



## **Covid 19 – Reflections from Integrated Care Partnerships**

The 17 Integrated Care Partnerships (ICPs) which have been in place since 2014 are local level networks of health and social care providers led by a committee which includes GPs, community pharmacists, community & voluntary sector, service users and carers, local councils and Health & Social Care Trusts.

The members work together with dedicated business support to deliver more joined up care at a local level with a focus on care for older people and those with long term conditions.

They have developed and evolved and are increasingly moving beyond a focus on service provision to a focus on local population health and wellbeing as part of an Integrated Care System.

### **What role have ICPs played throughout the pandemic?**

In mid- March the usual ICP work plan was suspended in recognition of the pandemic and to allow all efforts to focus on the planning for Covid 19.

At the early stages of the Covid response, ICP members reported that an integrated or systems based approach was not very evident as each organisation and sector responded to their own immediate challenges.

However, it quickly became clear that an integrated approach to this crisis was vital and the local ICP infrastructure was called on to provide a co-ordinating function at a local level to support the rapid changes and the multi-faceted response that was emerging.

ICPs worked quickly with the Project ECHO team to make use of that platform, to support timely and effective communication, on a large scale, via video conferencing. In the first week of April, Project ECHO sessions for community pharmacists, care home staff, and many other staffing groups were established and met on a weekly or twice weekly basis throughout April, May and June. (Appendix 1- Covid ECHO Network sessions)

These sessions allowed the latest information about the pandemic and actions to be taken, to be quickly communicated, and for discussion to be had between front line staff and senior management across the system. This allowed quick resolution of challenges being experienced and a sense of connection across the system to develop.



Leaders from within the ICPs were central contributors to a range of Covid related planning groups including the community support hubs and Covid primary care centres.

Locally, ICP's started to meet virtually on a weekly basis with a rapid turnaround for actions which allowed for a whole systems focus to be taken at that local level. Local community leaders and service users and carers highlighted the realities of the impact of the pandemic, the lockdown and the changes in access to services among their communities. HSC and council providers were able to clarify important messages and adapt their plans accordingly.

In particular, significant work was done to ensure a joined up approach to supporting the "shielded" and to ensuring there was effective connection and communication between all of the ICP constituent members in that work. That included ensuring that GPs and Community Pharmacists understood the support that was available for the shielded and could refer vulnerable people to the community support hubs and also helped to highlight the central role that the local community and voluntary sector leaders were playing and helped ensure better connection to their work.

One of the virtual communities which ICPs facilitated on a regional basis, via Project ECHO, was a weekly session with leaders in the voluntary and community sector which generated an amazing level of interaction, sharing of approaches across the region and was very beneficial in gathering views from the sector and from local communities; which was then fed through to the HSC and to the Emergency Leadership Group established by Department for Communities.

### **What insights have we gathered from the ICPs experiences throughout the pandemic?**

Each ICP took some time to reflect on their collective experiences throughout the pandemic and used the Understanding Crisis Response framework outlined in the "The Path from Crisis", Matthew Taylor (The RSA) to guide their discussion. <https://medium.com/@thersa/the-path-from-crisis-6d3f83c96d0b>

While there were local variations in the experience, the common themes are outlined below

- Despite many years of building up relationships through ICPs the initial response to the pandemic was very much organisation focussed and **ICPs and partnership working were not the first priority** for most. This was thought to be understandable among ICP members as the emergency



response required such swift and immediate action across almost every aspect of peoples personal and working lives.

- The vital **role of community and voluntary sector and local communities** themselves became very visible across the whole of society and the response was almost immediate, with many amazing examples shared of how local community organisations had adapted their services and how a community volunteer response came about quickly and in advance of statutory services.
- ICP Committee members reported that very quickly the local response did become collaborative and that the **relationships** which ICPs have helped develop over the last 6 years have underpinned a significant amount of the joint action that was possible.
- Working in partnership became much more agile, effective and collegiate and members reflected on the enormous difference that having a **pressing and shared purpose** has made to their work and to the progress that was made. Everyone's priorities were aligned and time was of the essence.
- The move to virtual meetings was relatively seamless and ICPs quickly moved all of their work online. Members felt that this worked because they had already built up strong relationships but that this perhaps would not have been so productive if seeking to build new relationships. The move to virtual meetings was cited as **more productive** for many as attendance was improved, travel eliminated and shorter, more regular meetings became the norm.
- ICP members reflected on the huge pressures the pandemic had put on them and their way of working, and on the whole HSC system, and how **staff from across the HSC had worked tirelessly** to make huge changes in a short space of time and were so adaptable in the face of an unprecedented situation.
- There was a strong message about the vital and challenging role played by domiciliary care workers and care home workers who continued to provide excellent care despite the very difficult situation and who are often not as visible or valued in the same way as other parts of the HSC family.

- However, there was a sense that the **public messaging** was confusing and people felt that shielding letters were slow to issue and hard to understand for some. The changes in how to access services was not well understood by the general public with many people reporting that they thought GP Practices were closed which led to some panic.
- Concerns were expressed about the pressures that community pharmacy faced particularly at the early stage of the pandemic and how the changes to how patients could access general practice resulted in a huge **pressure in community pharmacy** which, in some localities, they were not consulted on or prepared for.
- There was frustration about the challenges in **data sharing** and the delay in getting data sharing agreements in place which impacted on the ability to support the most vulnerable who were shielding.
- There was a very strong recognition of how Covid 19 has laid bare **the impact of inequality** in our society and has hit the most vulnerable hardest. There were significant insights for ICP members about the level of pre-existing food poverty in our communities highlighted in the demand for emergency food parcels. As most of our lives moved online, the issue of digital poverty was also highlighted by ICP members and the added social exclusion and disadvantage that this can bring in reducing peoples access to services and to education and opportunities. The challenges for family carers were significant and carers outlined that they felt like an afterthought in planning around Covid 19.
- Members were very concerned about the **long term impact** of the pandemic on health and wellbeing of the population, both in the direct sense of reduced access to HSC services and the likely impact on mental health, as well as the wider societal impact in terms of economic downturn and increased unemployment. The need to take time to understand **the lived experience** of people through the pandemic and, in particular, those advised to shield was emphasised and the importance of this in guiding the HSC rebuild programme.
- ICPs highlighted their need to respond to some of the big challenges Covid has presented in terms of a joined up and proactive approach to support



primary care in restarting their work around **prevention and management of long term conditions** as well as the need for a renewed focus on **mental health** and on progressing the transformation agenda relating to **palliative and end of life care**.

- The need for a more **central role for local communities** and the voluntary and community sector to be reflected in the policy and practice around population health and wellbeing was highlighted. The financial vulnerability of the sector was also recognised and the need for more proactive support from government for the sector was highlighted.
- ICP members were very positive about the fantastic examples of **Government departments** working together throughout the pandemic, demonstrating that it can be done and that joined up policy makes joined up local delivery much easier.

## Conclusions

ICPs will work to build the insights and learning from the experience of Covid 19 into their way of working and their programme of work.

One of the most important insights for ICPs has been the impact of a shared sense of purpose to effective partnership working and moving forward it will be important for ICPs to understand how to maintain that.

Ensuring that the ICP work plan reflects local priorities will be one way of building that shared sense of purpose and will mean a focus on the issues highlighted so far e.g. reducing the impact of health inequalities, a focus on mental health and providing more joined up palliative and end of life care.

Recognising the learning about the importance of local communities and lived experience in building population health and wellbeing, ICPs will work to strengthen the role of the voluntary and community sector and the role of service users and carers within the ICP structure and their programme of work.

It is recognised that protecting the health and wellbeing of the population of NI is a huge challenge both in terms of planning for a potential second wave of Covid 19 and in rebuilding HSC services and wider society.

In taking forward that complex task the experience of ICPs suggests that to be successful we will need;



- Joined up working across government departments and a shared vision across the HSC for what we are trying to achieve
- A regional outcomes based framework which promotes local delivery through well supported place based networks
- Shared values about how we work in respectful partnerships with local communities and lived experience at the centre and a focus on reducing the impact of health inequalities which are felt in many communities across NI.

<b>Appendix 1</b>		
<b>Project ECHO Networks</b>	<b>Number of Sessions from mid March - mid August</b>	<b>Total number of participants</b>
<b>C-19 Western HSCT Care Home &amp; PC Support</b>	5	107
<b>Community Palliative Care Service Belfast</b>	1	7
<b>Covid-19 Belfast Trust Residential Homes</b>	2	37
<b>Covid-19 Community &amp; Voluntary Groups</b>	10	239
<b>COVID-19 Community Pharmacy</b>	6	663
<b>Covid-19 ECHO for Care Homes &amp; Domiciliary Care</b>	11	1041
<b>Covid-19 Education Support to AHP's - Group 1 &amp; 2</b>	13	350
<b>Covid-19 ICP North</b>	8	79
<b>Covid-19 ICP West</b>	9	113
<b>Covid-19 Nursing Home Southern Trust</b>	13	447
<b>Covid-19 Palliative Care Belfast</b>	65	106
<b>Covid-19 SET Community Care</b>	15	612
<b>Covid-19 Social Care Council</b>	8	217
<b>Covid-19 West Belfast Mental Health</b>	9	115
<b>ICP Chairs</b>	3	80
<b>Nursing Home Belfast Trust</b>	34	1163
<b>Palliative Care Workshop - West</b>	1	73
<b>Social Prescribing</b>	1	61
<b>Southern Federations GP Covid Education</b>	9	887
<b>SWAH "Minding the Gap"</b>	13	754
<b>West Belfast - Connected Community Care</b>	14	227