

Integrated care systems explained: making sense of the new NHS structure

Delivering more joined up care for patients has been a key ambition for the NHS over the past few years. This vision was expressed most recently by NHS England and NHS Improvement in a policy paper, *Integrating Care* (November 2020), and by the government's white *paper Integration and innovation* (February 2021). Both of these documents are littered with acronyms and terminology that are now commonly used to describe how the NHS structure is evolving. This glossary is intended to support governors to navigate this terminology.

System working glossary for governors

ICS – Integrated Care Systems

An ICS brings NHS providers, Clinical Commissioning Group (CCGs), local authorities and voluntary sector partners together to collaboratively plan and organise how health and care services are delivered in their area. There are currently 42 ICSs across England and each covers a population size of 1-3 million. The goal is that ICSs will remove barriers between organisations to deliver better, more joined up care for local communities. While they are currently informal partnerships, the government's white paper states that the forthcoming NHS Bill will make ICSs legal bodies, and give them responsibility for funding, performance and population health.

STP – Sustainability and Transformation Plans/Partnerships

Sustainability and Transformation Plans were first produced in 2016 by NHS providers, commissioners and local authorities working within 44 new geographical 'footprints' across England. The plans set out a vision for the future of health and care service delivery in their areas. By 2018 these had evolved into partnerships, many of which had established joint working arrangements. The most well-developed STPs were termed ICSs. As of 19 March 2021, all are now termed ICSs.

ICS NHS Body

The government wants to make ICSs legal entities in the Health and Care Bill, which is expected to be implemented in April 2022. The ICS structure will have two parts. The first part will be an ICS NHS Body with a unitary board that will oversee the day-to-day running of the NHS locally. The ICS NHS Body will manage a single pot of NHS funding, and develop a plan to meet the health needs of the population within the ICS. The ICS NHS Body will take on the commissioning functions currently held by CCGs, but will take a more strategic approach to planning and monitoring services. The board will be comprised of

an ICS lead, ICS chair and representation from general practice, trusts and local authorities. However, it is unlikely that all provider organisations will be directly represented on the board of the ICS NHS Body, as the board will need to avoid becoming too large and unwieldy.

ICS Health and Care Partnership

The second part of the statutory ICS will be the ICS Health and Care Partnership. With a wider membership than the ICS NHS Body, the Partnership will bring together health, social care, public health and wider partners to develop a broader strategic health, public health and social care plan for the ICS. The ICS NHS Body will need to take this plan into account when making decisions about health care provision.

Parts of the system:

Provider collaborative

A provider collaborative is made up of several organisations coming together to make collective decisions about the design and delivery of health and care services. This collaboration can take place “horizontally” or “vertically”. A horizontal collaborative may take place at ICS level or across several ICSs, between trusts delivering the same type of services such as non-specialist acute care. A vertical collaboration may happen at “place” level (see below) – for example between an acute trust and primary or community care. NHSE/I want every trust to be part of at least one or more provider collaborative, as they see collaboration as the best way to drive improvement.

ICP - Integrated Care Partnerships/Providers

Just like the term “place” (below), the acronym ICP can also mean different things in different contexts.

ICP can stand for Integrated Care Providers, which bring together primary, secondary, community and other health and social care services under a single contract. The intention is to focus on population health by designing and delivering all health and care services for the local community within an agreed budget. This contractual mechanism is not yet widely used as it is complicated to implement but could become more widespread in future.

In some ICSs, providers are setting up integrated care partnerships or alliances at place level with other NHS providers – and in some instances with CCGs, local authorities and non-NHS providers. These partnerships have a similar goal to Integrated Care Providers, but are based on collaboration between providers rather than a single contract.

Place

Most health and care services need to be planned, designed and delivered on a smaller geographic footprint and population size than the ICS. This means that within each ICS there are several smaller planning footprints – termed “places” – where health and care organisations come together to improve patient pathways and deliver more joined up care. In the context of ICSs, broadly speaking, a “place” is intended to be an area with a population size of between 250,000 and 500,000 which is meaningful for the local community and organisations serving it. For some it will align with council boundaries, while for others it will reflect the flow of patients into a hospital.

Neighbourhood

Within each ‘place’ there are several neighbourhoods, which cover a smaller population size of roughly 30,000 to 50,000 people. They often focus on integrating primary, community and social care through multidisciplinary teams and joint working arrangements. Neighbourhoods are therefore key to the NHS’s commitment to deliver more care as close to home as possible.

PCN – Primary Care Networks

A PCN brings together a group of local GP practices with other primary and community care organisations to join up health and care services at neighbourhood level. They were established in July 2020 to help stabilise general practice by using economies of scale, overcome barriers between primary and community services, and develop population health approaches. PCNs are still in development, but more mature networks are now able to deliver more joined up care for patients by developing multidisciplinary teams and recruiting additional roles to ease workload pressures.

Facilitators of system working:

Joint committees

Joint committees are a type of decision-making body in which representatives from different organisations come together and make decisions. This could be groups of NHS providers coming together, or providers and CCGs, or in time providers and ICSs. The current legislative framework does not allow trusts to enter into these arrangements, which is seen as a barrier to joint working, and the forthcoming NHS Bill will change this. The responsibilities of the constituent organisations on the joint committee remain unchanged.

Joint appointments

Individuals can hold a contract of employment, jointly funded by two organisations. In the context of system working and greater collaboration, joint appointments are seen as a helpful tool to facilitate closer working across two organisations. For example, it is increasingly common to have a joint chair or joint executive posts to support improvement and collaboration across two trusts.