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Integrated care jargon buster

Do you know your PHM from your HWB? The GGI integrated care jargon buster is here to help.

The journey to integrated care has introduced a lot of terms and acronyms. Here is a helpful cheat sheet of some key terms:

- Integrated care
- Integrated care systems (ICSs)
- NHS ICS body
- NHS health and care partnership
- Joint committees
- Provider collaborative
- Place and neighbourhood
- Primary care networks
- Health and wellbeing boards (HWBs)
- Population health management (PHM)

Integrated care

Integrated care is about giving people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. The aim is that people can live healthier lives and get the care and treatment they need, in the right place, at the right time.

Integrated care system (ICS)

An ICS is a partnership between NHS organisations, local councils and others, who take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve3. There are 44 ICS 'footprint' areas9. The size of a system is typically a population of 1-3 million, but can vary from 300,00 (in West, North and East Cumbria) to nearly 3 million (in Greater Manchester).

The move to ICSs has been a long journey. In 2015, 'vanguard' sites in 50 areas took the lead in developing and testing five new models of care. In 2016, NHS organisations, local councils and others came together to form sustainability and transformation partnerships (STPs). From 2018, some of these STPs evolved to form integrated care systems. In 2019, the NHS Long Term Plan confirmed that every part of England would be served by an ICS from April 2021.

NHS ICS body and NHS health and care partnership

The 2021 White Paper describes that within an ICS, there will be two bodies: the ICS NHS body, which will be a new legal entity, and the ICS health and care partnership, which will be a more loosely and locally-determined coalition.4 Current guidance emphasises that both bodies will be given some flexibility to develop processes and structures that work most effectively for them, bearing in mind that the NHS ICS will need to pass the usual governance tests to become a legally-constituted public sector entity.

The ICS NHS body will be responsible for the day-to-day running of the ICS, including developing a plan to meet population needs, developing a capital plan for the NHS providers, and securing provision of health services to meet population needs. The allocative functions of CCGs, which will themselves be abolished, will be merged into the new ICS NHS body, which will be able to delegate significantly to place level and to provider collaboratives. NHS England will set the financial allocation and financial objectives for the ICS NHS bodies.

The ICS health and care partnership will bring together the NHS, local government and partners, including representatives from the wider public space, such as social care and housing. Its role will be to support integration and develop a plan to address the systems' health, public health, and social care needs.

Joint committees

In a joint committee, each organisation can nominate one or more representative member(s). The joint committee has delegated authority to make binding decisions on behalf of each member organisation without further reference back to their board. Member organisations may need to amend their constitutions and review their governance arrangements to ensure clarity, consistency and accountability. A crucial point is that boards going into joint committee arrangements effectively lose their 'veto' as binding decisions at a joint committee can be agreed through a majority, rather than specific agreement from each constituent member organisation of the joint committee.

The white paper suggests allowing ICSs and NHS providers (NHS trusts and foundation trusts) to create joint committees to take joint decisions, to remove unnecessary barriers to joined-up decision-making. Previous legislation has significantly limited the ability of foundation trusts to enter into joint committee arrangements.

Provider collaborative

Provider collaboratives are arrangements between NHS organisations with similar missions (e.g., an acute collaborative). They can also be organised around a 'place', with acute, community and mental health providers forming one collaborative. It is expected that all NHS providers will need to be part of one or more provider collaboratives, as part of the new legislation.

In terms of structure, a collaborative could mean anything from a structural merger to a looser coalition of the willing to better manage common issues through sharing, mutual aid and joint working. For more details about the four leading models, please read our Illumination on provider collaboratives.

The provider collaborative model is based on what were formerly known as new care model (NCM) pilots. These pilots were launched in 2016/17 and trialled new ways of working across mental health providers. Since April 2020, local service providers have been able to join together under NHS-led provider collaboratives for specialised mental health, learning disability and autism care.

Place and neighbourhood

A place is a town or district within an ICS, which typically covers a population of 250,000 – 500,000 people. They are often, but not always, coterminous with a council or borough. Redesigning service delivery is likely to be focused at the place level.

Neighbourhoods are areas which typically cover a population of 30-50,000, where groups of GPs and community-based services work together to coordinate care, support and prevention and wellbeing initiatives. Primary care networks and multidisciplinary community teams form at this level.

Primary care networks (PCNs)

PCNs are groups of GP practices, working with each other and with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas. They are led by a clinical director who may be a GP, general practice nurse, clinical pharmacist or other clinical profession working in general practice. PCNs build on existing primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care for people close to home.

Over 99% of general practices are part of a PCN. There are 1,250 PCNs across England – they are based on GP registered patient lists, typically serving natural communities of between 30,000 to 50,000 people. They are small enough to provide the personal care valued by both people and GPs, but large enough to have impact and economies of scale through better collaboration between GP practices and others in the local health and social care system.

Health and wellbeing boards (HWB)

The Health and Social Care Act 2012 (the 2012 Act) required the establishment of an HWB for every upper tier local authority, which took effect from April 2013.10 HWBs are a statutory forum where political, clinical, professional and community leaders from across the care and health system come together to improve the health and wellbeing of their local population and reduce health inequalities.

Population health management (PHM)

Population health management is a technique for using data to design new models of proactive care and deliver improvements in health and wellbeing which make best use of the collective resources.8 PHM is the critical building block for integrated care systems and enables primary care networks to deliver true personalised care with their local partners.

Population health aims to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across an entire population. The approach includes focusing on the wider determinants of health, which have a significant impact as only 20% of a person's health outcomes are attributed to the ability to access good quality healthcare.

Historical and current data are used to understand what factors are driving poor outcomes in different population groups. New proactive models of care are then designed to improve health and wellbeing today and in 20 years' time.

Illuminations

- As part of the new legislation, it is expected that all NHS providers will need to be part of one or more provider collaboratives. NHS providers, and potentially other partners, will need to choose which provider collaborative(s) to join and which structural model to follow.
- Redesigning service delivery is likely to be focused at the place level. The white paper has not pre-defined how this is to be done, leaving it open to different local interpretations. Success will require a lot of thinking and innovation.
- Health and wellbeing boards (HWBs) could offer a lot of learning and best practices for successful collaborations in general, and improving health and wellbeing outcomes at the place level in particular.

Did we miss any terms you would like to have defined? Are there any other topics, for which you would like a jargon-busting cheat sheet? Please let us know, either by calling us on 07732 681120 or emailing **advice@good-governance.org.uk**