

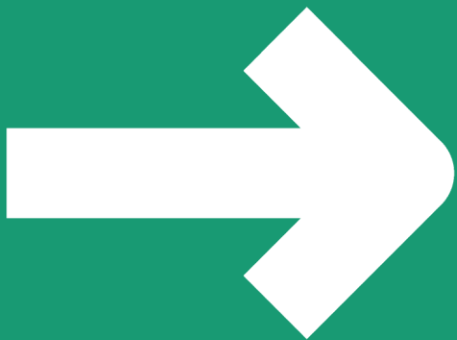
**Systems  
for change**

Driving social and  
economic development

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# Driving social and economic development

Practical learning and tools for integrated care  
systems



An NHS England-funded project delivered by



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## What is this about?

Integrated care systems (ICSs) are local partnerships that bring together NHS bodies, local councils and the voluntary, community and social enterprise (VCSE) sector. They develop shared plans for how they will improve health and wellbeing and reduce health inequalities in their area. They have statutory responsibility for the design and delivery of health and care services in England. **One of the four key purposes of ICSs, as set out in legislation, is to help the NHS support broader social and economic development.**

For many people working in local areas – in the NHS, local government, VCSE sector, business, academia and finance – this ICS purpose, and the structures that bring partners together in a system (like integrated care partnerships, integrated care boards, VCSE alliances, provider collaboratives, place-based partnerships, and primary care networks) present **an exciting opportunity** to change how we work together with people and communities to create a positive and lasting impact on people's lives.

## Why is supporting social and economic development a challenge?

Working together to improve the social, environmental and economic conditions in our communities, and the health and wellbeing of people that live in them, is a significant cross-cutting ambition. This means **this is can be a crowded and contested space**. There is overlap between social and economic development and the other ICS priorities around health inequalities, social determinants and population health. There is also overlap with existing work already underway within and across ICS footprints through local and regional economic partnerships, city and town planning teams, the AHSN network, targeted action on rural and coastal development, **local council's approach to support inclusive growth**, the public health framework to develop inclusive and sustainable economies, the **RSA's inclusive growth commission**, and more.

Every ICS, like every community, is different. There is no national blueprint or linear model to follow to progress social and economic development, and nor should there be. Recognising the different opportunities and priorities for local communities in each part of the country, NHS England has also not set specific policy on how integrated care systems should contribute to social and economic development, social value or inclusive growth. But feedback from system leaders indicates there is a **lack of practical support and guidance** for ICSs about how to approach this purpose in practice, and what can help partners make and progress.

Against this backdrop, **turning policy rhetoric about ICSs supporting social and economic development into practice can understandably feel overwhelming and leave local leaders at a loss as to where to start.**

Part of the issue in knowing where to start relates to the vast potential array of activity involved in supporting social and economic development, much of which takes place at a hyperlocal level in communities. The fact that **activity can be compartmentalised**, in pockets, not necessarily badged, understood or seen to be contributing to social and economic development is another issue.

Another reason why it can be difficult for local leaders to make a start on supporting social and economic development relates to the **transitional phase of ICS development**. Many ICSs are still in their infancy or early stages of development, working to move strategy, planning and operations from an organisational model to a whole-system approach. While ICSs move from being a collection of organisations working together in a transactional relationship, to a genuine and equal system of partnership, there will be barriers to progressing work on the social and economic agenda. For example, organisations within ICSs (from across the NHS, local government and VCSE sector) have different lines of accountability and regulation, and individual budget lines. All these factors act as a barrier to system working, especially in a constrained funding environment.

There can also be a mismatch in timelines for planning and decision making between different partners, especially the NHS and local government. And without intentional effort to build relationships and understand each other, the **differences in culture**, working styles and approach, especially between the NHS and the VCSE sector, creates further challenges to overcome.

All ICSs are currently facing considerable **short-term operational challenges** to the delivery of health and care services in the face of the ongoing backlog post COVID-19, strike action and national funding cuts to running costs. This leaves many system leaders struggling to find the time, capacity, enthusiasm and motivation for this longer term, more strategic work, despite the consensus about its importance and potential future impact on service demand, the economy, and the health and wellbeing of people and communities.

## What are we doing about it?

In 2022, feedback from ICSs confirmed that further detail on how systems are approaching their work on social and economic development, with practical tools, good practice and case studies, is welcome. Responding to this, in January 2023, NHS England commissioned the NHS Confederation, NAVCA, National Voices and the Local Government Association (LGA) as a consortium to capture and share learning from ICSs progressing their work against their social and economic development objective.

NHS England initially recruited six systems and one region to be involved in the learning capture, with an additional system emerging from regional discussions.

- Surrey Heartlands
- Greater Manchester
- Cheshire & Merseyside
- West Yorkshire
- Humber & North Yorkshire
- South Yorkshire
- Bristol, North Somerset, South Gloucestershire and the South West.

Lancashire & South Cumbria ICS was involved as a test bed for the learning.

## Learning capture approach

Recognising the importance of organisations in the VCSE sector in social and economic development, NAVCA and National Voices led the learning capture exercise. Over the course of the project, we worked alongside members, NHS, local government and VCSE sector partners in systems to understand more about what they are doing on social and economic development in practice, how they are making it happen and what is helping along the way.

We spoke to over 150 people, through a mix of 14 interviews, two webinars, five local shared learning events, a panel session at NHS Confed Expo 2023 and a podcast. We conducted desk research on existing case studies, strategies, frameworks, project documents and more. We developed the practical learning in an iterative way, testing with members and the systems involved as we went.

We asked questions like:

- What does good practice in your ICS look like? What are the barriers / enablers to progress? Where are there gaps / opportunities?
- What environment, strategy, leadership, relationships, culture, tools and know-how are helping the ICS enable progress on social and economic development?

While there is more to learn, we thank NHS England for commissioning this learning capture project, and hope that the results offer practical learning and suggested actions for system leaders, policymakers and practitioners to consider. Thanks are also due to all the colleagues from the NHS, local government and VCSE organisations for generously sharing their time and insights during the learning capture process.

## How this learning can help

These resources set out the findings of the social and economic development learning capture project and highlight:

- learning about the topic
- common approaches and characteristics for making progress
- the experience of systems involved
- links to case studies, practical tools and further resources.

We hope that these resources will support local ICS strategy and delivery on this important aspect of what ICSs were set up to do and enable partners to consider how they can work to pool and target their collective resources together to improve the social, economic and health outcomes of the population in their area. There is no one-size-fits-all for this work, and each ICS will need to tailor their support for social and economic development in a way that reflects the local population need and geography. These resources are intended to highlight what we see from the systems involved as common approaches for making progress.

The learning about the common approaches for making progress, and the practical ways that leaders can encourage systems to develop in this way, may also be relevant to the other work of ICSs as well as those looking to design system solutions to complex issues further afield.

The resources are intended to build on the existing body of literature and work already undertaken on this topic. We hope it will continue to evolve as we learn more.

## What we learnt

To capture learning, we used a variety of interview styles and facilitation techniques to try to better understand what ICSs are doing in this space, how they are making things happen and what is helping along the way.

In summary, we learnt that:

- **Good practice exists.** There are lots of ways that ICSs are supporting social and economic development in practice, and these vary from system to system.
- But it is the development of a **whole-system approach**, based on strong relationships and structures for partnership, that makes the difference to how much progress is made on social and economic development, and therefore also health and wellbeing, in local areas.
- Systems that are making progress on this purpose recognise that there is existing activity to support social and economic development in their area. In this regard this is a space that ICSs are coming into rather than something they need to create from scratch. Partners in integrated care partnerships understand that their role is to create the right conditions for action, rather than doing it all themselves. Partnering with the VCSE sector and local government and recognising and enabling the work of people and organisations across and within all communities, including the grassroots, is central to success.
- Leaders within systems can encourage the development of this whole-system approach in a number of ways – we identify **10 common approaches** – including making best use of the system’s convening power, removing practical barriers to system working, outlining strategic ambitions, and setting the right tone through their leadership style.

### Good practice exists

During the course of the learning capture exercise, we heard about the many different ways ICSs are approaching their purpose to support social and economic development. This is not something that fits neatly into a box. Instead, there is a wide ranging menu of options and different ways in, with activities of varying size and scope within and across systems.

There is variety in what ICSs are doing because of the different drivers for action in different systems and the varying institutional, connecting, capacity building, partnership, and industry roles the NHS can play in response.

## Drivers for action

As the **system stories** show, each system, like each community, is different. Therefore system actions on social and economic development can vary according to the local drivers for action.

- In the South West, for example, the challenge in recruiting to the health and care workforce is causing many ICSs to want to get involved in improving housing, transport, and childcare in the region.
- In South Yorkshire, poor health outcomes have been identified as a key factor in the reduced productivity of the region, making improving health the cornerstone priority of local government and the NHS.
- Greater Manchester has identified low employment rates for people with chronic health conditions, so tackling this aspect has been a core plank of the area's activity.

## Responses

### 1. Institutional activity

There are actions that NHS and other institutions within ICSs are taking to support social and economic development – as employers, consumers, estate managers and more. This includes making commitments to things like the living wage, sourcing from local suppliers and reducing energy consumption. And often, with the NHS as the biggest employer, consumer and estate manager in an area, the impact of can be significant.

Practical examples of this include:

- Cheshire & Merseyside **Anchor System Charter**
- Commitment to the **real living wage for social care staff**
- NHS anchor institutions like **Ashford and St Peters NHS Foundation Trust**
- Humber & North Yorkshire's **Greener NHS programme**

Existing learning and resources on the role of anchor institutions includes:

- **Health Anchors Learning Network**
- **Health economic partnerships | NHS Confederation**
- **Community Wealth Building and National Organisation for Local Economies**



## 2. Connecting and community building activity

The NHS plays a role to connect people into social, practical, economic support that's available in communities and the voluntary sector through things like social prescribing, support for high-intensity use of health services, and other link worker approaches. By also working to build on existing assets in communities the ICS can support further improvement in the social and economic conditions that affect people's health.

Practical examples of this include:

- **Green social prescribing** programme coordinated through the Humber & North Yorkshire VCSE Collaborative with increased and collaborative delivery of outdoor community-based activity, contributing to improved mental health and employment prospects
- **Growing Health Together** in East Surrey
- **Volunteer Cornwall High Intensity User Service.**

Existing learning and resources on social prescribing and other link worker activity include:

- **NAVCA case studies on social prescribing**
- **National Voices research on social prescribing**
- **The National Academy for Social Prescribing**
- British Red Cross – **Exploring the high intensity use of A&E**

## 3. Partnership activity

In some systems the NHS is playing its role as a system partner to improve provision and access to public services that affect health and wellbeing and impacting on things like workforce and demand in the system. This includes partnership activity on employment, workforce, welfare, housing, transport and more.

Practical examples of this include:

- **Greater Manchester Working Well's Work and Health Programme**
- **Greater Manchester Fit for Work programme**
- **Greater Manchester Individual Placement Service**
- West Yorkshire **Mental Health and Wellbeing Hub for staff**
- Greater Manchester local recruitment events for health and care like **Step into Care**
- Group of GPs in Cheshire & Merseyside developing a **'Deep End' Project**

- Humber and North Yorkshire's **Resilience Hub** offering health and care staff mental health support to enable increased work retention and productivity
- Bristol, North Somerset, South Gloucestershire NHS local recruitment drive targeting people from areas of deprivation and measuring progress through employment metrics by postcode
- Somerset SWAPs training and support **programme** to help local people access jobs and careers in health and care
- **United Surrey Workforce development**

Existing learning and resources on the social determinants of health include:

- **Institute of Health Equity**
- **OHID Wider Determinants of Health**

#### 4. Economic activity

Looking at things the other way round, there are then actions that NHS organisations can take as part of systems to boost regeneration and grow the health sector as an industry of innovation and investment, contributing to the local economy.

Practical examples of this include:

- **North Manchester Strategy**
- **Health Innovation Manchester**
- **South Yorkshire Digital Health Hub**
- Putting health on the high street through **Barnsley Glassworks Diagnostics Centre in South Yorkshire** and an outpatient assessment clinic in central Poole (**Dorset**).
- Humber & North Yorkshire's **Building better places investment proposal**
- Development of digital tech solutions like North West Surrey Health and Care Alliance's **Tribe App**

Existing learning and resources on innovation and growth in the health industry include:

- **Health economic partnerships | NHS Confederation**
- **AHSN Network support for innovators**

## A whole-system approach

On the question of how ICSs are making progress on social and economic development, we heard that it is the development of effective system working that is the most important enabler. To enable this, we have identified ten common approaches that leaders can take.

### 10 common approaches



1. Build and nurture **strong relationships and infrastructure for partnership**, especially with and within the VCSE sector and its small grassroots organisations in diverse communities

All systems involved in the learning capture project identify this as the most important thing to get right. Having the relationships and infrastructure for partnership, especially with and within the VCSE sector and grassroots organisations, is central to making progress on social and economic development. This finding is common to lots of work that ICSs are progressing - on health inequalities, social determinants, population health and more - so it is not necessarily new. But through this learning capture project we have pulled together practical learning about how effective systems have gone about this in practice.

As well as formal structures for partnership, many people involved in the learning capture project talked about the benefits of creating opportunities for informal working and relationship building. The role of smaller groups of partners, sometimes in an advisory role to the ICP or even more ad hoc informal get togethers, without agenda or specific business, can be an important and helpful space. This includes things like the shared learning events facilitated as part of this project.

How this happens in practice:

At system level:

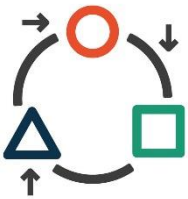
- **West Yorkshire Harnessing the Power of Communities Programme**
- Humber and North Yorkshire **VCSE collaborative**
- **Physical co-location of social and primary care teams in Bristol, North Somerset, South Gloucestershire**

In places and neighbourhoods:

- **Spelthorne Healthy Communities Partnership**, with a VCSE Chair
- **Warrington Together**
- **One Weston Locality Partnership**

Links to further resources:

- **NCVO Creating Partnerships for Success**
- **NHS England framework for addressing practical barriers to integration of VCSE organisations in integrated care systems**
- **King’s Fund Actions to support partnership**



2. Create the right **environment and culture for action** through policy, strategy and adoption of frameworks

Another common theme in systems where work on social and economic development is progressing, is the coming together around shared priorities and purpose. We heard from systems how strategy development can help in this. Adoption of relevant frameworks – around things like social value and employment practices – can also be used to create a supportive environment and culture for action. Overarching commitments to consider health in all public sector decisions, and vice versa to consider social and economic factors in health planning, is also helping create an enabling environment in many systems.

How this happens in practice:

- **Greater Manchester Accord** commitment to health in all public policy decisions – like housing, transport
- **South Yorkshire Integrated Care Partnership Strategy**
- **Humber & North Yorkshire ICB action on the cost-of-living crisis**
- Development of a **social value vision** or **social value framework**
- Sign-up to the **social value portal**
- Implementation of the **NHS Prevention Pledge for all 18 provider trusts** in Cheshire & Merseyside
- Adopting the Fair Employment Charter to all institutions and employers across the system, building on work already underway in places like the **Liverpool City Region** and **Cheshire & Warrington**
- Greater Manchester **Good Employment Charter** and **Good Employment Week**

Links to further resources:

- **Institute of Health Equity**



### 3. **Convene and catalyse** through system structures and ways of working

Systems that understand their role as a catalyser not controller of action, with unique convening power, seem to more easily navigate and progress their work to support social and economic development.

During the learning capture events and interviews we heard how the structures and strategy of Integrated Care Partnerships (ICPs) in particular present an opportunity to design a supportive operating model that helps create the right climate for action on social and economic development. In practice this means setting up governance and priorities that ensures progress on important issues like diversity and inclusion and climate change, but also creating the right environment and conditions so that community activity action can flourish and those in operational roles in different geographies or working on different thematic priorities within the system can get on with things.

We heard about a number of ways system leaders have created the right climate for enabling different partners to progress practical action in communities. This includes through investing in the infrastructure required for partnership with the VCSE sector, investing in grassroots and VCSE sector activity in communities, and giving NHS staff time within their roles to get involved in community activity.

During the learning capture process we repeatedly heard the phrases ‘set things up and let go’ and ‘get out of the way’ in relation to what form ICPs should be taking to make progress on this purpose. We heard first-hand how the flexibility ICPs have to develop their leadership structures in a way that suits the local system is important, and how having different partners – from local government and the VCSE sector - in leadership roles across and within the system is helpful. In this aspect, the currently permissive nature of ICPs is essential.

We also heard how system leaders have spent time together, working to think through and understand how existing structures, governance and programmes work at place, and across different thematic priorities like mental health and children and young people. We saw how having flexibility to design and build the system around what already exists is helpful, and how important it is for partners to think through and agree how, and where, health is involved in local social and economic spaces alongside local government and the VCSE sector being equal partners in the integrated care system. Maintaining communication amongst system leaders from the different sectors happens in different ways, often outside of formal board meetings, with regular scheduled meetings where system leaders can raise issues and design solutions together.

The importance of taking the time to do this work to understand how coordination will happen at system, place and neighbourhood levels is already known from other work like the NHS England Embedding VCSE in ICS programme and NAVCA's peer support network for VCSE Alliance leads. Again, we heard how enabling different partners – from local government and the VCSE sector – to take the lead on thematic or place-based work is helpful.

How this happens in practice:

- South Yorkshire mayor as chair of the integrated care partnership.
- South Yorkshire defining communities first approach in their **Integrated Care Partnership Strategy**.
- In Humber & North Yorkshire there is a joint chair of the ICP and ICB to provide link up between strategy and delivery. The ICP co-chair is a local government councillor and partnership member of the ICB.
- In West Yorkshire VCSE leaders meet regularly with the Health and Care Partnership chair and chief executive to raise issues being seen on the ground in communities.
- VCSE Chair of Humber & North Yorkshire Health and Care Partnership Workforce Board.

4. Embed and empower **people with protected time and skill** to make the connections across and within the system



with the roles and responsibilities for enabling partnership working and relationship building are vital to knit things together. In the systems where work on social and economic development is progressing, having people within the system with the protected time and skill to agitate, make connections and progress this work is a defining characteristic. There are different approaches being taken but what is important is that time to make these connections is protected, and that people have the leadership skills and working styles for the role. As one interviewee told us “this is about getting out from behind the desk, putting your jeans and t-shirt on and meeting people in the community.”

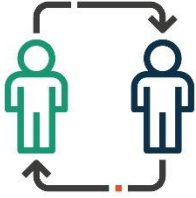
How this happens in practice:

- Full-time ICS directors of partnerships and sustainability
- Place-based leads with responsibility for building community relations and partnerships
- Quarterly meetings in West Yorkshire between VCSE leaders and ICB chair and CEO to discuss and trigger action
- Joint roles across the NHS and combined authority in South Yorkshire include the assistant director for public health, mayor’s inclusivity champion and head of regional health partnerships
- Joint roles across the NHS and local authority in Surrey Heartlands.

Links to further resources:

- **Leadership Centre System Leadership Training**
- **Connected Leadership Programme for ICS leaders**

## 5. Develop **shared understanding** of local population, needs and opportunities



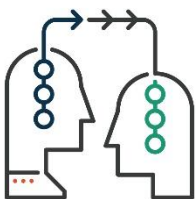
Partners in many systems are working to bring together different forms of data, intelligence and insight from a variety of sources. This is helping establish a shared understanding of the population across the system to help identify the most pressing needs and opportunities for social and economic development. With this as a starting point, systems are then able to put their time and resources into the things that will make the most impact.

How this happens in practice:

- Humber & North Yorkshire Integrated strategic needs assessment
- South Yorkshire investment in a public health intelligence system and **comprehensive needs assessment**
- **Humber & North Yorkshire ICB action on the cost-of-living crisis** built up from understanding of the issues and support required in populations across Hull, York, East and North Yorkshire and Northern Lincolnshire to create a system-wide response that enables the population, their employers, and the community and voluntary organisations that support them, to minimise the impact of rising costs.
- **Bristol Health Integration Teams** support projects that bring partners together and generate evidence to support service development.

Links to further resources:

- **Making better use of voluntary sector data and intelligence in health service planning**



## 6. Bring in **external expertise and advice**, and create opportunities for shared learning about new ways of doing things that change culture

Many systems told us about the helpful role that external expertise, advice and training can play in helping partners find new ways of doing things. Bringing in a fresh perspective can support culture change.

How this happens in practice:

- System-wide training on community development in Surrey Heartlands
- System leaders training on **Bloomberg Harvard City Leadership Initiative**
- **South Yorkshire Health Action Advisory Panel**
- West Yorkshire co-**production of pathway to support people of working-age after stroke**, in partnership with the NHS Leadership Academy, Stroke Association, local VCSE organisations and people with lived experience.

Links to further resources:

- **NCVO Corporate Relations Service**

#### 7. Work to **reduce practical barriers** to system working

In many of our conversations we heard how systems are identifying and tackling barriers to reduce frictions to system working. There are different aspects to this. On one hand we heard examples of how systems are working to make it easier for people to find out who is who, who does what and how to contact them. In other systems there is a focus on innovation and reform of commissioning, procurement, contracting and budgeting to enable more partnership working. The need for access to shared budgets and time for training is another aspect.

How this happens in practice:

- Development of a new **Grants Framework** by the Two Ridings Community Foundation in partnership with the procurement team.

Links to further resources:

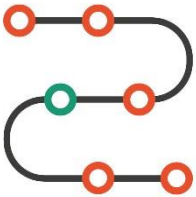
- **NHS England framework for addressing practical barriers to integration of VCSE organisations in integrated care systems**

#### 8. Establish ways to **measure progress**

During this project there were many interesting discussions in systems about the importance of measuring progress, how this can be done and be used as a lever for action. It is not clear cut. Different systems are exploring different approaches to measuring their progress on supporting social and economic development.

In relation to what institutions within systems can do around the anchor agenda many felt that identification of clear system-wide targets – for example about the real living wage, reducing emissions and purchasing from local suppliers – is helpful. A financial measure of how much systems are investing in early intervention and prevention was also felt to be a potentially helpful lever to encourage action. Using the health of the VCSE sector as a proxy for progress is another way progress on social and economic development is being done.

More widely, including measures on employment and deprivation within system data dashboards is being used. At the same time, we heard some people express caution about a purely outcomes-based and data-driven approach on this purpose given the complexity and cross-cutting nature of this purpose and the importance of innovation, taking risks and trying different approaches. All systems agreed on





the importance of using more qualitative ways of measuring progress alongside data given this purpose is about people and their lives.

How this happens in practice:

- **South Yorkshire outcomes framework and dashboard to support ICP strategy.**
- Cheshire & Merseyside dashboard
- Sustainability of VCSE sector as part of the risk register of West Yorkshire ICB
- Health and Wellbeing Dashboard on the **Surrey Index**.

Links to further resources:

- **Maturing framework for unlocking the NHS's social and economic potential**
- **UCL Partners Measurement Toolkit for Health Anchors**



#### 9. Make **resources** available when a need or opportunity is identified

Wider work on successful partnerships in health and care consistently shows that investment and resources in the structural infrastructure needed for partnership with and within the VCSE sector, alongside investment in delivery, is an essential component for success. It was therefore no surprise that all systems involved in the learning capture project are directing investment and resources towards partners to fund both infrastructure for partnership and delivery. With relatively small amounts of money, this financial investment alongside the sharing of other resources (like spaces, back-office functions and vehicles) is enabling more rapid progress on social and economic development.

How this happens in practice:

- Bristol, North Somerset, South Gloucestershire Apprenticeship Levy Bank
- **West Yorkshire health inequalities and other funding**
- **South Gloucestershire Prevention Programme**
- South West **Health & Wellbeing Challenge Fund**

Links to further resources:

- **NAVCA 2023 Snowballs and eels report on funding for VCSE infrastructure for partnership**
- **Locality – creating health and wealth by stealth**



## 10. Celebrate success and **share good practice**

Throughout the learning capture process, we have seen first hand how valued and celebrate success – within and across ICSs and regions. This feels to be particularly important at a time when national policy trends are towards giving more autonomy and devolving of authority to local systems, potentially reducing feedback loops for sharing good practice, and as systems themselves devolve authority to place-based and neighbourhood structures for the design and delivery of services.

How this happens in practice:

- **Surrey Heartlands Expo 2023**
- Research and promotion of the value and impact of the Yorkshire and Humber VCSE sector, **its contribution to the economy and health and wellbeing**
- Regular communications and bulletins about the work of the **Humber and North Yorkshire VCSE Collaborative and Harnessing the Power of Communities Programme in West Yorkshire**
- Shared learning events, like those held for this learning capture project

Links to further resources:

- **NAVCA VCSE Alliance peer support network**
- **NHS Confederation ICS Network**
- ‘Working in partnership with the voluntary, community and social enterprise sector’ workspace on the **FutureNHS platform**. Those working in organisations outside the NHS can **request access**.

## Where to start

Throughout the course of this learning project, we have seen how important leadership is to making progress on the social and economic development purpose of ICSs. Effective systems need distributed leadership. This includes all the people in roles as:

- ICB and ICP Chairs
- ICB CEOs and non-executive directors
- mayors, local councillors and senior council officers
- leaders of VCSE sector organisations
- community leaders
- and the many others with responsibility for strategy, partnership, governance, finance and delivery, in the system and its place-based architecture, in neighbourhoods and communities and on the frontline.

We have seen how progress requires these leaders to take action on multiple strategic, structural and practical fronts, in the space where policy meets practice.

In systems where system leadership is developing, where a strong and effective leadership team is still emerging, or where there is no mayor or devolution deal, we have heard that the purpose of ICSs around social and economic development can seem an overwhelming task, leaving systems struggling to know where to start.

What we have seen from the systems involved in the learning capture project, is that there is not necessarily a right place to start. The systems we worked with came at this from different angles and starting points. Some started by making strategic commitments first, some focused on their relationships and structures for partnership, some on enabling grassroots activity to flourish, others on creating the tools, resources and systems for action.

What is important is to get started, even if you start small. And you may have already started but just not fully realised it yet. As our test bed in Lancashire & South Cumbria found, they did not think they had made a start on this purpose but after hearing about the work from other systems and the importance of relationships and partnership they realised they have already started putting the building blocks in place.

We hope that the practical resources, case studies and learning about common approaches for leaders to take will help. But we don't want to stop there. We have established this platform as a live learning resource and welcome feedback, as well as more examples of what you are doing on social and economic development and what is helping you to make progress. We are also keen to continue to make connections and share learning more widely. Contact details for the systems involved are available in the case studies. To find out about more opportunities to

connect and learn from others about this important aspect of what integrated care systems were set up to do then please do be in touch.

Links for further information and resources:

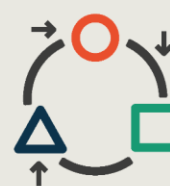
- **Unlocking the NHS's social and economic potential: creating a productive system**
- **LGA Economic Growth Hub**

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## Systems for change

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