital for all partners to hold each other equally accountable for driving forward their collective strategies, rather than for one body within the system to hold the other partners to account. This is crucial to building partnerships of equals. As identified in the section on purpose, the role of the ICP as a 'critical friend' to all component organisations in the system was a common theme – the constructive challenger that can help to identify and unblock issues.

Promote a trusting and transparent culture

Many leaders emphasised the role of the ICP in promoting a shared culture based on trust, mutual respect and transparency within a system, through inspiring leadership and professional humility, which

recognises and values all partners' contributions.

Leaders cited development days and time spent on personal relationships as crucial to this and it is seen as paying dividends during times of challenge (e.g. the running cost allowance reductions, local elections, winter pressures). Several leaders stated that the aim was not to avoid disagreements or tensions between ICP partners but to develop a robust and sustainable shared culture in which to manage and overcome tensions.

Enable wider participation

Interviewees highlighted the role of ICPs in enabling participation from the voluntary, community, and social enterprise (VCSE) sector, the public and patients as well as partners such as academia, local business, emergency services etc. Moreover, doing this in a meaningful way so decisions and services were truly co-produced.

They emphasised the qualitative difference between communication between ICBs and ICPs and their partners, including the public, and co-production. Clear communication is important to ensure that everyone knows the ICP priorities and what action will be taken to achieve them. But co-production, which involves all partners and the wider community in identifying challenges, developing priorities and delivering progress must underlie the ICP.

Get the right governance for your ICP

Many leaders highlighted the importance of putting in the hard yards to agree a governance structure that is right for each system, rather than implementing a model that simply does not work locally or taking for granted what others have said is the right approach. Putting effort into designing governance structures that suit the specific circumstances of each system will pay off in the long run. This helps to reduce bureaucracy where it is not needed and save valuable time for leaders and partners who often have responsibilities far beyond those relating to ICPs.

Build in a focus on the long-term vision

Interviewees were keen to highlight that the ICP provides a unique opportunity to look beyond the immediate and urgent priorities facing ICSs and their component organisations and consider how to achieve their long-term vision of improved population health outcomes, reduced health inequalities and greater focus on prevention and wellbeing. They all recognised that it will take time to see tangible progress on the changes they are all pursuing. The ability of the ICP to maintain a steadfast eye on the long-term trajectory of the system gives the ICP unique purpose, while ICBs and partner organisations individually can give greater attention to important short-term priorities.

Spotlight on good practice

An annual celebration of partnership working in Suffolk and North East Essex

Suffolk and North East Essex ICP hosts **an annual Expo (https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.sneeics.org.uk%2Fget-involved%2Fcommunity-events%2Fexpo-2023%2F&data=05%7C01%7Clan.Perrin%40nhsconfed.org%7Ce91445c88e3d4465086308dbe689e1cb%7Cb85e4127ddf345f9bf62f1ea78c25bf7%7C0%7C0%7C638357252163167276%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=eJWdA1%2FlvDR2cRy%2BrkteuE6Kcqt5DPhCyF3rI3CfN7s%3D&reserved=0)** bringing together the length and breadth of partners from across the area to celebrate their work, build relationships and set plans for the future. The last two annual events have each involved more than 1000 delegates. The theme for this year's event was 'The Future is Now: Time to Value Every Voice in Health and Care' – a conscious effort to draw in all partners from across the system. A highlight of the day was the official signing of the Suffolk and North East Essex ICS VCFSE Resilience Charter. The charter was signed in person by numerous VCFSE sector leaders alongside Will Pope and Ed Garratt on behalf of

NHS Suffolk and North East Essex ICB, Cllr. Andrew Reid on behalf of Suffolk County Council and Lucy Wightman on behalf of Essex County Council.

A focus on social and economic development in Cambridgeshire & Peterborough

The Cambridgeshire & Peterborough ICP has placed a real emphasis on both social and economic development and supporting the VCSE sector. Through this, the ICB has committed 1) over £1 million each year for two years to district councils to support work developing sustainable communities; 2) £2 million for the VCSE sector to pursue initiatives that focus on key priorities for the local population (further detail provided below) 3) £250k investment in the VCSE infrastructure and the grant process to support bids. This funding has been provided with clear guidelines for delivery, whilst enabling partners the freedom to act locally in meeting the needs of their communities.

The VCSE grant is for initiatives that focus on:

• Children's & Young People's Mental Health

• Frailty

• People who use health services very frequently – also referred to as high intensity users of services

• Advanced illness – which means an irreversible progressive disease or medical condition that can significantly impact on quality of life

• Cardiovascular disease (including but not limited to smoking cessation)

• Discharge funding (A specific amount has been ringfenced within the fund to support people who are medically fit to leave hospital) .

Tackling the wider determinants of health in West Yorkshire

West Yorkshire Health and Care Partnership has sought to develop strategic partnerships and to experiment in new ways regarding social and economic development. Their **Fuel Poverty Fund (https://www.wypartnership.co.uk/news-and-blog/news/partnership-invests-1million-help-keep-thousands-people-warm)** saw £1 million invested to help

keep people warm in winter so they could live a long, healthy life. They have also set up a **Health Inequalities Academy (https://www.wypartnership.co.uk/our-priorities/population-health-management/health-inequalities/health-inequalities-academy)** and **Health Equity Fellowship (https://www.wypartnership.co.uk/our-priorities/population-health-management/health-inequalities/health-equity-fellowship)** to develop the long-term leadership needed to underpin social and economic development across West Yorkshire.

North Yorkshire & Humber ICP – How the ICP is setup to make the most of its partnership

Humber and North Yorkshire ICP meetings are structured to ensure a broad range of partners can contribute to developing and improving their health and care system.

The meeting organisation has been carefully designed to balance the 'here and now' priorities with the 'strategic' priorities across the system. The 'ICP Meetings Day' takes place quarterly, and for a whole day, in person.

It begins with a Chatham House Rules, one-hour conversation between the 6 local authority chief executives and the ICB chief executive and chair.

Thereafter, two sessions take place simultaneously:

1. The Place Leadership Board, at which the 6 Place Leaders (Local Authority Chief Executives) and 6 Place Directors (ICB Leadership executives) formally discuss and develop the 'here and now' issues at Place including good practice and areas where acting once across all 6 places may be beneficial.

2. The Futures Group, at which wider partners (including academics, local businesses, NHS executives etc.) discuss and develop long-term strategic plans relating to population health and health inequalities.

The two groups come together immediately afterwards to update one another on progress and actions.

All attendees are invited to join an informal light lunch together to continue networking and sharing thoughts and ideas.

The statutory, formal ICP meeting takes place after this, attended by six Health and Wellbeing Board chairs, six local authority leads, and the six Place Directors, at which partners seek assurance on progress in achieving the ICS strategy of enabling its population to Start Well, Live Well, Age Well and Die Well.

This structure allows the broad partnership to contribute on not only the 'here and now' matters, but also strategic partnership matters, ensuring all partners have a voice and are able to offer their own perspectives.

The extended format of the day enables crucial relationship-building in both informal and formal contexts. Dates are published 15 months in advance to ensure the best attendance.

Devon ICP – How the ICP is realigning system focus to drive transformative change

The ICP in Devon has recently agreed to prioritise children and young people's mental health, and specifically supporting children with special education needs and disability (SEND). The reason for this is that there is recognition across the ICS area that SEND services require cross-system action to improvement with the NHS prioritising this as much as local government and other partners. The senior leadership of the ICB has also committed to this approach.

Cllr James McInnes, Chair of the ICP, said: "The ICP is going to be the catalyst to make this change happen. My gut feeling is that partners across the system are really pleased we've taken this step and it's now time to start delivering the change."

A partnerships approach to falls prevention ahead of a challenging winter in Greater Manchester

Ahead of a challenging winter, Greater Manchester Combined Authority (GMCA) and Greater Manchester ICP (GM ICP) **setup the Greater Manchester Falls Collaborative and secured a £100,000 grant (https://gmintegratedcare.org.uk/health-news/health-leaders-mission-to**

-reduce-serious-falls-in-greater-manchester/) which they believe will help to reduce hospital admissions, helping those older people in Greater Manchester who injure themselves through falls each year.

Black Country ICP – How the ICP is driving a focus on the wider determinants of health

50 per cent of the Black Country population lives in the lowest indices of deprivation. The Black Country ICP recognises the inextricable link between health inequality and the wider determinant factors that lead to poor health outcomes, including housing and employment. There is also a recognition of the strong correlation between deprivation, and social housing for instance, in terms of utilisation of emergency care services due to preventable conditions such as Diabetes Type II.

This has led to the setting up of a first ever Black Country Health and Housing Partnership – a monthly forum bringing together all housing providers and chaired by a local social housing provider and supported by a Health and Housing Partnership Manager funded by the ICB. The Community Champion Service, also funded by the ICB, drives health promotion at the neighbourhood level in some of the most deprived areas in Walsall. Community Champions – who are clients of the Housing Association with lived experience of Type 2 Diabetes either as a carer or a patient themselves – were employed to target people with Type II Diabetes in their local communities. Within six months, the project has started to show signs of improved outcomes for local people with Type II Diabetes.

This project highlights the opportunity that is there for ICPs to drive improved population health and at the same time offer gainful employment that will address deprivation over time.

Funding new projects for tackling mental ill health in Surrey

Partners from Surrey Heartlands ICP pooled £12 million and ran an open process for any organisation from the VCSE sector to pitch for funding to deliver projects that would better support people with mental ill health. **The fund included ringfenced 1 per cent of council tax (https://news.surreycc.gov.uk/2022/01/17/new-multi-million-pound-investment-in-mental-health-services-for-surrey/)** and funding from the

NHS and coordinated alongside the VCSE sector. The fund has since supported about 100 projects, some of which will be taken forward based on their impact. This programme reports into the ICP and will sit within the ICP moving forward.

Purposes of ICPs

ICPs have one important statutory responsibility – to develop, publish and keep under review their integrated care strategy. However, many ICPs are looking beyond this to develop a wider purpose. Throughout our interviews leaders identified three key purposes for their ICP. Some ICPs had more than one purpose, but the emphasis was almost always placed on one of three 'C's: as a convenor, as a vehicle for change, or as a challenger to the status quo.

The "Convenor" Partnership

In a "Convenor" partnership, the primary purpose of the ICP is to bring a broad coalition of partners together to set and pursue shared objectives and take collective action.

In these partnerships:

- There is often a 'core committee' which drives action, and an 'assembly' aimed at establishing a broad coalition of partners
- There is a focus on consensus-finding, identification and pursuit of shared priorities and agreeing how to use all the tools at partners' disposal to have maximum impact for their communities
- The work is strategic, driving delivery among its partners
- It can act as a 'mediator' to help find solutions. It acts, in the words of one interviewee, as a "non-political wrap of film around the system".

The "Change" Partnership

In a "Change" Partnership, the primary purpose of the ICP is to bring together partners to identify cross-system priorities, to immerse itself in their detail, and to drive transformative change to provide maximum impact for the population it serves.

In these partnerships:

- The focus is on bringing together the right cast of actors to drive action and improvement
- This cast of actors may vary depending on the issues being prioritised, though there will be a consistent core group, including the ICB and local councils no matter what issue is being prioritised
- The partnership's role is to draw on the broadest range of expertise to have maximum impact, often thinking in non-traditional terms – e.g. a shift away from typical NHS levers for change.

> **"The ICP is crucial for making non-health service change happen. For example, looking at the first 1,001 days (https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days) of a child's life, and specifically something like breastfeeding rates, the ICB has a responsibility to encourage breastfeeding but we also require wider societal, cultural change and that is where the ICP can have real impact."**
>
> *Simon Bryant, Director of Public Health, Hampshire County Council, and Co-Chair, Hampshire and Isle of Wight ICP*

The "Challenge" Partnership

In "Challenge" ICPs, their purpose is to provide a counterweight – or challenge – to what is often the NHS's focus on short term priorities, such as forthcoming winters, elective backlogs, acute performance, and GP waiting times.

In these partnerships:

- Their leaders are explicit about a focus on the wider determinants of health (e.g. housing, climate change, education).

- Leaders focus on the strategic direction of the system in its broadest sense, and its long-term ambitions, rather than practical delivery in the here and now.
- They can be seen to have an accountability role, using integrated care strategies as the lever to drive change.

The NHS Confederation and LGA reiterate leaders' views that there should not be a limited menu of models or approaches prescribed for ICPs. The sheer diversity of ICPs demonstrates that they have benefited from the flexibility allowed in the legislation and guidance. In discussions with wider partners, it was suggested that the ambition for ICPs could be to develop in all three roles: convening, driving change, and providing constructive challenge.

If the ICP does not fulfil these functions, it could instead look at where these functions are delivered across the system and assess how this works best locally.

The future of ICPs

We are still early in the journey of integrated care systems across England, and ICPs, having been established after ICBs, are still working through the important decisions about how they will operate and function as part of a system. That said, in our **State of ICSs survey (https://www.nhsconfed.org/publications/state-integrated-care-systems-202223)** of ICS leaders, most respondents (58 per cent) felt their ICPs were sufficiently mature and resourced to deliver the ambitions set out in their integrated care strategies. ICPs have now developed their first integrated care strategies and are putting into action creative and transformative programmes to achieve their ambitions.

We asked ICP leaders what they hoped their ICPs would achieve over the next three to five years. The responses reflect a mixture of population outcome ambitions and system processes that leaders want to see progress on and highlights the breadth of their ambitions.

“A tangible shift towards prevention”

“Gains in data sharing, particularly for children and young people, e.g. on outcomes such as educational attainment”

“Better understanding of best practice in population health”

“Shrinking acute services and a growth in community support across NHS, local authority and VCSE”

“A shared sense of identity and ownership over vision”

“Making an impact for children with special educational needs and disabilities (SEND)”

“Progress on social connectedness, trauma-informed care, and mental wellbeing”

“Progress on co-production with examples of where this has led to service change and improved outcomes for more deprived communities”

“Greater transparency on how the ICP is achieving its vision”

“Stronger relationships with VCSE partners and district councils”

“An ICP that supports and enables change at place”

“Reducing poverty – and the variation of deprivation across the geography”

In our conversations with ICP leaders we have identified common themes regarding their ambitions:

- Integrated planning
- Shared priorities and vision
- Prevention
- The wider determinants of health
- Social and economic development

Moreover, it was particularly welcome to see a focus on improvements in support for children and young people, children with special education needs and disabilities (SEND), and mental health services more broadly.

While ICPs are still relatively new, their leaders are starting to put in place meaningful programmes and developments that are helping them to achieve these goals. We have included these as ‘spotlights on good practice’ throughout the report.

Recommendations

Though this paper is primarily about sharing best practice with regard to ICPs, through this process three asks were clear for national government:

1. That the Department for Health and Social Care (DHSC) and NHS England give equal priority to ICPs and ICP leadership alongside ICB leadership in their work, for example, including them in ICS performance meetings

2. That DHSC and NHS England limit changes to strategy development guidance, with the aim of disincentivizing a continual redevelopment process for ICS strategies

3. To enable successful integration in systems, parallel integration across Whitehall is needed.

Further reading

This publication is purposefully succinct and focused on how ICPs have developed to date and what their leaders have planned. NHS Confederation, LGA and wider partners have developed a host of resources in recent years to support ICPs and their partners as they develop.

Consider reading:

- **Systems for change: Driving social and economic development in Integrated Care Systems (https://www.nhsconfed.org/systems-for-change)**
- **The state of integrated care systems 2022/23: Riding the storm (https://www.nhsconfed.org/publications/state-integrated-care-systems-202223)**
- **The Hewitt Review: an independent review of integrated care systems (https://www.gov.uk/government/publications/the-hewitt-review-an-independent-review-of-integrated-care-systems)**
- **NHS Confederation: The rising cost of living (https://www.nhsconfed.org/topic/cost-living)**
- **Prioritising prevention policy in integrated care systems (https://www.nhsconfed.org/articles/prioritising-prevention-policy-integrated-care-systems)**
- **Developing a systems narrative to prevention – MEPS framework (https://www.nhsconfed.org/articles/developing-systems-narrative-prevention-meps-framework)**
- **Major Conditions Strategy – tackling multimorbidity (https://www.nhsconfed.org/publications/prevention-integration-and-implementation)**
- **Delivering Meaningful Patient Involvement: The MTG's Guide for Integrated Care Systems | The Medical Technology Group (https://mtg.org.uk/wp-content/uploads/2023/09/MTGs-Guide-f**

or-Integrated-Care-Systems.pdf)

- **Untapped Potential: Bringing the voluntary sector's strengths to health and care transformation | Richmond Group of Charities (https://richmondgroupofcharities.org.uk/sites/default/files/aw_ncp_report_-_untapped_potential_-_single_pages.pdf)**