

Guidance

Expected ways of working between integrated care partnerships and adult social care providers

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Applies to England

Contents

[Background](#)

[Purpose](#)

[Principles](#)

[Engagement principles](#)



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Background

Adult social care (ASC) providers are critical partners in the health and care system. Over 1.5 million people work in ASC in England^{[\[footnote 1\]](#)}, most of whom are employed by small and medium-sized independent providers including voluntary and community providers.

When we refer to ASC providers in this document, we mean the organisations who provide ASC services, regardless of whether they are from the independent, public, or voluntary, community and social enterprise (VCSE) sector. The integrated care strategy guidance contains further expectations for integrated care partnerships (ICPs) on engaging people and organisations, including ASC providers.

The Health and Care Act 2022 builds on the work of existing non-statutory integrated care systems (ICSs) by establishing NHS bodies known as integrated care boards (ICBs) and requiring the creation of ICPs in each of the 42 ICB areas across England.

The ICBs will take on the functions previously carried out by clinical commissioning groups and will be responsible for driving integration with and within the NHS. The ICPs will provide an essential forum for health and ASC partners to agree how the health and care needs of its population should be addressed through the work of the ICB, local authorities (LAs) and their system partners. This document emphasises the importance of ASC providers as essential partners and the expectation that they will be supported to be fully engaged in the work of the partnership.

ICPs have a statutory duty to create an integrated care strategy to address the assessed needs, such as health and care needs of the population within the ICB's area, including determinants of health and wellbeing such as employment, environment, and housing.

ICBs and LAs will be required by law to have regard to the integrated care strategy when exercising any of their functions^{[\[footnote 2\]](#)}. NHS England (NHSE) must have regard to the integrated care strategy when 'exercising any functions in arranging for the provision of health services in relation to the area of a responsible LA'^{[\[footnote 3\]](#)}. Through being involved in the work of the ICP and the development of the integrated care strategy, ASC providers will be able to shape, influence and support the strategic direction of the ICS.

Purpose

These ways of working, developed by the Department of Health and Social Care (DHSC), Local Government Association (LGA) and NHSE, in partnership with the Care Provider Alliance, set out a series of advisory principles for ICPs and ASC providers to guide their work together.

They are intended as co-created advice, offering a firm basis on which to establish mutually supportive ways of working between ASC providers and ICPs.

These principles will also be a benefit in guiding any partnership arrangements, including ICBs and health and wellbeing boards (HWB), and will help to ensure ASC providers are involved as essential partners, alongside commissioners, people with lived experiences of care or unpaid carers among others, in the work of the ICP as they all have valuable perspectives to contribute to service planning across England.

Principles

The principles at the centre of this guidance are:

- partnership - ASC providers are critical partners in planning, delivering, and improving care and outcomes
- inclusion - ICPs and providers should collectively support the whole ASC voice to be heard
- 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

These principles, alongside other guidance including ICBs and health and wellbeing boards (HWBs), and will help to ensure ASC providers are involved in service planning in ICPs across England.

To achieve this, DHSC, LGA and NHSE will support ICPs and providers through:

- helping providers and provider organisations to understand and participate in the development and functioning of the ICPs and wider partnerships
- make national connections between ICPs and provider organisations to develop effective links
- develop a wider support offer to help build capability in ICPs and ASC providers to engage
- share case studies and examples of how engagement between ASC providers and others are working
- providing implementation support to support work with care providers to drive uptake of digital technologies, including central regional engagement and local hands-on support in each ICP

Engagement principles

All systems should work together collaboratively through ICPs to achieve better health and wellbeing outcomes for

their populations

For systems to improve health and wellbeing outcomes, ICBs and ICPs will need to bring together a broad variety of health and care partners to plan, deliver and improve joined-up services, including not just local authorities, NHS bodies and ASC providers but also other partners in the health and care system. For ASC, this may also include charities and VCSE organisations, people delivering care both paid and unpaid, and people drawing on care and support.

ICPs should strive to develop a culture of trust, openness, respect, and honesty, with all partners working through challenges. Working in partnership will build shared purpose and common aspiration across the entire system, leading to better health and care for all.

ASC providers are critical partners in planning, delivering, and improving health and wellbeing outcomes

ASC providers are not just delivery partners. They should be fully engaged in the work of the ICP as strategic partners. This includes ensuring their perspectives and insights are fully represented in each ICP to achieve joined-up, person-centred and preventative care together.

ASC providers can be deeply rooted in their local communities. They bring hugely valuable expertise in meeting the current and future needs of their wider communities, as well as deep insight and understanding of the people and communities they serve.

Their knowledge and expertise will support the ICPs to:

- tackle the deep-rooted health inequalities
- improve the health and wellbeing of people who live and work in their area
- drive greater personalisation of services

ICPs should also be clear on how the work of the ICP and ICB is relevant to ASC providers, their employees, and the people that they support care for through clear, and accessible engagement and communications.

They will also need to be aware of the capacity, and capability of providers to be involved at system-level, and consider making arrangements that will facilitate their involvement, including, where appropriate, providing resources and training to build capability and capacity.

ICPs and providers should collectively support the whole ASC voice to be heard in each ICP

ASC providers provide care and support for a wide range of people through a varied range of services. This includes care homes, home care, supported living, community-based, and information and advice. Many of them will be small or micro

providers. Families, unpaid carers, and community networks are also a critical part of the ASC infrastructure and ICPs should also involve them in their work.

Every organisation or individual that contributes to the care and support of people needing assistance from ASC will have their own views and needs when planning care services, and some providers will be better able to represent themselves in system level decision-making than others.

We expect that ICPs should take an open approach to strategy development and the involvement of partners and communities. Therefore, ICPs should reflect and respond to the ASC provider voice when producing integrated care strategies. They should also seek to ensure that the integrated care strategy is well communicated, so that all ASC providers in a system are aware of how the plans might affect them.

ASC providers should be encouraged, supported, and where appropriate, resourced to build sustainable networks and relationships. This could be through care associations, local authority provider forums or other local, regional or national networks. These networks should provide the diversity and breadth of provider perspectives, and report on how those perspectives are used and acted upon. ICPs may decide that, according to their local circumstances, this is most effectively done through setting up an ICP ASC provider forum. The ICP should create an effective space or forum through which to engage with ASC providers.

Local authorities, as part of their market shaping duties, should ensure that all ASC providers in their area, as well as those that they engage and commission are aware of the opportunities to participate in these forums. ICPs should develop relationships, and build networks with local care associations, the VCSE alliance and other provider organisations including regional and national provider networks to strengthen their engagement. We would expect the ICP to support, encourage and where appropriate, resource to support, the establishment and sustainability of these networks.

ICPs and ASC providers should build on the existing place-based partnership arrangements and locally foster new working relationships

We expect that ICPs will support integrated approaches and subsidiarity. ICPs should understand their geography, needs, challenges and existing forums. As most service integration happens at place-level, ICPs should champion collaborative working relationships between ASC providers, and their members at place-level, as well as support coalitions with community partners, in addition to system-level working.

Each system will have different relationships between the partners in their area, with some systems having more mature and joined-up relationships than others. ASC providers, NHS partners, local authorities and other system partners should all build on the place-based working relationships that already exist in their area and facilitate more partnership working wherever possible.

For some providers, it might be more appropriate for them to be primarily engaged with neighbourhood organisations, such as primary care networks or place-based partnerships, rather than the ICP.

HWBs are key drivers of place-based integration and play an important role in supporting the development and delivery of integrated care strategies. ASC providers from the independent, VCSE and public sectors, should be represented through provider forums.

Care Associations and other provider organisations should be supported, encouraged and where appropriate, resourced to work closely with their local HWB, and any place based ICB sub-committees to improve service delivery at place level. The involvement of directors of adult social services in HWBs and ICPs is not an adequate proxy for ASC provider voice.

Share good practice across places and systems to improve health and care services

We expect that ICPs will choose to use local insights and data in their strategy development, alongside the joint strategic needs' assessments. ASC providers, NHS, local authorities, and other partner organisations can also use these insights and data to improve their services through learning from each other's specialist expertise and knowledge across the system. ICPs should communicate to ASC providers about how this data and insight is used and acted on.

The ICP and its system partners should encourage each other to innovate, developing better ways of working, as well as to share knowledge, findings, and best practice at both place and system-level. They may wish to think about how they can support this through structures, such as dedicated communities of practice or through practical steps, such as collaborative data sharing agreements.

ICPs will also have to publish their integrated care strategy so ASC providers should be able to see where this insight and data has influenced the integrated care strategy. Contributions should be fed back to all contributors wherever possible.

To help providers achieve this, DHSC have announced an investment of at least £150m to drive digitisation in the sector to improve the quality, safety, and personalisation of care. This will include ensuring at least 80% of social care providers have adopted digital social care records by March 2024. By March 2025, health and social care staff will have appropriate access to a complete view of a person's lifelong health and social care record, to which they can contribute.

DHSC, NHSE and LGA recognise that ASC providers and workforce continue to give excellent and compassionate care to the people they support people who draw on care and support. We expect ICPs to use data and insight to positively impact workforce planning, this should ensure that the skills and expertise of ASC providers and employees are used to support people drawing on care to live a good life and achieve their ambitions.

1. 1.54 million people were estimated to work in the Adult Social Care sector in 2020 and 2021 (The size and structure of the adult social care sector and workforce in England, Skills for Care).

2. Health and Care Act 2022, S.26(6)(1)

3. Health and Care Act 2022, S.26(6)(2)

[↑ Back to top](#)

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