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CONFERENCE ABSTRACT

Integrated Care Systems in England: Progress towards forming new multi-stakeholder partnerships to develop quality.

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Background: Health and social care services in England have been restructured to 42 Integrated Care Systems (ICS). ICSs are responsible for delivering integrated services in their local area to prevent illness; identify and treat illness effectively; and provide support to improve quality of life for people with long-term illness or disability. Under the umbrella of ICSs, previously siloed organisations need to work together to deliver quality care. This study aimed to understand how these new ways of working impact on the development of their quality agenda.

Methods: Semi-structured interviews were undertaken with senior representatives in demographically and geographically diverse ICS. Interviews were audio recorded, transcribed verbatim and analysed in NVivo using a thematic framework approach. Two Patient and Public Involvement team members contributed to the study design and data analysis. The study is conducted at two points in time; the data reported here is the baseline collected shortly (November 2021 to May 2022) before the ICSs' formal constitution in July 2022.

Results: Sixty interviews across four ICSs were conducted with senior representatives (e.g. ICS CEO, chief nurse, quality leads, director of social services, director of public health, the public and local communities). Across all ICSs, progress had been made with creating ICS specific committees, with new roles created and leaders appointed, and new partnerships emerging. Positive learning on collaborating with diverse partners had occurred during the COVID-19 pandemic and through previous local initiatives to integrate services. In two ICSs, there was less history of such collaborative work and their new partnerships were emerging more slowly.

Generally, it was agreed that strong leadership, supported by broad and effective system partnerships, was essential to develop the ICSs' structure and to deliver quality. Key partners to support the leadership were senior partners in acute hospital trusts, primary care, social care, public health, Healthwatch (the health and social care champion for service users), voluntary services, and patient representatives.

Some concerns were raised that made collaborations more challenging, including differences in language and work culture between the key partners, and health dominating the quality agenda.

Overall, it was felt that social care, public health and voluntary services were heard less. They were being consulted, but rarely had leadership roles and leaders from these communities often felt that they were not equal partners. Most participants highlighted the importance of consulting patients and the public and acknowledged that this was not done effectively yet with too few people, who lacked diversity, consulted; and an overreliance on Healthwatch.

Discussion: This restructure of the health and social care system shows that new partnerships can be formed between previously siloed organisations but that these take time to develop. In particular, organisations or people who have traditionally been less consulted such as social care, public health, and patients and the public still need to become more equal partners in developing the quality agenda. Follow up interviews will bring greater clarity on how this restructure will maintain and promote quality across services.