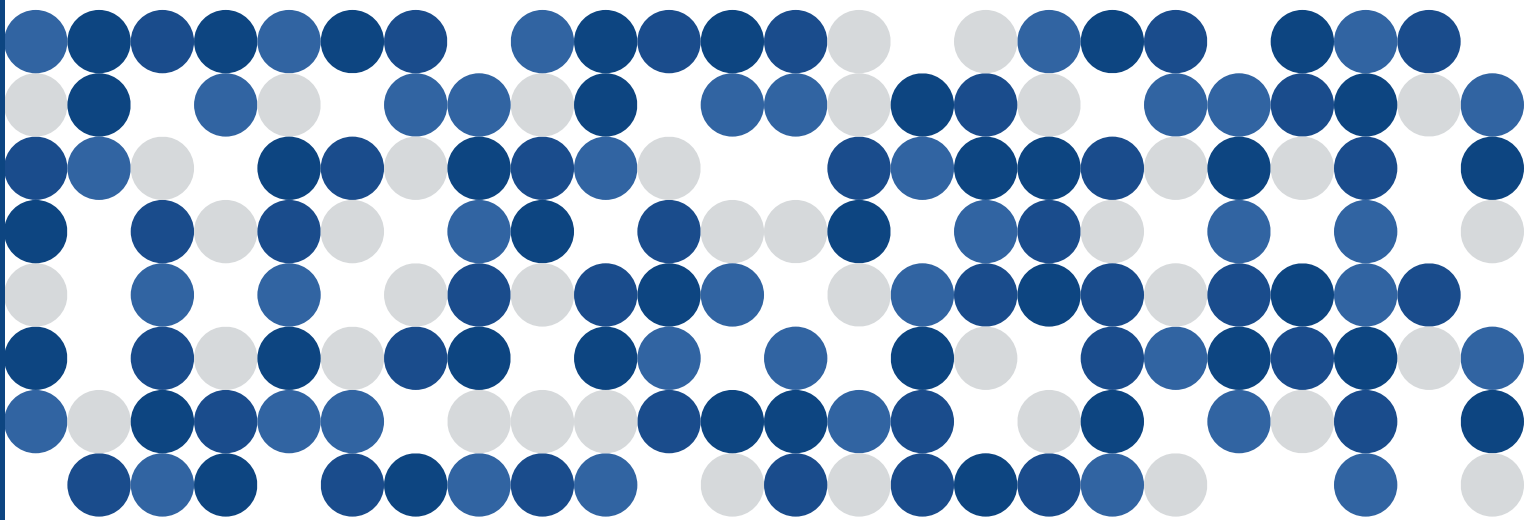


August 2022

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# Adult Social Care Provider Partnerships In Integrated Care Systems

A guide for adult social care providers on ICSs  
and opportunities for partnership working



# Contents

<b>Foreword</b>	<b>3</b>
<b>Who is this guide for and what is changing?</b>	<b>4</b>
<b>The key purposes and benefits of ICSs</b>	<b>5</b>
<b>The role of adult social care partnerships in ICSs</b>	<b>7</b>
<b>Challenges to partnership working</b>	<b>8</b>
<b>Opportunities for partnerships in ICSs</b>	<b>9</b>
<b>Partnerships in action</b>	<b>11</b>
<b>Summary</b>	<b>14</b>
<b>Further information</b>	<b>15</b>

# Foreword

Health and social care organisations are facing significant challenges as they rebuild after the Covid-19 pandemic. Integrated care systems (ICSs) are on the frontline of this work, each leading the recovery and improvement of services for the people in their areas.

Adult social care providers have a huge role to play in the ICSs. Good social care supports people of all ages to maintain independent and fulfilling lives and to make a positive contribution to society. It enables people to live well and stay independent for longer.

ICSs are partnerships between health and care organisations, coming together to collectively plan and deliver health and care to meet the needs of their population. The aim is to improve access, quality, and outcomes at a local level, removing barriers that get in the way of joined-up services.

The Care Provider Alliance, the collective, national voice of adult social care in England, welcomes the further development of ICSs following the Health and Care Act 2022 and supports greater integration in the provision of health and social care. They will support better population health and wellbeing and reduce inequalities in health and social care. Adult social care providers bring values, knowledge and skills that are essential if ICSs are to successfully improve health and wellbeing for people and communities.

The most successful ICSs will be those which embrace adult social care providers as strategic partners, alongside NHS providers, local councils, and voluntary organisations.

We recognise that some adult social care providers are still at an early stage in their journey towards understanding ICSs and in being able to engage effectively with the partnerships that are emerging. We have heard from our members that it can be hard to navigate these new local systems and that it can be difficult to find the resource and the capacity to build relationships and understand where best to focus efforts. We strongly urge local systems to make sure that there are many opportunities through which adult social care providers can be active players and leaders in these new arrangements as it is essential for our voices to be heard.

This guide is designed to help adult social care providers navigate the new health and care landscape and seize opportunities to make a positive contribution to delivering better and timely care and support in our communities.

The guide has been developed with input from NHS England and in consultation with our members. We hope it will make an important contribution to your understanding of ICSs and, at the same time, help ICSs to have a better understanding of the value of the full participation and engagement from adult social care providers, fostering a productive collaborative approach with our sector and other partners.

**Professor Martin Green OBE**

Chair, Care Provider Alliance  
Chief Executive, Care England

## Who is this guide for?

The guide is intended primarily for those in management positions within the independent social care sector, particularly those who may have direct contact with ICSs. This includes those involved with for-profit and not-for-profit parts of the sector, such as care homes, homecare, retirement communities, supported living schemes, employment and housing support, and community navigators, among others.

## What is changing?

Integrated care is about giving people the support they need, in the right place and at the right time, and joined up across partners. The Covid-19 pandemic has underlined the importance of collaboration between health and care organisations, local authorities and charities.

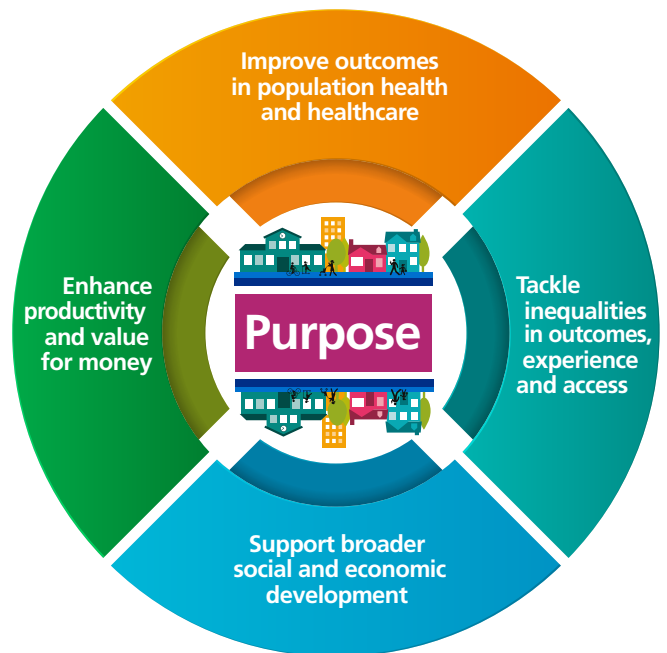
ICSs are partnerships of organisations that come together to plan and deliver joined-up health and care services to improve the lives of people in their area. They include local councils, the NHS and other partners such as social care providers, housing and the voluntary, community and social enterprise (VCSE) sector. They are now responsible for planning how most health and care services are delivered across England.

*“I’m excited. I think it is great that we are now forming the relationships which are enabling us to have conversations that we haven’t been able to before. We can now talk openly about sharing jobs and redesigning roles and delivering services differently with residents at the centre of this. Adult social care providers, like Brunelcare, can be the levers that ICSs will need to pull to get things done.”*

*Oona Goldsworthy,  
chief executive, Brunelcare*

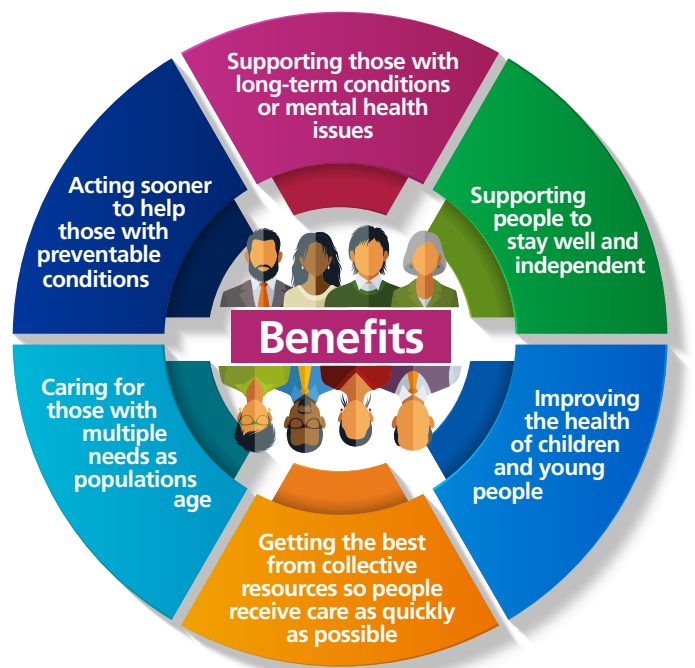
# ICSs have four key purposes

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development.



ICSs are designed to help health and care organisations tackle complex challenges which need collaborative working, including:

- Supporting those with long-term conditions or mental health issues
- Acting sooner to help those with preventable conditions
- Caring for those with multiple needs as populations age
- Getting the best from collective resources so people receive care as quickly as possible
- Improving the health of children and young people
- Supporting people to stay well and independent



NHS organisations, local councils and other partners have increasingly been working together as ICSs since 2018 and the whole of England has been covered by 42 ICSs since 2021. The Health and Care Act 2022 builds upon the work of existing non-statutory ICSs by establishing new NHS bodies known as Integrated Care Boards and requiring the creation of Integrated Care Partnerships in each local system area.

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**Integrated Care Board (ICB):**

responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. With ICBs now legally established, clinical commissioning groups have been abolished as ICBs will take on the legal functions they previously held, including continuing healthcare contracts.

**Integrated Care Partnership (ICP):** a

committee jointly formed between the NHS Integrated Care Board and all upper-tier local authorities that fall within the ICS area. The ICP brings together a broad alliance of partners concerned with improving the care, health and wellbeing of the population, with membership determined locally. The ICP is responsible for producing an integrated care strategy on how to meet the health and wellbeing needs of the population in the ICS area.

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 care services.

Other important ICS features are place-based partnerships and provider collaboratives.

**Place-based partnerships** lead the detailed design and delivery of integrated services across their localities and neighbourhoods. The partnerships will involve the NHS, local councils, VCSE organisations, residents, social care providers and other community partners with a role in supporting the health and wellbeing of the population. Place-based partnerships often correspond with local authority footprints.

**Provider collaboratives** bring providers together to achieve the benefits of working at scale across multiple places and one or more ICSs. They work in partnership with clinical networks and alliances, and other partners to improve quality, efficiency and outcomes, and address unwarranted variation and inequalities in access and experience across different providers.

*“With place-based integration, providers absolutely need to be there. If adult care providers are not represented, integration is unlikely to reach its full potential. There is a lot we can do, in terms of sharing insights, gathering information and evidence, and engaging with partners in the NHS and local authorities.”*

*Melanie Weatherley  
joint chair of Care  
Association Alliance*

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## The role of adult social care partnerships in ICSs

Social care is a critical part of health and care, providing vital services within local systems. Millions of people across the country draw on care and support from social care providers. Care providers are highly experienced in maximising resources and designing and delivering services around the needs of people who use services, carers and communities.

The social care provider sector is a major employer and has an essential part to play in tackling challenges in recruiting, developing, and retaining staff in the health and care workforce.

Social care providers bring valuable expertise in meeting the current and future needs of their wider communities, including those who fund their own care. They are an essential partner in strategic planning and designing better joined-up care that

has the potential to give people greater choice, independence and wellbeing.

Social care providers also bring expertise in the use of preventive approaches which can help ICSs deliver improved population health and tackle inequalities. The well-established and trusted relationships which many social care providers have with local communities can support ICSs to have a more direct and ongoing dialogue with communities and people. This will not only highlight issues but also contribute to ensuring the solutions will bring real change.

Better collection and sharing of data and intelligence across all partners in ICSs, including social care providers, is a key ambition to support effective planning, help join up care more seamlessly, and improve measurement of system outcomes.

## Challenges to partnership working

There is considerable diversity in the adult social care provider sector, ranging from large providers that may operate nationally or across multiple ICSs to grassroots groups supporting people in their local community. The sector covers for-profit and not-for-profit organisations and works with a huge range of people drawing on care and support, providing many different types of support beyond assessed and council-funded care packages.

While this diversity is a strength to be recognised and celebrated, it can be a barrier to establishing systematic representation from the sector in ICSs. Representing such a diverse sector can be demanding in terms of leadership and accountability. Equally the adult social care provider sector faces challenges in finding time and resource to effectively engage in meaningful and strategic activity with an ICS, particularly given workforce challenges and operational demands on the ground.

### West Yorkshire Health and Care Partnership

West Yorkshire ICS has recognised the need for a long-term sustainable settlement for social care and invested £12m of NHS money from individual NHS organisations into social care to enable providers to increase pay in the sector ahead of the April 2022 uplift in the National Living Wage. Workforce planning arrangements (the People Plan) covers the health and social care workforce, though the ICS acknowledges that there is further work to be done to support the social care workforce.

There are long-standing cultural differences between health and the social care sector, and the NHS sometimes lacks understanding about the composition, role or range of adult social care providers and the scale and capacity of the sector. Equally, there is also a need to improve understanding of the NHS, local government and other partners in ICSs, including their legal obligations and limitations, within the social care provider sector.

*“There’s a huge misunderstanding and lack of awareness about what social care providers do in communities. If we don’t make sure that social care is heard, we’re going to miss out on this huge opportunity for whole population change and system working that really is coordinated and uses everything that social care has to offer.”*

*Raina Summerson,  
chief executive, Agincare*

ICSs offer the potential to engage with the adult social care provider sector; for example, by engaging with care associations, or supporting and resourcing provider forums to give the sector a voice in ICPs.



# Opportunities for building adult social care provider partnerships in ICSs

Many adult social care providers are already working in partnership in ICSs, with collaboration most firmly established at place (local authority footprint) and neighbourhood level; for example, in multi-disciplinary teams. There is a range of opportunities for influence and involvement in the changing health and care landscape; some new and some building on established relationships and forums.

- **Integrated Care Partnerships** bring the NHS and local authorities together as statutory partners in each ICS. Leadership and membership arrangements for ICPs vary as they have the freedom and flexibility to find the best arrangements for their areas. They are likely to include a range of organisations with a role in care and health services in an area, including Healthwatch and VCSE partners as well as health and social care providers. ICPs are expected to find ways of working with social care providers to enable their participation in the work of the partnership, including developing the *integrated care strategies* that all ICPs are required to produce, setting out how health and care needs of their population will be met. More details in *expected ways of working between ICPs and adult social care providers*.
- At place level (often, upper tier council areas), social care providers often engage with local government and other partners via **local authority provider forums or local care associations**, which represent many independent providers. There are also other forums supporting collaboration with particular parts of the sector, such as home care. In some ICSs local care associations have started to come together to explore how they can collaborate to provide a voice at system level.
- Many social care providers are already involved in **ICS-wide work programmes** working to improve health and care and support better delivery of joined up services. Examples of programmes where the sector may want to influence, and has an essential contribution to make, include digital transformation; workforce; mental health; personalised care; social prescribing; learning disabilities and autism; discharge; and transformation and innovation in community services.
- All integrated care boards are expected to develop arrangements for engaging and embedding the **VCSE sector** in system-level governance and decision-making arrangements, ideally by working through a VCSE alliance to reflect the diversity of the sector. Exact arrangements vary to reflect local contexts, but for non-profit providers in the adult social care sector, this provides another potential opportunity for collaboration. A similar alliance model could be adopted for the adult social care provider sector. More details in the *guidance for VCSE and ICS partnerships*.
- All ICSs are working to develop a framework and associated development plan for *clinical and care professional leadership* with partners across the ICS. The intention is to involve all clinical and care professions in the vision, purpose and work of their ICS as it matures. Principles for clinical and care professional leadership set the expectation that all care professionals, including

social care, are integrated and involved in decision-making. Adult social care providers can engage in this opportunity by connecting with the clinical and care professional leadership leads in their ICB, who can also advise them on how to join the national Clinical and Care Professional Leadership Community of Practice.

- **Provider collaboratives** are supporting providers in all ICSs to work together to plan, deliver and transform services. All trusts providing acute and mental health services are expected to be part of one or more provider collaborative. There is also an expectation that non-NHS providers, community trusts, and ambulance trusts should be part of provider collaboratives where this would benefit people who use services and makes sense for the providers and systems involved. For example, adult social care sector colleagues may want to be part of a mental health, learning disabilities and autism provider collaborative for their system, or be aware of who is on the collaborative from their sector and ensure they are connecting to them. More details in the [guidance on provider collaboratives](#).
- Many social care providers are already involved in neighbourhood or locality teams and **population health management** programmes, which are designed to provide seamless care for people who access care and support. The adult social care sector can help with insights into community needs, developing innovative solutions with people that draw on services and unpaid carers, and supporting joined-up care through multi-disciplinary teams.

### **Population Health Management**

Population health management is a way of working to understand current health and care needs and predict what local people will need in the future. It focuses on the wider determinants of health and uses historical and current data to understand what factors are driving poor outcomes in different population groups. Local health and care services can then design new proactive models of care which will improve health and wellbeing today as well as in future years' time. Population health is a core strategic aim for ICSs and is a partnership approach across the NHS and other services, including councils, social care, the public, schools, voluntary sector, housing associations and police. All have a role to play in addressing the interdependent issues that affect people's health and wellbeing.

### **Redesigning care and identifying local PHM cohorts in Berkshire West Primary Care Network**

Projections showed that those aged 65 and over were estimated to account for around 60% of the increase in total spend in the next five years. Analysts, clinicians and social care provider representatives discussed how to improve care for the population they all work with, using the data analysis as a starting point. PHM insights and interventions from the programme helped make the case for an integrated workforce by demonstrating where there were gaps in care for some patients that could be filled with joint working or with new roles.

# Partnerships in action

## Collaboration to improve services and support recruitment in North East London

In North East London ICS, partnership between care associations and the ICS has led to shared care pilots that join up care better for people, and remote monitoring that supports people to be cared for better at home. Partners have introduced enablement champions and nurse liaison roles in care homes to improve communication between care providers and NHS services. Care staff have been trained to do basic health observation checks during home visits as part of the Care City health innovator hub.

The Care Provider Voice in North East London is now working on one of the biggest health and care workforce challenges – recruiting good staff. They have launched a care recruitment initiative that matches people to employment opportunities in the sector and promotes placements and apprenticeships across the boroughs of Barking and Dagenham, Havering, and Redbridge. Multiple partners are involved in the initiative, including the councils and their job brokerage team, care providers, the Department for Work and Pensions and Skills for Care.

In the ICS social care providers are represented on the People Board, on care oversight groups, and in place-based arrangements at borough level.

## Building provider voice in Dorset

An adult social care providers sector leadership group in Dorset has created new opportunities for collaboration and partnership. The group brought together representatives from Dorset Council and Bournemouth, Christchurch and Poole Council, the ICS and adult social care providers.

Provider representatives span the breadth of the care sector, including nursing and residential care homes, supported living and home care, extra care, day services. Other specialist care is also represented, including mental health, learning disabilities, physical disabilities and the retirement community, as well as large and small provider organisations.

The group has highlighted some of the key issues and helped to identify practical solutions. Work includes a presentation to the ICS senior leadership team of key messages from the sector; subscribing to the Dorset Social Care Initiative; a collaborative approach to recruitment and retention of staff; and contributing as key partners to the Home First Delivery Group.

## Place-based partnerships in Greater Manchester

Building on established and influential relationships and membership of existing partnership forums can provide routes into engagement with ICSs. The Miocare Group has achieved positive engagement within Greater Manchester ICS at place level, covering the Oldham area where it has become a key stakeholder and taken the system lead for hospital discharge and enablement.

Services provided by MioCare were largely provided in house by Oldham Council until 2013 when the group was created, and it remains a council-owned company. It has an established history of partnership working, to which it brings its independent voice. During the pandemic MioCare provided system leadership for transforming integrated discharge planning across key organisations. This saw the MioCare managing director lead an integrated workforce, which included staff from NHS trusts, independent providers and the local authority. This greatly contributed to the organisation's credibility and leverage. The provider continues to make a significant contribution to enablement and intermediate care.

## Joining up to improve mental health hospital discharge

Look Ahead specialises in delivering mental health, learning disabilities, homelessness and young people services in London and the South East.

Look Ahead has been working in partnership with North Central London ICS since August 2020 to help people who receive treatment in inpatient mental health wards to return to the community more quickly and successfully. One of the projects is a partnership with Camden & Islington NHS Foundation Trust (C&I).

The service was set up to support those who were ready to leave inpatient wards but have issues that prevent this, such as lack of suitable housing or social care packages. C&I and Look Ahead developed the project as a collaborative pilot which could be adapted during the delivery phase as they tested approaches, learned from what worked and developed a clearer understanding of people's needs.

In the 18 months after the pilot service began, Look Ahead worked with 437 patients referred to the service by C&I's discharge leads. The work focussed on issues preventing people from leaving hospital, which the existing discharge team did not have the capacity or practical experience to resolve.

Partnership working has hugely improved the experience of people coming out of hospital and delivered significant financial savings to the system. The pilot has seen a reduction in readmissions to NHS wards, down from 10% to 3%; and a reduction in average length of stay in hospital.

## Voice and influence for social care providers in ICSs

Raina Summerson is chief executive of Agincare, a family business providing care homes, home care and live-in care, including support for younger adults, across England. Raina feels that ICSs give care home teams an opportunity to work as part of a multidisciplinary team in a much broader way across the system.

“We really make sure that the social care voice is heard in a coordinated way, that it is representative and it really is in ‘the thick of it’ in terms of putting social care workforce, and people drawing on social services, at the heart of what is going on.”

Learning points for social care providers include using existing relationships, keeping informed about what is going on in your ICS, and thinking about how your services help the ICS. Raina says: “Think about the networks and people you know in the ICS and try to get your voice heard through that. I think those learning points are definitely about just pushing all the time for the brilliant things that social care can offer the system and why it is so important to include social care and suggesting positive ways in which social care can be included and the outcomes it can deliver.”

*“People will see the changes in ICSs by simply having a more joined up approach to the care that they receive. They won’t be asked repeat questions all the time, they’ll have better access to information, and they’ll feel really confident of their health and social care professionals across the system are working together and for the good of their care outcomes.”*

*Raina Summerson  
chief executive, Agincare*

# Summary

ICSs are part of a bold vision for the future of health and social care in England. There is a determination to improve the health and wellbeing of the population, to reduce inequalities and to improve access, quality and experience. But this vision cannot be achieved without the fullest participation of adult social care providers.

*“I’m really keen to do more in the community. I want to explore how we can commission care and support to help more people stay in the homes for longer and away from hospitals.”*

*Tracey Bleakley,  
chief executive, Norfolk & Waveney  
Integrated Care Board*

The challenges facing health and care underscore the importance of fully involving adult social care providers in ICSs, to enable providers and ICSs to unite around a common purpose. Integrated care provides an opportunity to cut across traditional sector boundaries to build relationships and collaborate with partners throughout a person’s care journey, promoting innovative and person-centred ways of working.

Partners can develop structural routes for adult social care provider involvement, exploring how forums, alliances or geographical clusters can facilitate engagement and strengthen the sector’s voice. In many areas, partnerships are developing through

a focus on shared priorities, including addressing workforce shortages, upskilling the workforce and designing new models of care that meet people’s changing needs.

For collaboration to thrive partners need time, resources and a focus on building mutual understanding and trust, allowing solutions to be developed to shared challenges.

The diversity of the sector and its interests means there is no ‘one size fits all’ approach to collaboration. But this is the moment for a shift in the culture and vision of organisations across an ICS to work towards a shared goal that puts the needs and outcomes of the person at the centre.

*“We are reaching out to the ICS at every level; system, board and place. We are saying that we want to be involved. How do you want to interface with us? How do you want to engage with us? We will make it happen. It is in all our interests.”*

*Sarah Clarke-Kuehn,  
chief operating officer –  
commercial, Sanctuary  
Care*



## Further information

- *NHS England: Key documents for ICSs*
  - *NHS England: A map of the areas covered by the 42 ICSs*
  - *National Care Forum: ICS resources*
- 

### The Care Provider Alliance

The Care Provider Alliance (CPA) is the collective national voice of adult social care providers in England, bringing together the 11 main national associations which represent private, voluntary and community sector providers across the country.

The CPA represents the whole sector and ensures a coordinated response to the major issues affecting adult social care providers. This includes care homes, home care services, Shared Lives schemes and retirement communities.

The Alliance also represents providers of support to adults with physical, sensory or learning disabilities, people with mental ill-health and older people.

CPA members cover almost 10,000 organisations, employ more than 600,000 staff and support an estimated 1 million people.

### CPA members are:

- *Associated Retirement Community Operators*
- *Association for Real Change*
- *Association of Mental Health Providers*
- *Care Association Alliance*
- *Care England*
- *Homecare Association*
- *National Care Association*
- *National Care Forum*
- *Registered Nursing Home Association*
- *Shared Lives Plus*
- *Voluntary Organisations Disability Group*



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