



# Integrated Care Systems: exploring the opportunities for London's funders

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This document provides an overview of Integrated Care Systems (ICS) and explores the implications and opportunities for cross-sector funders in London. ICSs are still relatively new, but over the past year we are learning more about their role and links to the wider funding eco-system. Chris French, Associate Director (Research) at London Funders, reflects on what this could mean for other funders and explores some of the opportunities for funders to be linked in from the get-go, strengthening the links they have across the sectors through a more connected way of working.

## Introduction

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'.

An ICS is made up of:

- Integrated care board (ICB)
  - The statutory NHS body responsible for planning the health needs of the ICS area, managing the NHS budget and arranging the provision of health care in that same area.
  - ICBs take the place of Clinical Commissioning Groups (CCGs).
- Integrated care partnership (ICP)
  - A statutory committee combining the ICB and the local authorities in its area
  - Brings together a broad alliance of local partners
  - Responsible for production of integrated care strategy
- Local authorities
  - With responsibility for social care and public health
- Place-based partnerships
  - Lead the detailed design and delivery of integrated services across localities and neighbourhoods
  - Includes NHS, local authorities, VCFSE (Voluntary, Community, Faith and Social Enterprise) sector, local residents, people who use services, their carers and representatives and other community partners with a role in supporting the health and wellbeing of the population
- Provider collaboratives (NHS Trusts)
  - Achieve benefits of working at scale across multiple places and one or more ICSs
  - Improve quality, efficiency and outcomes

## Why ICSs?

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

The Health and Care Act 2022 swept away most of this way of working and gave a much greater focus on enabling collaboration in local places and with local populations.

### What are they meant to do?

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.

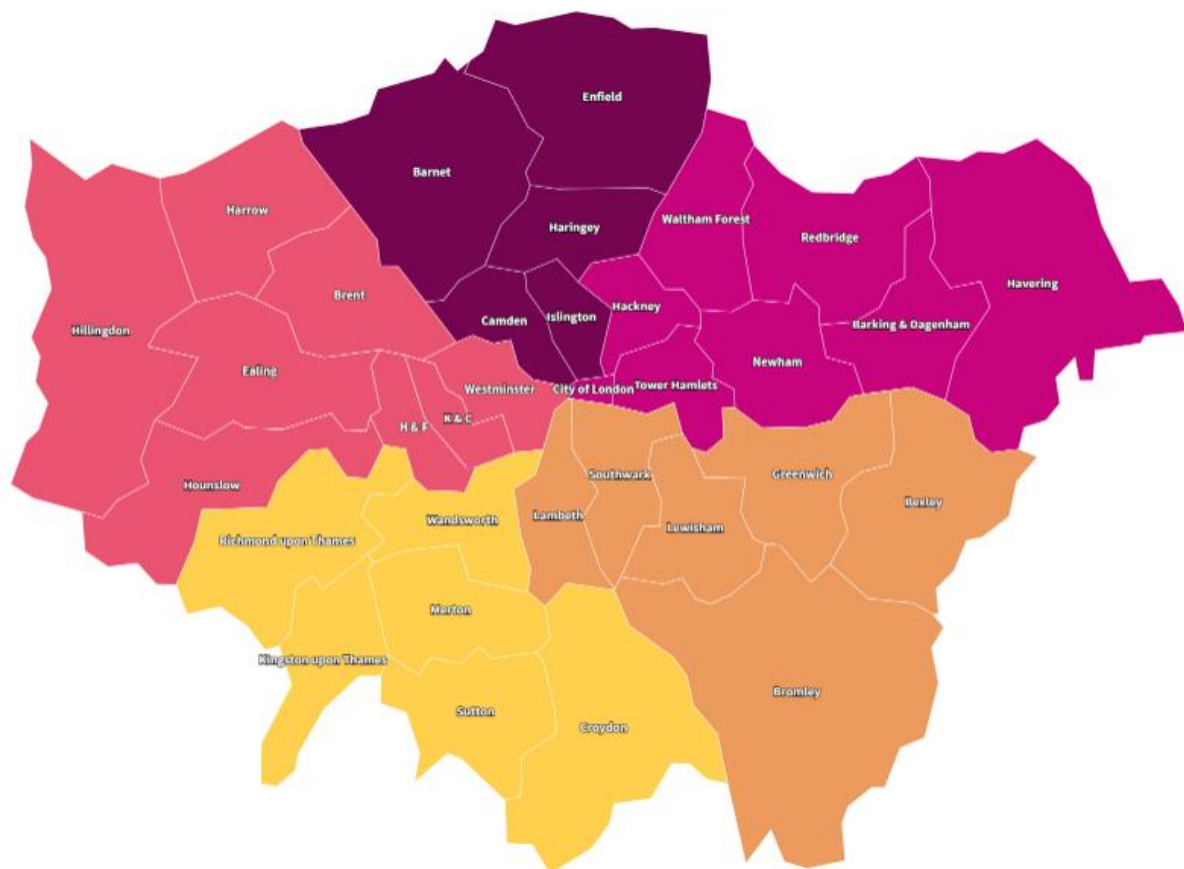
Whilst these may seem like clear objectives, some are not natural to a system that is caught in a reactionary way of responding, such as to ‘support broader social and economic development’.

To meet the needs of local people, it is necessary to modify the current approach where healthcare systems are not structured to prioritise prevention, instead placing most emphasis on treating those who are already sick. Better collaboration with a wider group of partners including housing providers, charities, and community groups is going to be key to this to help accelerate the development of solutions by adopting a more localised, holistic and joined up approach to healthcare.

### London's ICS regions

There are five ICS regions across the capital.

■ North Central London ICS ■ North East London ICS ■ North West London ICS ■ South East London ICS  
■ South West London ICS



## Profile

To help understand more about the role and composition of ICSs in London, we've profiled one of the regional ICSs, South East London, in more detail.

South East London ICS (Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark)

- **NHS Trusts** – Guy's and St Thomas', King's College Hospital, Lewisham and Greenwich, Oxleas, South London and Maudsley
- **VCSFE Partners** –
  - Bexley Voluntary Service Council (Bexley)
  - Community Links (Bromley)
  - Metro Charity (Greenwich)
  - The Integrate Agency CIC (Lambeth)
  - Lewisham Local (Lewisham)
  - Community Southwark (Southwark)

The South East London ICS is responsible for the health and wellbeing of almost 2 million residents. Their mission is *"to help people in South East London live the healthiest possible lives"* with a focus on:

- Health and wellbeing
- Convenient and responsive care
- Whole-person care
- Reducing health inequalities
- Partnership with our staff and communities
- Protecting our finances and the environment

This ICS has five cross-system strategic priorities:

- Prevention and wellbeing:
  - Avoiding ill health and helping people in South East London to live healthier lives.
- Early years:
  - Making sure that parents, children and families receive the most effective support before and during childbirth and in each child's early years.
- Children's and young people's mental health:
  - Making sure that children and young people receive early and effective support for common mental health challenges.
- Adults' mental health:
  - Making sure that adults in South East London receive early and effective support for common mental health challenges.
- Primary care and people with long-term conditions:
  - Making sure that people can conveniently access high-quality primary care services and proactive, joined-up care for continuing health needs.

These priorities were arrived at through a joint working approach with health, local authority, voluntary sector and other leaders who make up the Integrated Care Partnership. Over a 6-month period, a broad range of stakeholders were engaged through surveys, focus groups and face-to-face workshops, including local people and service users.

As outlined in the foreword of the [Integrated Care Strategic Priorities for 2023-28](#), these priorities *"... reflect a new way of working in South East London, where we combine forces across public and voluntary sector services to understand and address complex challenges and respond to the needs of our residents."*

The overarching approach to achieving these is through tackling health inequalities, the wider determinants of health and creating true cross sector partnerships.

The connection between communities and the priority of the ICS is paramount in building trust to deliver desired outcomes for both parties. This way of working allows for a community focussed approach centred around listening, allowing and enabling rather than telling, directing and preventing.

In the South East London ICS, the role of Director of Voluntary Sector Collaboration & Partnerships has been established. This highlights the ICS's recognition that the VCFSE sector has an important part to play, though we would highlight that this role covers six boroughs that will have a multitude of VCSE organisations. Nonetheless it is a promising sign.

**Partner Perspective: Tal Rosenzweig, Director of Voluntary Sector Collaboration & Partnerships, South East London ICS**

“The Integrated Care System model (ICS) will enable better and more equitable collaboration between health, local authority and VCFSE sector in both Place (borough) and System level.

The ICS model is striving to change what is a fragmented health and care system, moving towards joined-up person-led services with a shift from intervention to prevention and broader wellbeing rather than just people being ‘not-ill’. VCFSE is key in driving the visioning, development and delivery of the integrated care agenda.

VCFSE s have long been embedded in the communities they serve, and have developed mutual trust and respect with diverse people and communities across London. This is particularly the case for smaller grassroots organisations which grow and develop from within communities. Health and Care partners are acutely aware that they have lost the trust of communities and that VCFSEs play a paramount role in bridging the gap between communities and statutory services.

Additionally, VCFSEs have been working holistically alongside people and communities for decades, pushing the boundaries of narrow understanding of health and care, understanding that peoples’ lives do not happen in silos, and that intersecting needs and experiences will impact people’s wellness and how they choose and able to engage and access services.

The South East London ICS understands that in order to achieve a truly healthy and happy population, we need to have true and meaningful ongoing collaboration between all system partners, and to address health and broader inequalities, discrimination and oppression which exist within South-East London. VCFSEs are best placed to lead and steer this work as, as a sector they are more agile, adaptive, close to communities and group and have invaluable insight into the changing needs of a changing population.

The ICS model brings unique opportunities for VCFSEs and the community they are part of, to be an equitable partner with equitable access to resources and power, driving and shaping agendas. It also creates unique opportunities for funders across London to work more collaboratively to address their areas of focus, creating cross-sector, cross-funder thinking and visioning; joining up resources and assets to provide sustainable lasting change; amplify good practice and enable VCFSEs to reach their full potential.

This vision can only be achieved if funders fully utilise this unique opportunity by being part of the setting of the ways of working, at this still early stage of ICS development”.

### Spotlight on Lambeth

Lambeth has a resident population of 327,000. Lambeth Together is the partnership organisation that coordinates the work between statutory, voluntary and other relevant organisations with a focus on improving health and wellbeing, and reducing inequalities through the integrated health and care systems.

#### Partner Perspective: Eoin Heffernan, CEO The Integrate Agency CIC (Integrate)

“Integrate is the Council for Voluntary Services (CVS) body for Lambeth, representing 1368 VCFSE groups in the borough and a network of over 5000 Lambeth-based VCFSE workforce members. It is one of the six CVS founders of the Voluntary Sector Engagement and Partnership Group. This has a direct link to the South East London Integrated Care Partnership.

We see the opportunity for the ICS to have the system more profoundly engage the voluntary sector, not simply and narrowly as ‘providers’ or ‘health organisations’ but, as key partners and suppliers.

In March 2023, it was widely reported that NHS England would be encouraging patients into alternative therapies in an effort to reduce their dependency on antidepressants and painkillers. The plan proposes an alternative to prescribing painkillers such as tramadol or codeine. Patients will be directed to participate in classes related to art, music, or gardening instead, in a concerted effort to prevent an opioid crisis like the one currently seen in the US.

This means there is a far wider and more comprehensive social sector engagement required. In the case of Lambeth, existing groups such as Archbishop’s Park Community Trust (Gardening), Mud Gang Pottery CIC and Joy of Sound (Music) are ideal destinations for this cohort.

The opportunity for London Funders’ members is to 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”.

### What are the opportunities for funders?

ICSs are less than one year old. Still in their ‘forming’ stage, there are opportunities for funders better understand the priorities of Integrated Care Boards (ICBs) – and align with their own goals for areas they invest in. There will be the possibility to obtain match funding for programmes that fit with the long-term goals of the area. More importantly, there could be joint agreements that allow that kind of long-term funding that so many VCSFE organisations say they need to keep a focus on what they are doing.

#### Funding perspective: Helen Mathie, Director of Partnerships and Place, London Funders

“We’re in the early stages of understanding how ICSs are taking shape across London and what opportunities this might bring for funders across the different sectors. We’re already hearing from some Local Authority (LA) members that ICSs are bringing a shift to closer working between the NHS, LAs and the VCSE and a real desire to meaningfully collaborate.

London has some entrenched health inequalities that funders across the sectors have been trying to address for years. Creating the right conditions for people to live healthy lives and a focus on ‘wellness’ feels like a shift in language, and anything that encourages a more strategic conversation about how we can do this together must be welcomed. This might be through combining our resources differently, or investing in communities so they can better influence and be part of the new system – not just through being ‘engaged’ but as true partners. We’re also thinking about how new funding arrangements under ICSs will see more resources allocated to the community level, opening up more opportunities for community led design and alignment with existing provision locally. Although ICSs still feel quite new, there are opportunities to join the conversation and as things develop, we hope we’ll start to see more of what this looks like in practice”.

## Key ICS Insights

From our exploration of ICSs with wider partners, we've highlighted key excerpts from relevant plans and reports, that signify how some of the original ambitions for ICSs are of particular relevance for other funders interested in investing in work to help tackle health inequalities in London's communities.

### a) NHS Long-term plan

*"Wider action on prevention will help people stay healthy and also moderate demand on the NHS. Action by the NHS is a complement to - not a substitute for - the important role of individuals, communities, government, and businesses in shaping the health of the nation".*

In 2019, the NHS Long-Term Plan was published looking at the next 10 years. It sets out the action the NHS will take to strengthen its contribution to prevention and health inequalities and their view that this must be a partnership arrangement.

The plan goes on to refer specifically to ICSs and the role they will play. To note, at the time the plan was published, ICSs were not yet statutory bodies. The plan states '... that ICSs will help deliver these programmes as the NHS continues to move from reactive care ...' and they '... will also provide stronger foundations for working with local government and voluntary sector partners on the broader agenda of prevention and health inequalities.' This will be in conjunction with Primary Care Networks (PCNs – groups of GP practices).

The plan recognises the need to work more closely with the VCSE sector overall but has called out specific areas that are priorities for the NHS where it wants to see an ever-closer link: dementia, end of life care, mental health services, cardiovascular disease and stroke rehabilitation.

### b) Next steps for integrating primary care: The Fuller Stocktake report

*"It is just as important that we create an environment that supports local change not dictates it: we need to energise local ambition if the new vision for integrating primary care is to succeed."*

**Prof. C Fuller**

In May 2022 Professor Claire Fuller, a practicing GP, published her national piece of work looking at primary care within integrated care systems. This became known as the Fuller Stocktake Report.

Fuller believes that ICSs have come just at the right time and that they must be "... built as locally as possible, drawing on the insights, resourcefulness and innovations of patients and their carers, local communities ... This philosophy of partnership is at the heart of my report." (Emphasis in original)

Fuller believes that there is a real opportunity to "...build on the outreach model that characterised the COVID-19 vaccination programme: developing meaningful and sustained relationships within communities...", leveraging the NHS, local government, VCSE sector teams, and community leaders' expertise, resources, and relationships. This provides the momentum to grasp the local social, demographic, and cultural factors that need to be considered. Funders are well versed in the models designed and applied during Covid.

Of the NHS workforce, Fuller states that it "... needs to be given the time and resources to meaningfully undertake this work ... [and] ... should be reflected in protected time and job plans, for both current and upcoming roles." This approach should be mirrored for the VCSE sector, with funders recognising there is a concerted effort to shift health inequalities programmes to the VCSE sector.

### c) The Rising Cost of Living: A Review of Interventions to Reduce Impacts on Health Inequalities in London.

*"... since 2010 the spending power of local authorities in London has fallen by almost two-fifths, and these cuts combined with increasing demand for social care have resulted in cuts to funding for non-statutory service provision in most boroughs, leaving London entering this period of rising costs with greater unmet need for non-statutory services than a decade ago. Many of these, such as debt and welfare advice and legal aid, are essential to supporting people through the cost-of-living crisis."*



This review, published by the Institute of Health Equity and co-authored by Prof. Sir Michael Marmot, details the urgent actions necessary to assist the well-being of London residents, more than half of whom are currently experiencing financial difficulties or are barely managing to make ends meet.

It calls on ICSs to extend partnership working to VCSEs and employers as part of a health equity system and highlights the need to involve communities and leaders in assessing current services and developing new ones. This includes identifying needs and assets, addressing engagement barriers, and making decisions around VCSE funding and commissioning.

The review calls for effective steering of community development that can enable investment at the local level by utilising shared resources, shared funding applications, and better utilisation of local assets.

#### **Partner perspective: Katy Nex, Associate Director, Health and Social Care Team at Social Finance**

“Social Finance is a non-profit organisation, bringing together statutory organisations, funders and investors with provider organisations to design, fund and scale better solutions to complex social problems.

Working with Macmillan Cancer Support and other major health charities, we are building new partnerships to bring about more personalised health and social care for people across ICS footprints. Social investment of this kind is a great way to harness the opportunity for partnership working across health, local authorities and the VCFSE sector in new and innovative ways. Using outcomes-based contracts ensures that the focus is kept on what matters both to people as well as the health and social care system.

With most ICBs managing significant financial deficits, the focus is on emergency care, rather than prevention. Any investment or new way of working is required to demonstrate ‘cash releasing’ savings within impractically short timeframes, in step with annual budgets and monthly reporting. This does not facilitate innovation. In any case, any value that might be created by new initiatives just disappears into the deficit, depressing morale and motivation. Successful investment in population health can break the cycle of excessive treatment burden and poor, inequitable health outcomes. There is a significant opportunity to use social investment from health charities to build outcomes-based services in every ICS.

As ICS’s become more developed, we anticipate that they will be more responsive to the strengths of the voluntary sector as organisations who better and more flexibly meet the needs of communities. The challenge will be to ensure that the VCSFE sector is sustainably supported with a seat at the ICS table to influence the direction of travel”.

## **Conclusion**

There is a real chance for funders to be involved in the shaping of one of the biggest changes to healthcare in England. As the NHS moves from reactive practice to preventative measures, it needs to fully engage with, and also allow itself to be led by, local community groups that hold so much trust within them. This is something that many funders already recognise through the long-standing relationships they have built with those they fund. This can be learning which can be shared by funders within ICSs and work that can be designed with them.

The hope is that by putting prevention as a priority, this will reduce overall need in the long run, reducing pressure across the wider healthcare system. However, the NHS is widely acknowledged to be in crisis and some may not be able to see this as a current priority. With waiting lists increasing, a backlog across most services and ambulance waiting times making national headlines on an almost weekly basis, the focus is on these areas. The opportunity for funders to enable London’s communities to help shape a more preventative approach is perhaps a generational one. It’s an opportunity that should be grasped.

*If you’re involved in ICS, or have reflections on the role funders might have in the new system, we’d love to hear from you. Contact [Chris.French@londonfunders.org.uk](mailto:Chris.French@londonfunders.org.uk) (Associate Director, London Funders).*