

System working in the NHS: How trusts work in partnership to improve care and outcomes for people

1. Which organisations make up the health and care system in England?

National bodies tasked with overseeing and regulating the health and care system

- **NHS England (NHSE)** is the arm's length government body that leads the NHS in England. It oversees the commissioning of health services and allocates the health budget to different parts of the NHS. To support oversight and delivery NHS England has seven regional teams.
- **Care Quality Commission (CQC)** is the independent regulator of health and adult social care services in England.

Local bodies planning and commissioning care for local populations

- **Integrated care systems (ICSs)**, which are made up of **integrated care boards (ICBs)** and **integrated care partnerships (ICPs)**.

Organisations providing care to people, including

- **NHS trusts and foundation trusts** providing acute, ambulance, community, mental health and learning disability services.
- **Primary care services**, including GPs, dentists and community pharmacists.
- **Adult social care**, including care home and home care providers

2. What are integrated care systems?

The 2022 Health and Care Act embedded a longer-term shift towards collaboration between NHS organisations, and away from competition by formalising integrated care systems (ICSs). These are partnerships between the NHS, local authorities and others, which have been brought together to improve and integrate health and care services with a focus on prevention and reducing health inequalities.

The four key purposes of ICSs are to:

1. **Improve outcomes in population health and healthcare**
2. **Tackle inequalities in outcomes, experience and access**
3. **Enhance productivity and value for money**

4. Help the NHS support broader social and economic development

Each ICS covers a defined local area, with a population of between 500,000 to 3 million. The 42 ICSs in England were established on 1 July 2022, and under the Health and Care Act are all comprised of the following two parts:

The integrated care board (ICB) is a statutory NHS organisation with a unitary board responsible for planning and providing NHS services across the footprint. The ICB is responsible for commissioning and funding allocations to deliver this plan. ICBs are accountable to NHS England (NHSE).

The integrated care partnership (ICP) is a joint committee bringing together a wider set of system partners (including local government, the voluntary, community and social enterprise sector, and social care providers, among others) to develop a plan that addresses the local population's health, public health and social care needs. Each ICP sets a long-term strategy to improve health and social care services and people's health and wellbeing across their footprint.

ICSs are free to decide how local partners can best work together to deliver on the core purposes of system, and local arrangements are therefore varied. In most cases though, services are delivered across three key geographic footprints:

- **Systems** cover populations of approximately 1-2 million people. Here, health and care partners come together at scale to set strategy and manage resources and performance. This often takes place through **provider collaboration** (see below).
- **Provider collaboratives** bring together two or more trusts, with the intention of aligning priorities, and realising the benefits of working at scale such as reducing unwarranted variation. This can help to address key system-wide issues including waiting lists, workforce shortages and demand for diagnostic tests. It has been a requirement for acute and mental health trusts to be part of a provider collaborative since the beginning of statutory system working. The 2024-25 planning guidance extended this, making it a requirement for all NHS trusts. NHSE provides **guidance** on provider collaboration, but there is no legal definition.
- **Places** cover populations of approximately 250,000-500,000 people. At this level, health and care partners come together, often within a local authority area, to join up the planning and delivery of services. This often takes place through **place-based partnerships**, which bring together the NHS, local government, social care providers and the voluntary sector.
- **Neighbourhoods** cover populations of approximately 30,000-50,000 people. Here, GP practices, community health services, social care and other providers work together to provide more joined up and proactive care. This often takes place through **integrated neighbourhood teams**, which are multi-organisational and sectoral teams providing 'wrap around' care for

people, which is especially important for older people and those with long term complex conditions.

Why is this important for the NHS?

The introduction of statutory system working in 2022 reshaped the health and care system, with the intention of focusing its priorities on preventing ill health, and tackling the wider determinants of health (such as housing and environment) and **health inequalities**.

For trust leaders, it has required a shift from focusing on the priorities and outcomes of a single organisation to that of the wider system. Although trusts had a longstanding duty to cooperate prior to the 2022 Act, this is a significant cultural change for many organisations.

This change is vital in ensuring the NHS adapts to changing population needs. People are now living longer with complex and multiple conditions, often requiring support from different parts of the health and care system. ICSs offer an opportunity for partners across health, care and wider public services to work in a more joined up, person centred way that improves the experiences and outcomes of patients and service users.

Many of the key issues for the NHS, like staff shortages and patient flow, are shared across the whole system. These longstanding challenges are bigger than single organisations, and system working rightly reflects that the solutions are likely to be found through collaboration and partnership working.

Trust leaders are central to making this a reality. Not only are they significant budget holders and employers in their local systems, but many hold key roles within ICSs, including as ICB trust partner members, leaders at place, and within provider collaboratives.

3. The vital contribution of trusts to system working

Despite sustained and severe pressures facing the health and care system, ICSs have been making important progress since being placed on a statutory footing in July 2022. While there's further to go to realise some of the longer term ambitions of system working, there are reasons to be optimistic about the potential.

As outlined below, trusts and their partners are undertaking vital work at every level of system working through provider collaboration, place-based partnerships and integrated neighbourhood teams.

Provider collaboration: West Yorkshire mental health, learning disability and autism collaborative (WY MHLDA)

Who is involved

- Bradford District Care NHS Foundation Trust
- Leeds and York Partnership NHS Foundation Trust
- Leeds Community Healthcare NHS Trust
- South West Yorkshire Partnership NHS Foundation Trust

Objectives

The collaborative brings together four mental health trusts in West Yorkshire to reduce the gap in life expectancy between people with mental health conditions, learning disabilities and/or autism and the rest of the population.

Key activities and impact

The collaborative is working to identify and prioritise people with learning disabilities on waiting lists and provide support for people in acute settings with mental health needs.

The collaborative has also rolled out Night Owls, a support line for children and young people in crisis, which is funded jointly by the members of the collaborative.

In-depth work is taking place to understand the wider determinants of health and inequalities. This is supported by a consultant in public health who sits in the senior leadership team.

This package of work has led to a reduction in out of area placements and savings for the adult emergency department provider collaborative. Savings have been invested in specialist community provision for the whole of West Yorkshire.

This case study, and related examples, can be found [here](#).

Place-based partnerships: One Croydon Alliance

Who is involved:

- Croydon Health Services NHS Trust
- Croydon Council
- Age UK Croydon

Objectives

The place-based partnership aims to prevent ill health and support local health and social care services to work more closely together to deliver seamless care and support.

Key activities and impact

The place-based partnership has focused on pathways such as discharge, where the alliance's 'Living Independently for Everyone' (LIFE) programme brings social workers, community geriatricians, nurses

and therapists together to help people regain their independence and confidence to live at home after a hospital stay.

Referrals to LIFE have doubled since the start of the COVID-19 pandemic, with more than 3,570 packages of care provided in 2021/22. Two out of three people were able to regain their independence with care provided at home after a hospital stay.

This case study, and related examples, can be found [here](#).

Integrated neighbourhood teams: Cambridgeshire South

Within the Cambridgeshire and Peterborough ICS there are several integrated neighbourhood teams operating across populations of 30-50,000 to ensure that the distinct health and care needs of a population are met, and that care can be delivered as close to home as possible.

Who is involved

- Teams from primary care, community services, and social care in Cambridgeshire South

Objectives

The integrated neighbourhood team works together to better understand the needs of people in Cambridgeshire South and target preventative interventions at high risk groups.

Key activities and impact

The team has been targeting help at the hundred people most in need of support in the patch. This has been rolled out by working collaboratively with local partners to align and agree priorities. Interventions include providing heated blankets to those struggling with heating costs, and vacuum cleaners for those at risk of falling carrying their existing model up and downstairs.

NHS Providers' resources

Find our latest news, reports and briefings on system working [here](#).

- [Making the most of the opportunities system working offers](#) (2024)
- [Provider collaboratives building capacity: elective hubs](#) (2024)
- [Provider collaboratives building capacity: community diagnostic centres](#) (2024)
- [Integration at place: a practical toolkit](#) (2024)
- [Governance considerations for system working](#) (2024)
- [Providers in place-based partnerships: case studies of local collaboration](#) (2023)
- [The contribution of at scale primary care to system working](#) (2023)
- [Trust partner members: navigating the complexities of system working](#) (2023)
- [Realising the benefits of provider collaboratives](#) (2022)

We also support members through our [Provider collaboration programme](#) and our joint programme with The Q community: [Provider collaboratives: improving equitably programme](#).

Please get in touch with us by [email](#) if you have any questions or would like to discuss further.