How can integrated care systems ensure their digital services help to reduce health inequalities, not exacerbate them?

From our work with integrated care systems (ICSs),
we know that digital inclusion is at the forefront of leaders' minds
when driving their digital strategies forward. Digital ways of working have become business
as usual for staff and service users, and leaders are mindful of the risk that they can exclude
some of the most vulnerable members of society.

Digital services, if designed and done well, can improve the health, care and outcomes
of all service users. By enabling patients, carers and staff to self-serve for example, time
and capacity in the system can be released to spend on care. Digital services that
aren't inclusive exacerbate health inequalities by adding unnecessary friction
and stress to the very populations who are already disadvantaged in
accessing health and care services.

In this briefing, we share four considerations for system leaders
to ensure their services are inclusive.

1

Recognise there is no one-size-fits-all approach to an inclusive health and care service

Don't assume that there is a right way of delivering inclusive services.
Inclusive services are delivered by designing in the right way;
by understanding the user needs first, and testing, learning and
iterating as a result.

ICS populations differ considerably; some serve half a million while
others up to three million. The geography and demography of these
populations also means that health inequalities vary greatly both within
and between systems. From our experience working with ICSs around
the country, we have seen services being developed to accommodate
those differences; for example satellites and outreach services can
support access needs of older, more rural populations. While these
services undoubtedly make a difference, these macro-level adaptations
often mask a range of underlying user needs that aren't being met.
Inclusive design is about understanding your population on a deeper
level, really getting to know users and not making assumptions.

*NHS Cheshire
and Merseyside
understood
this need and
developed a
population
health dashboard
and heat
mapping tool
to support their
inclusive service
design work.*

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3

Simplicity drives inclusivity

ICSs can make choices at a system level that make things simpler for users. Simplicity increases familiarity, which supports trust and confidence in digital services and increases inclusion.

When we speak to ICS leaders, they talk to us about the challenge of simplifying the landscape. The pandemic hastened the digitisation of services, but most approached this at an organisational level, adopting different approaches, systems and priorities for digital healthcare.

Being relentlessly focused on simplicity, whilst recognising choices that have been made and constraints organisations are working with, will allow ICSs to be intentional about digital choices and pragmatic about bringing organisations together around a singular vision and way of working.

You don't have to get everyone on the same system; flexibility and adaptability will always be needed for inclusive services, and sometimes the required action may not be a digital solution. But what is essential is that services are connected in as simple a way as possible for people, teams and organisations. Uniting on common approaches will enable seamless care across systems and inclusive user needs to be at the heart of decision making.

2

Inclusive services are relentlessly user-centred, not team or organisation centred

Truly user-centred health and care systems make their collective decisions based on user-defined need, not individual organisational goals and the historic design of services and teams. If they are to meet their objectives, ICSs must help people to see beyond organisational boundaries, so that new digital services enable inclusive person-centred care. This is about more than joining up existing services more effectively. It is about starting from user need.

ICSs are uniquely placed to bring people together to design end to end services that enable a user to get the help they need from the right parts of the system, when they need it. Multi-disciplinary, cross-organisational teams are the best way to design end to end services, doing so from the very beginning and throughout a person's journey, creating feedback loops and bringing organisations together to collectively design joined up services around the needs of the users. As a first step towards this, ICSs should identify where those feedback loops exist and ensure they are heard throughout the system.

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4

Thinking differently about our workforce

Digital inclusion is not just about those who use services, it's about the teams that deliver them. To be truly inclusive, services need empowered, multidisciplinary teams with the skills and capability to drive change. In our experience, services, even with genuine user-centred intent, do not deliver inclusivity because they stop designing at their organisational boundaries. At ICS level, users' needs cross multiple organisations, but where teams are siloed, service design will only ever represent organisational goals. ICSs should focus on enabling teams to assemble around common goals by creating a culture that enables a frictionless collaboration between people in different organisations.

To be relentlessly user-focused, systems need to think differently about team structures. More practically, this could involve lending people to organisational teams, enabling people to work in multi-agency teams or setting up cross-functional teams. It's more than collaboration, it's 'collaboration plus'!

These may feel like big steps, so a great first action is to embrace working in the open. There are examples of excellence across regions in designing inclusive services, but we often hear that sharing and scaling up feels like a challenge. ICSs have the convening power to bring organisations together across boundaries, connecting the people and teams working towards the same goals. Working in the open looks like adopting workplace messaging tools (moving away from 'email chains' that are closed) and publishing blogs that share successes, challenges and insights. These behaviours create and promote a culture that connects people and embraces inclusivity.

Surrey Heartlands Integrated Care Board (ICB) wanted to improve the health outcomes of one particular part of their population. They set up a temporary multidisciplinary team from across the region – from geriatricians to social prescribers – to look at 3000 patients who were on four or more waiting lists. The team delivered reductions in hospital visits, costs of care, and vastly improved both patient experience but also the uptake of digital technology amongst their users.

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Inclusivity starts and ends with people's needs.
ICSs have a critical role to play in building truly user-centred health
and care systems by helping people see beyond organisational boundaries,
supporting the design of end-to-end services and driving the new ways of working
that enable people to get the help they need when they need it.

Four key questions for ICS leaders to ask

1   *Where is poor design creating more work?* In the vast majority of cases, the biggest leaps in digital transformation come from incredibly basic technology, or not using technology at all. In joining up systems, it is often the case that technologies are layered on top of each other, increasing complexity for users and staff.

2   *Can you see what your users see?* Being genuinely user centred goes beyond asking users what they want, it is about understanding and empathising with their experience, often best done through observation.

3   *Where are you responding to feedback?* Identify across the entire user journey where user and staff feedback is captured. Is this being heard and used across organisations? Implement instant feedback mechanisms to support changes in service delivery where they will make an impact for users.

4   *Which people and skills are you bringing together to make your services the best they can be?* Bringing together design, tech, clinical and operational skills to work together in one team to design services, not transferring work and projects between organisational silos, is the secret to successful digital transformation.

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The Digital ICS board workshop helped us align what we mean by digital and how it is an enabler for our broader priorities. It was pitched at just the right level for an audience of differing backgrounds and experiences, and we are now discussing how we take this forward in a second session.

CEDI FREDERICK,
CHAIR,
KENT AND MEDWAY ICB

Further resources

Good Things Foundation
The State of our Digital Nation | Digital Exclusion in the UK

NHS Providers
*Co-production and engagement with communities
as a solution to reducing health inequalities*

NHS Providers
Tackling digital inclusion means designing services that meet all your users' needs

NHS England
Inclusive digital healthcare: a framework for NHS action on digital inclusion

NHS Confederation
Inclusive digital healthcare: what you need to know

Our offer

The Digital ICS programme is a free support offer designed to support all ICB and ICS leaders to better harness digital transformation to enable delivery of system ambitions. The programme is commissioned by NHS England as part of their NHS Digital Academy and delivered by NHS Providers in partnership with NHS Confederation and Public Digital.

Our bespoke leadership development sessions support ICS leaders in building confidence and understanding on digital transformation.

Please contact us at digital.ics@nhsproviders.org to find out more.

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