



Improving young people's health and well-being through Integrated Care Systems (ICS) in England

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About the research

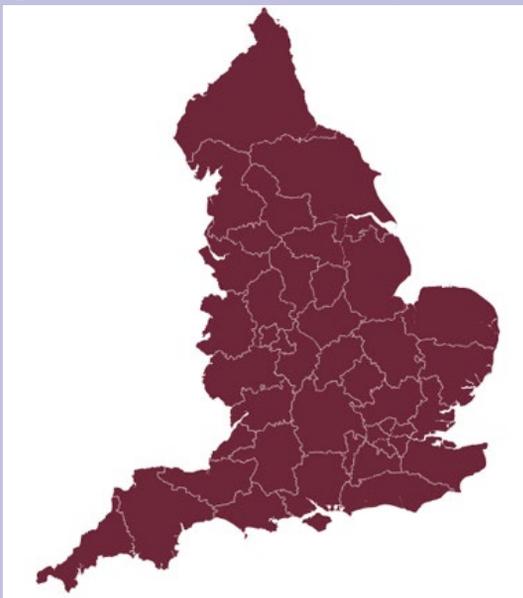
Integrated care systems (ICS), outlined in the NHS Long-term Plan, are intended to improve integration across public health, the NHS, education and social care in England. This can include co-ordination, co-location and collaboration. By April 2021, England had been divided into 42 geographical areas (footprints), shown in Figure 1. ICSs in these areas became statutory bodies in July 2022, with wide-ranging responsibilities, including the operation of health systems for children and young people (CYP).

As part of a wider project on CYP health systems, we surveyed all 42 ICSs in summer 2021 to:

- Identify progress towards becoming a fully functional ICS for CYP
- Examine service planning and delivery for CYP
- Explore key barriers and facilitators of integration in ICSs
- Assess the impacts of Covid-19 on ICSs, both positive and negative

38 ICSs took part in the online survey (91% of all ICSs).

Figure 1: The 42 ICS footprints



Source: <https://www.kingsfund.org.uk/publications/integrated-care-systems-explained>

Policy implications

- There was considerable variation between ICSs in summer 2021 in terms of progress on their journey towards becoming a fully-functional ICSs for CYP.
- While the majority of ICSs had clinical and non-clinical leads for CYP and a strategy for collaboration between a variety of CYP service providers, few had a written plan or strategy for CYP as a result of the NHS Long-term Plan.
- CYP priorities varied between ICSs.
- Greater CYP focus, improvements to systems and organisational collaborations, more resources and increased financial certainty were raised as factors that would help support better integration of CYP services.
- The Covid-19 pandemic has had an impact on ICS progress and CYP service provision. While predominantly negative, positive, and potentially long-term, impacts included strengthened working relationships, new efficiencies, and opportunities for virtual collaboration.
- In-depth interviews of leaders from a diverse sample of ICSs have since been used to more fully explore issues raised by this survey.

Further information

More information about this project can be found on the SPHR website: <https://nihrsphr.link/ICS>

Contact the researchers

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Key findings

ICS progress

- The variation in progress (as of summer 2021) between ICSs was stark, ranging from no progress to being fully functional, but most ICSs did not consider they were yet fully-functional for CYP (Figure 2).

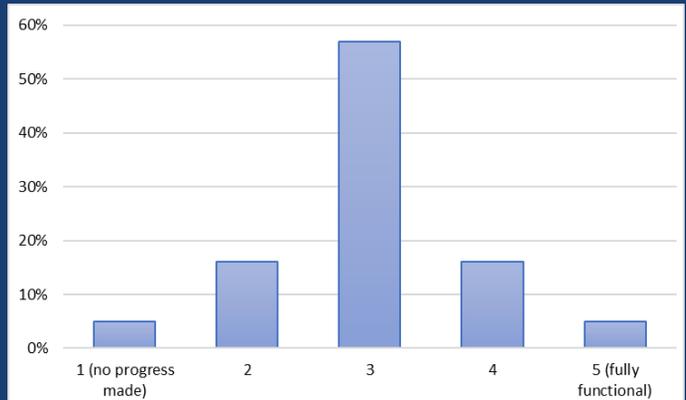
Service planning and delivery

- Almost all ICSs had both clinical and non-clinical leads for CYP.
- Around a third of ICSs reported a lead organisation for CYP integration, with three-quarters naming this as the Clinical Commissioning Group (CCG).
- Nearly two-thirds of ICSs had an adopted strategy for CYP. Most worked together in line with the strategy with providers from a range of sectors, including the NHS, education, local authorities, and the voluntary sector. However, only a quarter of ICSs had a published strategy for CYP as a result of the NHS Long-term Plan and most were in draft form.
- Top priorities for CYP health reported by ICSs were: mental health, vulnerable children/SEND and obesity. Combinations of priorities differed across ICSs.
- Almost three-quarters of ICS used information sharing to support CYP integration, although it was acknowledged that co-ordination, collaboration, and knowledge exchange should be improved.

Barriers and facilitators to integration of CYP services

- Key barriers to ICS integration included resource, capacity and work pressures, financial uncertainty, limited information sharing, organisational culture challenges, and competing priorities.
- Facilitators largely reflected the potential impact of improvements to these factors, alongside a greater CYP focus.

Figure 2. Progress to being a fully-functional ICS for children and young people



Covid-19 impacts

- All ICSs considered Covid-19 had affected their journey to being a functional ICS. One in ten answered that it had impacted them a lot.
- While impacts were largely negative (e.g. exhaustion of workforce and systems, restrictions to services, and the overlooking of CYPs), a number of positive impacts were reported (e.g. improved partnerships, efficiencies, and virtual working).

About the School

The NIHR School for Public Health Research is a partnership between the Universities of Sheffield; Bristol; Cambridge; Imperial; and University College London; The London School for Hygiene and Tropical Medicine (LSHTM); LiLaC – a collaboration between the Universities of Liverpool and Lancaster; and Fuse - The Centre for Translational Research in Public Health a collaboration between Newcastle, Durham, Northumbria, Sunderland and Teesside Universities.

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