



Learning Network

Care Provider Alliance and NHS England

Building strategic models of engagement in Integrated Care Systems

Learning Summit Report

Published March 2023

Context

The Care Provider Alliance (CPA) and NHS England (NHSE) are supporting effective partnership working between the adult social care provider sector and integrated care systems (ICSs).

To support this, they have established a virtual Learning Network which will host a series of learning summits.

The first summit was held on 26 January 2023, with a focus on developing strategic models of engagement with adult social care providers.

This session considered the policy and context of ICSs, as well as emerging practice in relation to social care providers' strategic involvement in local areas.

The session was jointly chaired by Nadra Ahmed CBE, Chair of the Care Provider Alliance and Executive Chair of the National Care Association, and Sir David Behan CBE, Non-Executive Director of NHS England.

Speakers included: Joe Armer, Department of Health and Social Care; Simon Williams, Local Government Association; Les Jeffs, Avondale Care and Kent Integrated Care Alliance; Michelle Atkinson, Leeds Care Association; Kate Sims, West Yorkshire ICB; and Rosa Napolitano, Look Ahead.

Key learning

- Care providers bring a unique, strategic and operational perspective to ICSs. Now formally established, ICSs have an opportunity to improve the quality of care by reimagining how it is provided with full involvement from all partners across health and care.
- Integrated Care Partnerships (ICPs) are expected to fully engage care providers as strategic partners. However, there is a range of opportunities for influence and involvement in ICSs and care providers should be actively involved in multiple ways, according to local needs.
- Integrated Care Boards (ICBs) should actively seek to engage their local/regional care associations to plan, deliver and improve joined-up services. Where appropriate, they may support capacity within their local care provider associations to enable meaningful engagement. Many local care associations are members of the [Care Association Alliance \(CAA\)](#).
- Small care providers should consider membership of their local care association as a route to sustainable representation. Depending on local arrangements, social care provider associations may wish to work together as a regional alliance to increase their influence within an ICS area.
- Relationships are key: Invest time in developing them – even if contacts, including commissioners, change jobs. They generally remain in the system. Local authorities can support provider engagement where this is absent (e.g. they can advocate for the ICPs and ICBs to work with providers/associations).

Chairs' reflections

Nadra Ahmed CBE, Chair of the Care Provider Alliance and Executive Chair of the National Care Association

Sir David Behan CBE, Non-Executive Director of NHS England.

- It is important to maintain focus on the core values that underpin social care: independence, choice and control.
- Workforce is a crucial issue and key enabler: health and care are both experiencing high vacancies due to long term under-funding.
- Care providers have a key role to play in the ICSs' strategic decision making to effectively respond to immediate pressures and collaborate on longer-term solutions.

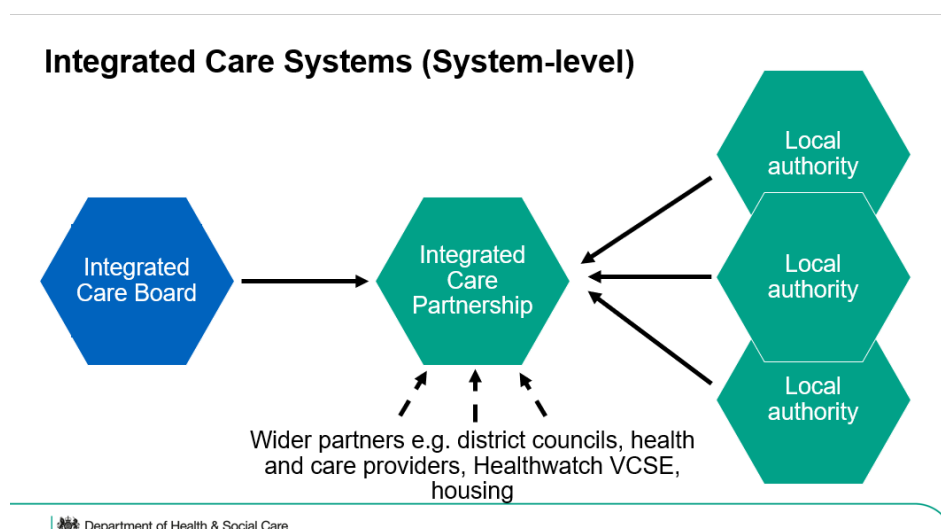
- Care providers bring expertise and relationships with people they support which can help ICSs to have more direct and ongoing dialogue. ICSs should engage care providers as they establish ways of working.
- Care associations should consider local collaboration and how they represent the wider sector in ICSs.

Policy context

Structures and requirements of ICSs

Joe Armer, Senior Policy Advisor, Department of Health and Social Care (DHSC)

Structure at system level



The **Integrated Care Board** (ICB) is the successor body to Clinical Commissioning Groups, and it is responsible for commissioning NHS services. Membership includes a chair and chief executive, non-executive directors, members nominated from primary medical care, Trusts and Foundation Trusts, and local authorities, and extra members as appointed by the local area.

The **Integrated Care Partnership** (ICP) is a statutory committee that must be established by the ICB and upper tier local authorities in the area. It brings together a broad alliance of partners concerned with improving the care, health and wellbeing of the population, with membership determined locally.

The ICP does not commission services but is responsible for producing an integrated care strategy that should set the direction of the system, outlining how the NHS and local authorities, working with broad set of partners such as care providers and the

voluntary, community, and social enterprise sector, can deliver more joined-up, preventative and person-centred care for their whole population, across the course of their life.

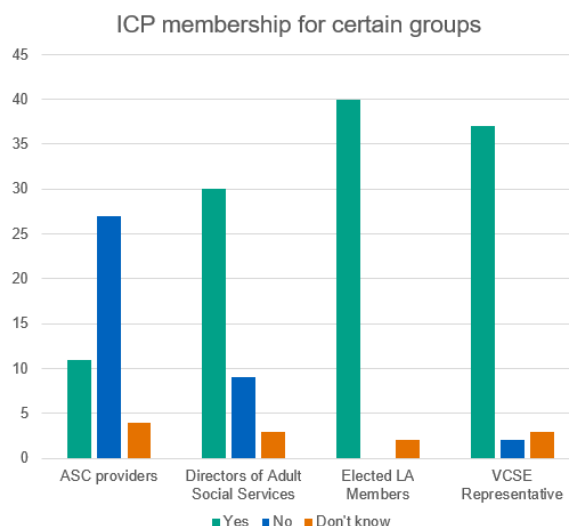
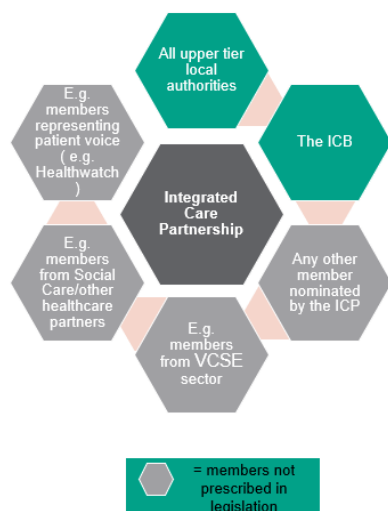
DHSC has been deliberately permissive about ICB and ICP memberships beyond statutory minimum requirements.

A broad and diverse range of approaches to governance models are emerging as ICSs present an opportunity to reach beyond ‘traditional’ health and social care services to consider the wider determinants of health and those who have historically not been directly involved in strategic decision making.

Expected ways of working with social care providers

DHSC, National Care Forum, NHS England and the Local Government Association developed principles and expected ways of working between integrated care partnerships and adult social care providers.

Integrated Care Partnerships



Department of Health & Social Care

The guidance - [Expected ways of working between integrated care partnerships and adult social care providers, July 2022](#) was endorsed by the Care Provider Alliance.

Key principles:

- **Partnership** – adult social care providers are critical partners in planning, delivering, and improving care and outcomes.

Partnership is not always about ICP membership – there are other mechanisms to support strategic engagement.

- **Inclusion** - ICPs and providers should collectively support the whole adult social care voice to be heard.

Care providers should be strategic partners as well as delivery partners. ICB and ICP leadership have a role to explain the relevance of ICSs, and to facilitate their involvement (e.g. through providing resources and training).

It can help the ICS to have networks that can advocate for a range of providers, such as care associations, local authority provider forums or other local, regional or national networks.

- **Subsidiarity** - ICPs should promote place-based integration, building on the partnership arrangements that already exist and foster new working relationships.
- **Knowledge sharing** - ICPs should facilitate sharing of knowledge across places and systems to improve health and care services.

Local Government Association perspective

Simon Williams, Joint Director of Social Care Improvement, Local Government Association

The Local Government Association (LGA) welcomes the initiative to bring together all partners – including providers – on integrated care. There are four issues to consider:

- Local government has a particular role as a commissioner and cannot speak on behalf of the whole sector such as providers or those who draw on care services. Therefore it is important to involve all partners.
- Local government has a responsibility for market oversight. That needs to be acknowledged within the partnership.
- Effective involvement of care providers will require some level of support and resources – especially to engage small and medium sized care providers.
- All partners have to be brave and not defensive. They should accept that they will differ and sometimes get things wrong, and work together to develop solutions.

Local approaches

Kent and Medway ICS

Les Jeffs, CEO Avondale Care and Board Member for Kent Integrated Care Alliance (KICA)

The Kent Integrated Care Alliance (KICA) was involved in the Together We Can symposium organised by the ICS in Autumn 2022 as part of engagement with all stakeholders.

Social care providers are represented on the Integrated Partnership Board (ICP), and the chair of KICA also sits as chairman of the Care Sector Workforce Steering Group, which feeds directly into the ICB.

KICA is arranging a provider forum to bring together the chair and the CEO of the ICB and the Director of Kent Adult Social Care. Providers hope that the ICS structure can drive improvements and establish themselves as genuine partners in a new era of shared enterprise.

Examples of emerging practice:

- Collaborative discharge to assess commissioning and the programme to facilitate the discharge of persons with learning disability and other problems from long stay hospital, using trained social care staff.
- Enhanced Health in Care Homes, the Restore2 programme which helps care home staff manage the health of residents proactively, and an admirable end of life protocol, are valuable and are very much to the credit of the new ICB arrangement.

West Yorkshire ICS

Michelle Atkinson, Chief Officer, Leeds Care Association and Kate Sims, Director of People, West Yorkshire ICB

Leeds Care Association formed a regional care association alliance of the trade associations within Yorkshire and Humber which is covered by three ICPs and ICBs.

They are developing a memorandum of understanding so that they are all working to the same core principles, supported by regional Association of Directors of Adult Social Services (ADASS) and Local Government Association (LGA) colleagues.

This approach is allowing the Alliance to bring care providers' expertise, knowledge and skills to the ICS table. In particular, it ensures that small care providers who may not have capacity to attend meetings directly are represented.

Examples of emerging practice:



- **Fair Cost of Care:** Each local authority in the region was taking a slightly different approach to the Fair Cost of Care exercise. The regional alliance supported care providers through the exercise, encouraging them to take part and ensuring a wide range of care provider voices were represented in submissions. The alliance will monitor the outcome of the exercises and consider how they can continue to work together on this issue.
- **ICS representation:** By working together as a Yorkshire and Humber Care Association Alliance, providers can influence initiatives across the region. This includes training and workforce plans, quality improvement plans, new legislation and practice. For example, each local authority develops its own implementation plan in relation to legislative changes. For care providers working across more than one authority, this can be problematic and time consuming. The Alliance enables collaborative work on implementation plans.
- **Joint action plan:** The alliance held a crisis in care summit with partners from the local authority and NHS in October 2022. As a result, they have developed and agreed an action plan and are developing links with ICB and ICB partners.
- **Long term grant funding agreements:** These are in place to support the place-based trade associations. Initial funding provided to Kirklees, with potential opportunities being discussed with Wakefield, Doncaster, Rotherham.
- **Hospital discharge:** The Trusted Assessor programme in Leeds and Wakefield weekly discharge meeting is supporting better planning and delivery.
- **Commissioning: Planning to coproduce** future commissioning strategies and frameworks with the Alliance and ICB members.

- **Integrated long-term workforce plans:** The ICS has developed coordinated workforce recruitment campaigns across the whole health and care system, and ensured the wellbeing hub is accessible to all health *and* social care staff. A recent ICB board meeting had workforce as its full focus, with social care providers among the key speakers. All key parties – including care associations, providers, and Skills for Care – are working together at local level to consider numbers of staff, roles needed in the future, and potential to extend training placements beyond secondary care.

Key messages from Yorkshire and Humber Care Association Alliance

- Relationships take time to develop. **Having the right people involved at the right time is crucial. Contacts change – but you need to persevere.** Take the small steps. Take any opportunities that you're offered.
- Important to recognise that different places are at different stages of development.
- **Share good practice:** This has been a particularly helpful for new care associations.
- **Ensure there are adequate resources to enable meaningful contributions.** Small organisations should be supported to be involved.
- **Work together** to develop joint initiatives (Ten point action plan, trust assessor, workforce issues).

London

Look Ahead

Rosa Napolitano, Executive Director of Business Development and Innovation, Look Ahead

Look Ahead is a specialist housing provider working across London and the South East. They have over 140 services across a wide geography which does not sit neatly in ICS arrangements.

Examples of emerging practice

Camden & Islington pilot from Winter discharge funding: This involved Look Ahead providing in-reach into wards. As a result, they supported Camden and Islington NHS Foundation Trust with improved bed capacity and significant financial savings as re-admission rates reduced from 10% to 3%.

Newham: work initially focused on the handover of low support requirements to Look Ahead. Joint conversations with the local authority and hospital trust have

transformed the service into supporting people with high needs. This developed in phases:

- Phase 1 - Winter pressures added in housing units for Delayed Transfer of Care.
- Phase 2 – Floating support service developed.
- Phase 3 – Remodelled support to higher acuity patients.
- Phase 4 – Working with North East London ICS partners on how Look Ahead housing stock can support other service models.

Key messages from Look Ahead

Do:

- Understand ICS geography.
- Read their priorities and plans
- Listen to what they need.
- Remember they are still working out how they function, so it is a good opportunity to influence their thinking.
- Evaluate the work you do with them so they can use it to justify ongoing work together.
- Invest time in relationships: Commissioners move around but time invested in your network will pay dividends over the years.

Don't:

- Be rigid in your thinking – adaptability and flexibility is key.
- Think of it as a transactional relationship or expect quick wins.
- Overpromise and underdeliver.

Themes from Q&A

Engagement of people who draw on services and carers

ICS guidance on [*Working in partnership with people and communities*](#) sets out an expectation that partners in an ICS should agree how to listen and act on the experience of local people and communities.

This may include involvement of local Healthwatch. It is a local decision as to whether it is appropriate for them to be a full member of a decision-making body where they are also scrutinising and advocating for patients and people who draw on care and support.

ICS, ICP and ICB structures and members

Find local links via [NHS England webpages on ICS leadership](#).

More details about membership should be available via minutes of partnership boards. CPA and NHS England will also look to encourage ICSs to provide key contact information.

See [Expected ways of working with adult social care](#)

Workforce

[Skills for Care](#) is the strategic workforce development and planning body for adult social care in England. They work with employers, Government and partners to ensure social care has the right people, skills and support required to deliver the highest quality care and support now and in the future. Their local area teams across England work directly with adult social care providers, as well as a wide range of other partners within the local health and care systems.

A future Learning Summit will focus on this. We will advertise this event on the [Care Provider Alliance website](#), and via Twitter [@CPA_SocialCare](#).

Vision of integrated care

Integration comes in many formats. But the real test is whether the people who draw on care and support feel like there is a seamless experience. There are different ways of getting there organisationally.

The [Care Provider Alliance has produced guidance](#) for care providers on opportunities for partnership with ICSs.

Accountability

Consider joint accountability as no one organisation or profession can deliver on what is required. CQC can potentially help but considering how the partnership arrangements are working within the ICB e.g. Is the voice of people using services and the lived experience of those people being factored into the way those partnerships are working?

Next steps

- **Next summit:** [Data sharing and ICSs – 22 March 2023](#)
- **Contact us:** info@careprovideralliance.org.uk

- **Visit:** <https://careprovideralliance.org.uk/integrated-care-learning-network>

Useful links

[Recording, slides and report from Learning Summit: Building strategic models of engagement in ICSs](#)

[Expected ways of working between integrated care partnerships and adult social care providers, July 2022](#)

[Adult social care provider partnerships in integrated care systems, August 2022](#)

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