

Delivering more joined up care for patients and service users has been a key ambition for the NHS over many years, with a recent focus on integrated care systems (ICSs) as the vehicle for such delivery. Following the passage of the Health and Care Act 2022, 42 ICSs will be established across England on a statutory basis from **1 July 2022**.

As part of the evolution of ICSs, NHS England has published several national policy and guidance documents, setting out the role and responsibilities of ICSs, as well as the role of different partnership arrangements within ICSs.

All of these national ICS policy and guidance documents contain acronyms and terminology that are now commonly used to describe how the NHS structure will be delivered from July 2022. This glossary is intended to support governors to navigate this terminology.

System working glossary for governors

ICS – Integrated care systems

An ICS brings together health and care organisations with wider partners to collaboratively plan and deliver joined up services in a specific area or 'system'. These organisations include, but are not limited to, NHS providers, commissioners, local authorities and the voluntary sector. The ambition is that ICSs will improve population health outcomes; tackle health inequalities; enhance productivity; and support broader social and economic development.

From 1 July 2022, ICSs became statutory bodies under the Health and Care Act. They are comprised of two component bodies called the integrated care board (ICB) and the integrated care partnership (ICP). ICBs and ICPs will cover a population of approximately 1-3 million people.

ICB – integrated care board

ICBs are new statutory bodies that will act as the strategic commissioner in each ICS, having taken on the NHS planning functions previously held by clinical commissioning groups (CCGs). Each ICB is responsible for: developing a five-year plan with the trusts in the system to meet the health needs of the population; organising how health services are planned and delivered; managing the local NHS budget; and overseeing the day-to-day running of the NHS locally.

The statutory minimum membership of the board of each ICB is: a chair, two independent non-executive members, a chief executive, three executive members (a chief finance officer, chief medical

officer and chief nursing officer) and at least one “partner member” from a trust or foundation trust, one from primary care and one from a local authority within the system.

ICBs can issue contracts or delegate authority to individual providers, partnerships of providers (called provider collaboratives – see below) or partnerships of NHS providers and others to plan and/or deliver services. These partnerships can include place-based partnerships, which bring together trusts, local authority, voluntary sector and other organisations.

ICP – integrated care partnership

The ICP is a statutory committee formed between the ICB and relevant local authorities within the ICS area as “equal partners”. The ICP is responsible for the development of an “integrated care strategy” setting out how to meet the wider health, public health and social care needs of the population in their ICS footprint. Given this breadth of focus, ICPs will usually include a range of partners beyond local government and the NHS – such as the voluntary sector, social care, public health, the education sector, housing services – with the aim of improving health and care services, and influencing the wider determinants of health and broader social and economic development. The ICB will need to take the integrated care strategy into account when developing its five-year joint forward plan.

Provider collaboratives

Provider collaboratives are partnership arrangements involving at least two trusts working together either at ICS or multi-ICS level. The ambition behind these collaboratives is to drive standardisation in clinical services, reduce inequalities in access to care, to maximise economies of scale, and make health services more resilient through sharing staff and other resources between sites and organisations.

From 1 July 2022, all trusts providing acute and/or mental health services are expected to be part of one or more provider collaborative, with community and ambulance trusts (and other partners) participating where it makes sense locally.

Provider collaboration can take place ‘horizontally’ or ‘vertically’. A horizontal collaborative may take place at ICS level or across several ICSs, between at least two trusts delivering the same type of services. Vertical collaboration may happen at ‘place’ level (see below) – for example between an acute trust and community, primary or social care.

Under the Health and Care Act ICBs can delegate budgets and functions to provider collaboratives. Where used, such arrangements may give collaboratives responsibility for designing and running services.

Place

In the context of ICSs, 'place' refers to a smaller geographic footprint within a system, covering a population of approximately 250,000-500,000, which often aligns with a local authority area or patient flow into hospital services. National policy and guidance positions 'place' as central to the coordination, integration and improvement of service planning and delivery, as well as addressing the wider determinants of health.

Place-based partnerships

Place-based partnerships bring together a range of organisations to lead the detailed design and delivery of integrated services with the aim of improving the health and wellbeing of their local residents. The partnerships are defined locally but tend to include: trusts, the ICB, local authorities, primary care services, social care providers, voluntary and community sector organisations, local residents and service users, and wider partners such as housing or education providers. Like provider collaboratives, ICBs can delegate budgets and functions to place based partnerships. In some cases NHS allocations may be pooled with social care funding.

Neighbourhood

Within each 'place' there are several neighbourhoods which cover an even smaller footprint of the local population, typically populations of 30-50,000. Neighbourhood working often focuses on integrating primary, community and social care through multidisciplinary teams and joint working arrangements. Neighbourhoods are therefore key to the NHS's commitment to integrate care and deliver it as close to home as possible.