What is an ICS?

In July 2022, 42 Integrated Care Systems (ICSs) became statutory bodies across the NHS England footprint. ICS are described as ‘partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area’.

Previously, legislative red tape prevented healthcare bodies working together and put an emphasis on organisational autonomy, competition and the separation of commissioners and providers.

Four goals have been established by policymakers for an ICS:

* improve outcomes in population health and healthcare
* tackle inequalities in outcomes, experience and access
* enhance productivity and value for money
* support broader social and economic development.

Whilst these may seem clear objectives, some are not natural to a system that is caught in a reactionary way of responding.

Better collaboration with a wider group of partners including housing, charities, community centres is going to be key to this to help accelerate the development of preventative solutions to health issues, by adopting a more localised, holistic and joined up approach.

In London there are five ICSs that cover London; North West London, North Central London, North East London, South West London and South East London.

What are we learning?

In June 2023 we published [Integrated Care Systems: Exploring the opportunities for London’s funders](https://londonfunders.org.uk/resources-publications/publications/integrated-care-systems-exploring-opportunities-londons-funders). In the report we spotlighted work taking place in Lambeth and heard from Eoin Heffernan at The Integrate Agency CIC speak about how funders can be “part of the solution in providing capacity and capability so that grantees are better able to engage and operate within the ICS and effectively give voice to their beneficiaries.”

The group Soda, worked alongside the North East London ICS and the Transformation Partners in Health and Care (TPHC) to establish ‘community chests for social prescribing’. These grant funds are aimed at investing in local social prescribing activity for underserved population groups and use participatory grant-making to grow the potential for collaborative, place-based action on local health inequalities. By the end of the pilots over £500K had been allocated to 82 VCFSE organisations through a variety of participatory grant-making models[[1]](#footnote-2). Some of they key learning that translates across to funders, or their grantees, include: “longer term funding commitments are required to create a thriving social prescribing ecosystem” with the VCFSE’s reporting that “participatory grant pots need to be backed up with longer term funding to enable groups to move beyond the endless cycle of short term grant applications; so that they can focus on actually delivering their activities.”

They also go onto share that “the level of participation and involvement need to be commensurate with the amount of funding available” and noting that for programmes like this you can’t take a “a one-size fits all” approach: “what’s important is that these decisions are made locally and transparently, and with the core objectives of the grant programme in mind.”

The Institute for Voluntary Action Research (IVAR) have also shared their learning in their report [Not just ticking boxes: Four stories illustrating the power of community-led health service design](https://www.ivar.org.uk/publication/not-just-ticking-boxes/). In this report each story shows how progress can be made “when communities are involved in designing services; and when cross-sector groups work together to invite people in, listen, and then make changes”. Through this learning they have shared that “statutory partners need to recognise the role of the VCSE sector in providing healthcare, wellbeing and reducing health inequalities overall – and to see them as equal partners”.

Further reading

Integrated Care Systems: Exploring the opportunities for London’s funders, London Funders - <https://londonfunders.org.uk/resources-publications/publications/integrated-care-systems-exploring-opportunities-londons-funders>

Shifting power through shared decision-making: what we learnt piloting participatory grants for social prescribing, Soda - [https://medium.com/@soda\_venture/directly-involving-communities-in-decisions-on-health-funding-what-we-learnt-running-a-976d8678674f](https://medium.com/%40soda_venture/directly-involving-communities-in-decisions-on-health-funding-what-we-learnt-running-a-976d8678674f)

Not just ticking boxes: Four stories illustrating the power of community-led health service design, IVAR - <https://www.ivar.org.uk/publication/not-just-ticking-boxes/>

Well-Placed: The impact of Big Local on the health of communities, New Local - <https://www.newlocal.org.uk/publications/well-placed/>

Collaborative working in complexity, IVAR - <https://www.ivar.org.uk/publication/collaborative-working-in-complexity/>

Partnering with purpose: how integrated care systems and industry can work better together, NHS Confederation - <https://www.nhsconfed.org/publications/partnering-purpose-ICS-industry>

1. [https://medium.com/@soda\_venture/directly-involving-communities-in-decisions-on-health-funding-what-we-learnt-running-a-976d8678674f](https://medium.com/%40soda_venture/directly-involving-communities-in-decisions-on-health-funding-what-we-learnt-running-a-976d8678674f) [↑](#footnote-ref-2)