Supplementary Material

Interview schedule

How were you involved in the ICS response as part of your professional role?

How did you find the ICS response to COVID / What went well during the ICS response? / What could have been done better?

How often did you (or your organisation) attend the meetings? If you were not in attendance, did somebody from your organisation represent you? How did you find the meetings?

(Where applicable) How would you describe the representation and membership of the Silver (Gold) group? Are there other professionals who should be present?

(Where applicable) Thinking about the different organisations present, how far did organisations have the same profile, representation, and contribution to the response?

(For providers not in attendance at Silver/Gold) How did you find the communication from other aspects of the health and social care system?

What could have helped the group work better (helped your provider organisation during Covid-19)?

How do you think the response and coordination of activities changed over time? What improvements or challenges were there?

How familiar are you with the [system] Covid-19 Outbreak Response Plan?

What, if anything, would be useful to keep in terms of partnership structures for the future ICS?

In hindsight, what, if anything, might the ICS response have done differently?

Invite any additional comments.
**Focus Group Schedule**

What should be the key aims of the Integrated Care System?

What partners or organisations currently form a key part of the ICS and who is missing?

Who should form part of the ICS moving forwards?

What do you think are the barriers to maintaining, or improving, collaboration in an Integrated Care System? How could this collaboration be better facilitated? How could common goals be identified?

What do you think is an effective communication strategy for the ICS? How regular, and via what means?

Might there be times, or trigger points, where the system Silver and Gold command structure should be utilised beyond Covid-19? How exactly?

What factors do you think are important to support the wellbeing of professionals in the Integrated Care System in the coming months and years?

Invite any additional comments.
List of Broad Codes Collated per Subtheme

<table>
<thead>
<tr>
<th>Theme 1: Working together across health and social care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Building organisational and sector collaboration</strong></td>
</tr>
<tr>
<td>The single priority of Covid-19 enhanced collaboration.</td>
</tr>
<tr>
<td>Increased understanding and empathy for other aspects of the system.</td>
</tr>
<tr>
<td>Public health and social care were more integrated and balanced in the system alongside the acute sector.</td>
</tr>
<tr>
<td>Organisational relationships established prior to the pandemic facilitated an integrated response.</td>
</tr>
<tr>
<td>Organisational boundaries and silos were reduced.</td>
</tr>
<tr>
<td>The enhanced collaboration must now be maintained and strengthened.</td>
</tr>
<tr>
<td>The re-emergence of organisational boundaries relate to budgets and conflicting priorities moving out of Covid-19.</td>
</tr>
</tbody>
</table>

**The role of structures and processes in system coordination**

The Silver and Gold command groups were well represented with appropriately senior professionals.

The command groups were effectively led.

The command meetings were effectively administrated.

The frequency of Silver and Gold meetings changed appropriately in response to pandemic requirements.

Command meetings became more efficient over time.

Communication and escalation structures between Gold and Silver facilitated effective decision making.
Perception that leadership came more so from Silver than Gold at times.
High commitment to attend Silver and Gold meetings.
Sharing of information with “on call” colleagues for the Silver and Gold meetings could be improved.
Additional representatives were invited if required for specific issues.
Occasional gaps in representation from acute trusts.
Representation from ambulance service throughout the pandemic may have been beneficial.
Representation from GP, care providers, and laboratory services may have been beneficial.
Removal of certain processes (e.g. DTOCs) facilitated effective working together.

Theme 2:
Responding to a prolonged crisis

Developing and implementing a system response
Covid-19 was a novel crisis requiring learning and problem solving.
Early challenges establishing processes in the pandemic response.
System communication processes and Incident Control Centres were developed.
New pathways and procedures were developed.
Response priorities changed over time.
Changes to provider provision.
The pandemic necessitated a fast pace and timely response.
Challenges maintaining business as usual activities.
Flexible and rapid decision making was facilitated and could be maintained appropriately.

Outcomes of the system response to Covid-19
Vaccination programme appraised as highly successful.
Positive appraisals of system mutual aid.
Response strengthened through public health involvement.
Positive appraisal of the concepts around discharge and blue beds.
Challenges agreeing critical care processes.

**Communication and coordination of Covid-19 guidance**

Providers received effective communication about Covid-19 infection prevention.
Guidance was ambiguous to providers at times.
Guidance around blue beds was ineffectively defined at times.
Providers may benefit from a forum to feedback to the system.
Strong links were reported between providers and local authority commissioners.
Inconsistent familiarity with the outbreak plan across participants.
Time and perceived role relevance were barriers to familiarisation with the outbreak plan.

**System resources**

Public health intelligence and system data was beneficially shared across the network.
Technology and online communication resources benefitted ICS communication.
Inadequate laboratory capacity hindered the response at times.
Provision of funding to providers could be challenging to manage.
Inadequate funding and resources hindered the response.
Resources were readily available to care providers as required.

Theme 3: Managing expectations for ICS delivery

**Supporting health and social care professionals**

People undertook high workloads and long working hours.
The prolonged nature of the pandemic has impeded wellbeing.
The system needs to support the physical and mental wellbeing of employees.
The impact on staff has not been sufficiently recognised or rewarded at all levels (national government and from public communities).
The transition to an ICS means further change for individuals.
Changing professional roles and responsibilities
People adopted new roles and responsibilities.
People took on leadership roles and developed professionally.
Importance of training to support additional responsibilities.

The national and regional contexts
The ICS response was impacted by national and regional contexts.
The ICS worked with other systems to meet regional and national needs.
National guidance and communications frequently changed.
Some local issues required escalation to a national level.
The ICS is situated in a political and legal climate.

Theme 4:
Developing the ICS

A need for shared system goals
The ICS must work towards identifying and agreed uniting goals.
Goals must be identified before devising strategy and structures.
The collaboration which has developed must be maintained.
Risk of organisational boundaries returning.
System priorities may not align with each organisation's priorities.
Integrating the community voice and public priorities.
Achieving person-centred and coordinated healthcare.
Goals could be driven by public health data.
Learning from the pandemic can be used to inform ICS goals.
The importance of long-term goals.

Combating health inequalities and improving population health
Moving the system focus toward population and preventative health (and more balanced
with an acute focus).
System focus to reduce health inequalities.
Public health teams are well placed to drive a population health and equalities agenda.
Errors in the response were evidenced through numbers and inequalities in deaths.
Covid-19 has increased public awareness of health inequalities and health promotion.
Organisations support populations with different needs and inequalities.
A population health agenda would support all aspects of the system.
Cultural, process and commissioning shifts are required to target population health.
Important to integrate the voluntary and community sector.

Building system infrastructure
ICS goals and structures have not yet been clearly defined.
Effective existing processes must be recognised before implementing new processes.
Clear communication processes must be developed.
The health and care sector has experienced multiple previous restructures.
Structures and processes must facilitate timely pace.
Continuing regular Silver and Gold meetings can effectively support agreed goals.
Importance of shared system leadership.
Important to maintain public health integration beyond Covid-19.
The social care sector must be integrated as a crucial part of the ICS.
Local authority integration must be maintained and built upon.
The ICS must strengthen the integration of primary care and primary care providers.

Required system resources
Focus on staff recruitment, retention, and training programmes across the system.
All aspects of the system must be adequately resourced, notably public health and social care.
Providers must be flexibly supported with sufficient resources and decision-making responsibilities.
Front line staff must be equipped with resources and capacity to support ICS goals (e.g., health promotion and teachable moments).

**Incorporating evaluation**
Interventions and processes must be continuously evaluated. Evaluation must involve the voice of individuals and communities, including advocate organisations. Data availability and integration must facilitate robust evaluation. Potential challenges evaluating long-term population health changes can be supported with public health skills.

---

*Note.* ICS = Integrated Care System