Learnings from the HSJ Integrated Care Virtual Summit 2020
Interactive Discussion Groups

Session Theme: **Removing barriers to productivity and performance in delivering future models of care**

Session Leader: **James Swaffield – Director and Head of Health, IMPOWER Consulting**

Questions Posed

1. What have been the stand-out examples of health and care coordination over the last months?
2. How do we make sure we support those behaviours now?

Outcomes and Learnings

1. **What have been the stand-out examples of health and care coordination over the last months?**
    - Covid accelerated collaboration work – organisational, professional, governance and cultural barriers that would have previously stifled collaboration were removed allowing things to move forward with momentum.
    - Some areas have seen a truly integrated approach to support, especially for parts of the system such as care homes. Freeing up beds initially required a huge effort between NHS, social care and VCS, but availability of resources was a massive enabler.
    - Good successes around end of life care pathways, good collaboration around urgent care pathways, acute working with partners, social care and mental health.
    - Bureaucracy has been cut away and genuine collaboration seen, as everyone in health and care has had the same objectives – achieving best outcomes for people.
    - Moving to a cell structure with partners enabled change to be driven forward – the focus is purely on the patient, service user or family – without financial constraints.
    - Systems where strong relationships between organisations were in place before the pandemic were much more likely to work best in how they responded, and how they can rebound from this. Trust between organisations supported resilience. Joint leadership and permission was particularly helpful in care homes and other settings.
    - Started to build relationships across senior team and dive down into working at a local/operational level – developed cohort of leaders who understand integration and what ICS is – they have stepped up to the plate to deliver at pace and scale.
    - Digital working has impacted positively – for example digital patient flow, OP appointments.

- Ageing Well programme is an example of a great piece of work embedded into the system for the future.
- Community services bridge gap between palliative and elderly care – became more engaged with people and able to offer advice on end of life and aftercare.
- Seminars allowed sharing of good practice and communication.
- Co-locating teams (for example district nursing teams and social workers) has improved working across organisational boundaries. Fantastic support given to GPs and care homes who were struggling with staffing. There have been countless examples of colleagues working above and beyond their roles – how can this be supported as we go forward so they are empowered?
- PCNs can be effective, but to realise their potential they need to be fully integrated. The pandemic has led steps towards that.
- Within individual ICSs some relationships may be good, but others less so. Covid forced everyone to work in a system way, which has shown the art of the possible.

2. **How do we make sure we support those behaviours now?**
    - Real community delivery is critical. This needs to be supported by a step change in the data we have on flow and capacity.
    - Covid response has shown the value on knowing your local population (see CQC's 11 collaborative reviews). This is a key part of future resilience – having this deep understanding. We must use resilience to build on relationships and trust – utilising relationships between health to drive things forward.
    - Stepping back into business as usual, there is risk of returning to the 'comfort zone' and forgetting about the innovation that has taken place – must be led from ground upwards in national and regional teams.
    - Develop future competency framework for the system. Emphasis of acute trusts should be on flow and discharge in next phase of Covid.
    - There is a need for active listening. Covid has made traditional forms of listening more difficult, but that is not an excuse not to do it.
    - Covid has affected some groups disproportionately – for example, the BAME community. What are the issues we should be focusing on for them? There are negative perceptions of commissioning. One response is to undertake a review led by BAME community groups. The need to hear some direct feedback that might be difficult as encouraged.
    - Funding is a huge issue – councils in deficit and need to be tight. This is, and will, make integration discussions very difficult. Where possible, can we retain permission to spend – or will we return to pre-Covid processes?
    - Use behavioural science to convince Financial Directors of benefits of integrated working. Response to Covid was helpful – finance/HR can sometimes stop integration – need to demonstrate financial value of integration going forward.

Summary

Key points were around:

- Clear areas of progress going forward – accelerated innovation.
- Resilience comes from trust – very important.
- Co-location and cultural change showing the future way forward.
- New models of listening and hard truths are crucial to return long-term dividends to systems.