

# Integration and Integrated Care Systems

## What's changing and why?

### What is integration?

Integration is an important step towards transforming health and care services so they are sustainable for the future. It's a means of improving outcomes and experiences for people who draw on care and support and their families so that they receive seamless services within a culture of compassionate care built around themselves and their community.

### What is an Integrated Care System (ICS)?

Integrated Care Systems are partnerships that bring together organisations who plan and deliver health and care services. The aim of Integrated Care Systems (ICSs) is to improve people's outcomes and experiences of care by bringing services together around people and communities. This means addressing the fragmentation of services and lack of co-ordination that people often experience and for people and their families only having to tell their story once.

### What's changing and why?

Our current system needs to transform to meet longer term demand as people are living longer with more complex needs. By bringing health and social care together along with other services such as housing and community services, there can be a better focus on prevention and promoting health and wellbeing, changing the focus from what's wrong to what's strong and giving people more choice and control over their lives.

TLAP [Making it Real](#) puts integration into context. People with lived experience were involved throughout the development of the I and We statements to support good personalised care and support, with the belief that people want to have a life, not a service, with more choice and control.

### What is the legislation, policy and context?

ICS development aligns with the NHS Long Term Plan and the Care Act principles. In addition, the Health and Social Care Act 2022 provided the legislative framework for health and care organisations to work together and deliver joined up care by putting ICSs on a statutory footing. The Bill also introduces the creation of Integrated Care Boards (ICBs). These ICBs will hold a substantial budget for commissioning high quality care and have the authority to establish performance arrangements to ensure this is delivered.

The Department of Health and Social Care's (DHSC) 'People at the Heart of Care' white paper published in late 2021 sets out a 10-year vision for adult social care and provides information on funded proposals that the DHSC will implement over the next three years.

Sector Briefing - July 2022 – this information was correct at the time of publication and we will update it as required.

### What are the different levels within an ICS?

A key feature of ICSs is the emergence of 'systems within systems' to focus on different aspects of their objectives. ICSs differ in size and tend to cover large geographical areas, so the different levels enable better design and deliver change to meet the needs of local populations.

The **System** is the level of the ICS typically covering a population of 1–3 million people. It sets the overall strategy, manages resources, performance and leads change.

The **Place** is a town or district within an ICS, often (but not always) co-terminous with a council or borough, typically covering a population of 250,000–500,000 served by a set of health and care providers in a town or district, connecting Primary Care Networks to broader services, including those provided by local councils, community hospitals or voluntary organisations.

The **Neighbourhood** is a small area, typically covering a population of 30,000–50,000 where groups of GPs and community-based services work together to deliver co-ordinated, proactive care and support, particularly for groups and individuals with the most complex needs.

### How will ICSs be governed?

The statutory ICS will be made up of two key bodies – an **Integrated Care Board (ICB)** and an **Integrated Care Partnership (ICP)**.

The ICB is responsible for planning NHS services, including ambulances, primary care, mental healthcare, hospital (acute), community and specialist care. They have both a chief executive and chair accountable to NHS England for spending and performance within their boundaries.

The ICP has a broader focus, covering public health, social care and wider issues impacting the health and wellbeing of their local populations. It operates as a statutory committee between the ICB and each of the local authorities across the ICS footprint, as well as voluntary, community and social enterprise (VCSE) organisations, care providers and other key partners.

### Partnership and delivery structures

A number of partnership and delivery structures will operate within an ICS at system, place and neighbourhood level. Provider collaboratives, which may involve voluntary and independent sector providers (VCSE) agree delivery objectives with partner ICSs.

Health and wellbeing boards (HWBs) bring together a range of local health and care partners, responsible for producing a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.

Place-based partnerships operate on a smaller footprint within an ICS, often but not always that of a local authority. At place, integration will happen through multi-agency partnerships involving the NHS, local authorities, the VCSE sector and local communities themselves.

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Primary care networks (PCNs) bring together general practice and other primary care services, such as community pharmacy, and provide a wider range of services at neighbourhood level.

The Care Quality Commission (CQC) will independently review and rate the quality of partnership working within ICSs, alongside its existing responsibilities for regulating and inspecting health and social care services.

### **What does this mean for social care?**

Social care providers are most likely to be involved with an **ICS partnership** (not an organisation but a committee) which brings together wider system partners to promote partnership arrangements and develop a plan to address broader health, public health and the social care needs of their population. Membership will vary locally but it is envisaged to include social care providers. We have been asked by DHSC in our work programme to work with ICSs to support integration and share our insight, solutions and practical support which is built on the most comprehensive picture and analysis of the adult social care workforce in England through the [Adult Social Care Workforce Data Set](#) (ASC-WDS).

Our engagement mechanisms allow us to connect to social care providers across the country. Our ICS data tool provides analysis of local employment information, recruitment and retention, demographics, pay, qualification rates and future forecasts.

Skills for Care supports workforce planning in integrated systems and our local teams are directly involved at place and system level and well placed to coordinate social care provider engagement.

Our Skills for Care local representatives attend or participate in many ICS people boards and local workforce meetings. You can find a suite of resources developed by Skills for Care to enable adult social care providers, managers and leaders working across organisational boundaries to deliver seamless care [here](#).

### **Find out more**

[Skills for Care – Integration](#)

[Skills for Care Workforce Data - My ICS](#)

[NHS England Integrated Care](#)

[Evidence for strengths and asset based outcomes - quick guide](#)

[Think Local Act Personal - Making it Real](#)

[People at the heart of care - social care reform](#)

[DHSC - Joining up care for people, places and population](#)

[NHS People Plan](#)

[Guidance on the ICS people function](#)

[The King's Fund - Integrated Care Systems explained](#)

[The King's Fund - How will ICSs work under the new Health and Social Care Act](#)

[King's Fund Short video - How does the NHS in England work and how is it changing?](#)