

# Understanding ICBs, ICPs, ICSs and unpaid carers

[Note: this document is England only]

## **The purpose of this document:**

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This briefing document has been created by Carers UK to provide local organisations and unpaid carers who want to engage with local healthcare systems with an overview of:

1. Integrated Care Boards (ICB), Integrated Care Partnerships (ICPs) and Integrated Care Systems (ICS)
2. How these organisations fit with other local structures e.g. Health and Wellbeing Boards
3. How Joint Strategic Needs Assessments fit in with carers
4. How the Voluntary and Community Sector (VCSE) feeds into ICSs
5. What their legal responsibilities are in relation to engagement of unpaid carers
6. What your expectations should be about unpaid carers locally
7. How to find out where your ICB is
8. What you should expect from an Integrated Care Strategy in relation to unpaid carers
9. Questions for local carers organisations and local carers to ask
10. Other useful resources.

The fundamental purpose of integrated care is about giving people the support they need, joined up across the NHS, councils and other partners. Local plans and projects need to be informed by needs, aspirations and experience of the local people they are responsible for.

*This resource has been created as part of our work with the [VCSE Health and Wellbeing Alliance](#), where Carers UK and Carers Trust form the Carers Partnership.*

## **What are Integrated Care Systems, Integrated Care Partnerships and Integrated Care Boards?**

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*The following content is based on the information provided about integrated care on [NHS England's website](#).*

There are lots of these terms and bodies, and we are often asked how they are different and what are their responsibilities towards unpaid carers? There is an expectation of collaborative working which existing legislation underpins.

**Integrated Care Systems (ICS)** are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area. 42 ICS areas were established on 1 July 2022 through the Health and Care Act 2022. The King's Fund have produced an excellent overview of ICSs which you can access [here](#).

Within each ICS, the following are included:

**Integrated Care Partnership (ICP):** The law requires the NHS ICB (see below) to set up this “joint committee” including all responsible local authorities in their area. These are all unitary or “upper tier” local authorities within the ICS area that have social services responsibilities (see a list [here](#)).

The ICP has a number of different representatives that must be included by law and they can also include other partners which is decided locally. The purpose of the ICP is to improve the care, health and wellbeing of the population. The ICP can also give a greater role to wider partners, such as the local voluntary sector, and needs to ensure that they have a diverse and inclusion representation of local communities.

The ICP is responsible for producing an **integrated care strategy which sets out** how it will meet the health and wellbeing needs of the population in the ICS area.

Although the ICP does not have explicit legal responsibilities towards unpaid carers (i.e. the law doesn't mention carers in relation to ICPs), the key organisations making up the ICP do have legal responsibilities towards carers. The integrated care strategy, therefore, needs to reflect the delivery of those legal responsibilities.

**Integrated Care Board (ICB):** This is an NHS organisation which is set out in law and is responsible for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. ICBs replaced clinical commissioning groups CCGs and have direct and explicit legal responsibilities towards unpaid carers, as well as more general legal responsibilities. They have legal responsibilities for setting up the Integrated Care Partnership (ICP) set out above. Local authorities must be represented on the Board of the ICB.

**Local authorities** that fall within an ICS area. Local authorities have key and explicit legal responsibilities towards unpaid carers under the Care Act 2014 and other legislation.

**Place based partnerships:** These are local partnerships within the ICS. They are often referred to as, “place” or “at place level”. They might be at a local authority level if there are several within an ICS, or they might be in neighbourhood. Each ICS will define this differently and they are not separate legal bodies.

**Primary Care Networks:** These are smaller groups of GP practices and can include others. They are not separate legal bodies.

**Provider collaboratives:** These bring together several providers over and above ICS levels to ensure that there is not regional variation in supply of services. They are not legal bodies.

### **How much do ICS and local authority boundaries overlap?**

The geographies of the 42 ICS around England are very different and ICS support for unpaid carers won't always follow local authority geographies. For example, in the North East and North Cumbria ICS there are 13 local authorities. NHS Nottingham and Nottinghamshire ICS includes the county and unitary authority. Surrey County Council covers two ICS; Surrey Heartlands ICS and Frimley ICS, while Essex County Council

covers three ICS. If you want to know which ICS you come into, we have a postcode checker below.

### **How does an ICS fit alongside the Health and Wellbeing Board?**

The Health and Wellbeing Board is a statutory committee of the local authority set up by legislation in 2012 (pre-dates the ICB legislation) and its duties include promoting greater integration between health and social care. Health and Wellbeing Boards are responsible for the Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (which seeks to tackle any issues raised in the JSNA). The Health and Wellbeing Board also has oversight of the Better Care Fund – through which many local carers’ services, often through local voluntary organisations, are funded.

### **How important is the Joint Strategic Needs Assessment (JSNA)?**

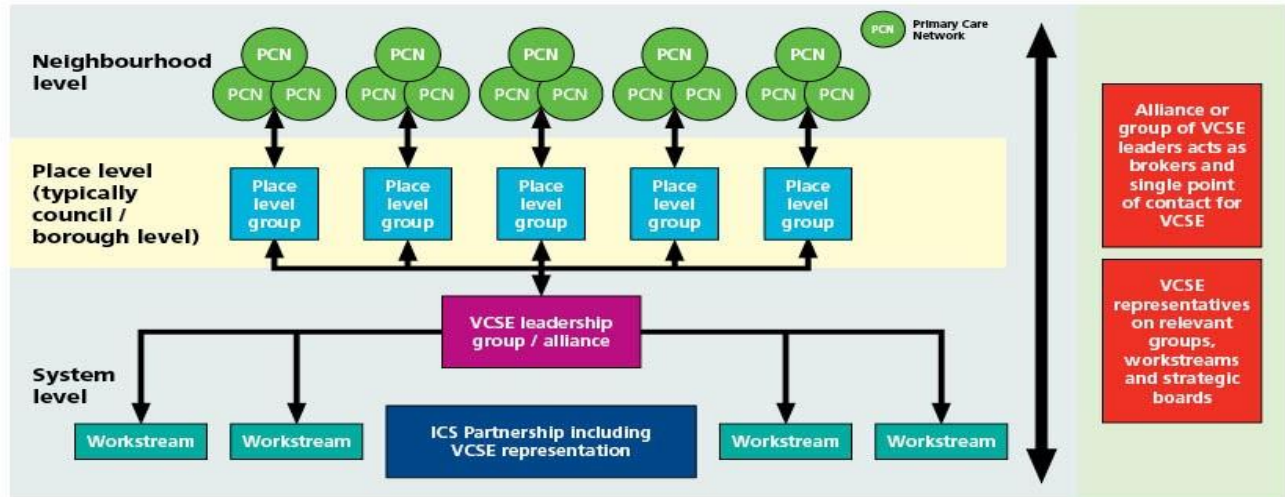
A local authority must prepare a Joint Strategic Needs Assessment of the health and care needs in their area. In turn, the ICP must prepare an Integrated Care Strategy which draws on the JSNA. In some areas, the JSNA has very detailed data on unpaid carers. The ICS also looks at population health and needs and they have a duty to reduce health inequalities. You can find more information [here](#).

### **How does the voluntary sector fit into the ICS?**

- The voluntary sector includes local carers’ organisations, which play a critical role in terms of providing services as well as engaging with carers and providing voice and experience.
- All ICSs must engage with the voluntary sector and [national guidance](#) sets out clear expectations that the VCSE sector is involved in governance structures (e.g., in the ICP and in delivering key workstreams). Each ICB has a defined way of engaging with the voluntary sector, and each has a VCSE Alliance (or equivalent).
- The King’s Fund has referred to voluntary organisations as “important strategic partners for ICSs in terms of delivering improvements in health and wellbeing and reducing inequalities – which often involves working more closely with communities”.
- Often key services are located in the voluntary sector, such as social prescribing link workers.
- There are a whole range of challenges including the diversity of the sector, capacity, resourcing, and the level of involvement in shaping priorities, plans and decisions at system level.
- Locality has researched VCSE relationships at Primary Care Network level and provides a series of recommendations about improving the understanding, resourcing and engagement of voluntary sector organisations. You can find out more [here](#).
- ICSs have different structures to engage with the voluntary sector. In one ICS, the voluntary sector representative is also the Chief Executive of a local carers’ organisation. In other areas, carers’ organisations might be part of a much wider group consulted further down in the structure and their engagement is more remote.

## Visualisation of VCSE strategic engagement

The model below, based on emerging work in ICSs, shows a recommended structure for VCSE partnerships at wider ICS, place and neighbourhood level that will support relationships to deliver better health and care for local people.



Source: NHS England Voluntary Sector Partnerships team presentation

### What are Integrated Care Systems there to do?

The purpose of ICSs is to bring partner organisations together to:

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

The top three are known as the "triple aims".

This means that ICS should help health and care organisation tackle complex challenges. For carers this would include:

- Improving the health of unpaid carers
- Supporting people to stay well and independent – which would affect the person being cared for as well as the unpaid carer
- Acting sooner to help unpaid carers with preventable conditions
- Supporting people with long term conditions or mental health issues – which would affect both the person being cared for and the unpaid carer
- Getting the best from collective resources so people get care as quickly as possible.

### What are the ICS's and related bodies' legal duties towards unpaid carers?

The ICS itself is not set out in law, but the different statutory bodies have responsibilities towards carers. This means that, taken together, there is a collective and legal responsibility towards unpaid carers to:

- Involve unpaid carers strategically with regard to plans and services.
- Involve unpaid carers as individuals
- Promote their involvement
- Prevent health inequality.
- Support for unpaid carers

<b>NHS England</b>	<b>Status:</b> Policy	<b>Public involvement duty:</b> NHS Act 2006, as amended by the Health and Care Act 2022
<b>Integrated Care Board</b>	<b>Status:</b> Statutory guidance	<b>Public involvement duty:</b> NHS Act 2006, as amended by the Health and Care Act 2022
<b>NHS trust and foundation trust</b>	<b>Status:</b> Statutory guidance	<b>Public involvement duty:</b> NHS Act 2006, as amended by the Health and Care Act 2022
<b>Integrated Care System partners</b>	<b>Status:</b> Good practice	<b>Public involvement duty:</b> N/A

Source: [NHS England](#)

### Integrated Care Board legal duties towards carers and what that means:

Each ICB has direct legal responsibilities towards unpaid carers, as well as more general responsibilities which would affect unpaid carers. These legal responsibilities are set out in the table below.

*Table 1: Carers UK's overview of legal duties for ICBs, what to expect and questions to ask to improve support for unpaid carers.*

Legal duty:	We would expect	Questions you can ask:
<b>Duty to promote unpaid carers' individual involvement (where appropriate) in a patient's prevention, diagnosis, treatment and care</b> (section 25 14Z36 of the Health and Care Act 2022 which amends the 2006 Act). This means that an ICB must promote this through	<ul style="list-style-type: none"> <li>• A clear vision about how unpaid carers could be identified through services</li> <li>• Clear understanding amongst professionals about what this involvement duty means in relation to health services</li> <li>• Clear measurement of how this works in practice by local services</li> <li>• Some measurement of outcomes for unpaid carers as a result of involvement (this would be able to tell</li> </ul>	<ul style="list-style-type: none"> <li>• How is your local ICB delivering on this duty?</li> </ul>

<p>all providers of services e.g. NHS Trusts (hospitals) and GP practices.</p>	<p>systems what difference this makes).</p>	
<p><b>Duty to involve unpaid carers alongside patients and the public in relation to planning, commissioning and operational changes of services that relate to them (s. 25 14Z45 Health and Care Act 2022).</b> This means that if strategies or services are being created or changed, then unpaid carers should be involved. It is essential that unpaid carers are mentioned specifically in involvement and consultation and the way that this is done is critical to ensure that the carers' experience is understood. There is guidance on engagement for ICSs more generally which we set out below.</p>	<ul style="list-style-type: none"> <li>• Clear language being used which identifies unpaid carers as a group who have a right to be involved.</li> <li>• Clear engagement which focusses on carers' own experience of services or needs and in relation to their own health and wellbeing.</li> <li>• Consideration of the diversity of caring experiences.</li> <li>• Good practice around involvement of unpaid carers.</li> <li>• Outcomes to demonstrate unpaid carers' experiences.</li> <li>• Adequate resourcing of local carers' organisations or groups to ensure that support for engagement is meaningful.</li> </ul>	<ul style="list-style-type: none"> <li>• Which carers are being consulted and does this cover a diversity of experience?</li> <li>• Are young carers' experiences captured?</li> <li>• Are there outcomes or expectations of carers' positive experiences?</li> <li>• Are there questions which ask carers about their experiences in relation to their role rather than just the person needing care?</li> <li>• What resourcing is provided to local carers' organisations or groups to engage with carers?</li> <li>• How are you assured that carers have been suitably involved in decisions about changes to services that affect them?</li> </ul>

**What are some of the challenges you might face?**

The following are challenges that have been raised with Carers UK through our engagement with unpaid carers and local carers' and voluntary organisations, including through our Affiliate network.

- 1. Carers not being mentioned specifically as part of “public engagement” or involvement with “people and communities”.** The law says that unpaid carers MUST be involved specifically. The body will need to demonstrate specifically how unpaid carers have been considered alongside other groups, how they have been engaged and whether engagement approaches have been designed proportionately to enable carers to take part. Whilst the process is important, Carers UK believes the next logical step is for the body to demonstrate what the outcomes of consultation with unpaid carers is.

The [statutory guidance](#) on involvement and engagement does not specifically mention unpaid carers throughout the document, although it states that terminology of “people” includes everyone.

- 2. Not being able to understand who has the lead for unpaid carers within the ICB and the ICP.** Carers UK’s work has found that the best areas have a clear Senior Responsible Officer (SRO) relating to unpaid carers, a clear specific operational lead within the ICB and ICP and a dedicated stream of work around unpaid carers.
- 3. Not being able to understand the different structures and how decisions are made.** This must be made clear by the ICB, ICP and ICS as this is an important principle of engagement.
- 4. Parts of the ICB, ICP and ICS not understanding the role of unpaid carers** and not always being clear about the duties to involve and engage unpaid carers, as well as the benefits of doing this and providing specific mechanisms for support.
- 5. A local Joint Strategic Needs Assessment (JSNA) which is doesn’t have clear or comprehensive needs assessments of unpaid carers.** A JSNA this sets out the needs of the local population in a local authority area and is agreed by a local Health and Wellbeing Board. It is essential that a JSNA is very clear about carers’ health, wellbeing, social and economic inequalities.

## **Are there other legal duties towards carers that are important?**

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Local authorities have many duties towards unpaid carers under the Care Act 2014 and related legislation. These cover engagement and involvement of unpaid carers, prevention and support. You can access our guide to the Care Act 2014 [here](#).

Other key legislation relating to unpaid carers includes the Equality Act 2010 – where there is a public sector duty to promote equality of opportunity for people including protected characteristics. Unpaid carers are protected from discrimination by association with a disabled or older person.

For more information about carers’ rights, please go here:

- Health and Care Act 2022, looking at the prevention of health inequalities.
- Duties on NHS Trusts to involve carers at the point of hospital discharge.
- Children and Families Act 2014 duties to unpaid carers.
- Duty of the NHS to have regard to the NHS Constitution. The constitution includes sections which has principles around the involvement of unpaid carers.

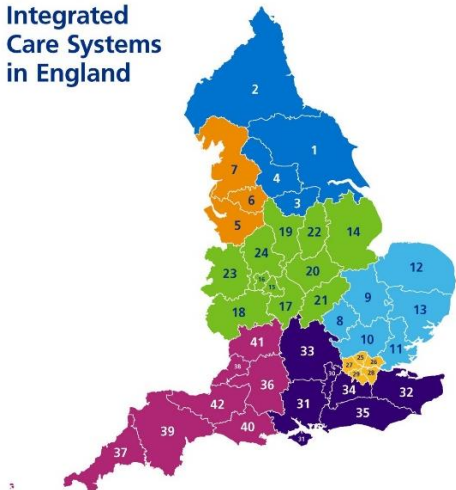
In other words, the main public bodies should be involving unpaid carers, considering their needs and making a difference.

You can find more information about carers’ rights [here](#).

## How do I find where my local ICS, ICP or ICB is?

- A list of all the ICS, ICP and ICBs is available [here](#).

**Integrated  
Care Systems  
in England**



<b>North East and Yorkshire</b>	<b>Midlands</b>	<b>South East</b>
1 Humber and North Yorkshire Health and Care Partnership	14 Better Lives Lincolnshire	30 Frimley Health and Care
2 North East and North Cumbria Integrated Care System	15 Birmingham and Solihull Integrated Care System	31 Hampshire and Isle of Wight Integrated Care System
3 South Yorkshire Integrated Care System	16 Black Country Integrated Care System	32 Kent and Medway Integrated Care System
4 West Yorkshire Health and Care Partnership	17 Coventry and Warwickshire Integrated Care System	33 Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System
<b>North West</b>	18 Herefordshire and Worcestershire Integrated Care System	34 Surrey Heartlands Health and Care Partnership
5 Cheshire and Merseyside Integrated Care System	19 Joined Up Care Derbyshire	35 Sussex Integrated Care System
6 Greater Manchester Integrated Care Partnership	20 Leicester, Leicestershire and Rutland Integrated Care System	<b>South West</b>
7 Lancashire and South Cumbria Integrated Care System	21 Northamptonshire Integrated Care System	36 Bath and North East Somerset, Swindon and Wiltshire Together
<b>East of England</b>	22 Nottingham and Nottinghamshire Integrated Care System	37 Cornwall and the Isles of Scilly Integrated Care System
8 Bedfordshire, Luton and Milton Keynes Integrated Care System	23 Shropshire, Telford and Wrekin Integrated Care System	38 Healthier Together: BSSG Integrated Care System
9 Cambridgeshire and Peterborough Integrated Care System	24 Staffordshire and Stoke-on-Trent Integrated Care System	39 One Devon
10 Hertfordshire and West Essex Integrated Care System	<b>London</b>	40 Our Dorset Health and Care System
11 Mid and South Essex Integrated Care System	25 North Central London Integrated Care System	41 One Gloucestershire
12 Norfolk and Waveney Integrated Care System	26 North East London Health and Care Partnership	42 Somerset Integrated Care System
13 Suffolk and North East Essex Integrated Care System	27 North West London Integrated Care System	
	28 South East London Integrated Care System	
	29 South West London Integrated Care System	

Source: [NHS England](#)

- Each ICS will cover a number of different local authorities: You can find a list [here](#).
- If you are a carer and are not sure which ICS area you come into, then put your postcode into [this tool](#) and look at: **Higher Health Authority**.
- If you want to know what is going on in your local area, then you must look at the ICP website for your area as each is different and determined locally.
- If you want to know how the NHS works look at [this video](#).

## ICB's 5 Year Strategy and an Integrated Care Strategy – what are they?

Every ICB needs to have a Joint Forward Plan for how it will deliver its duties over five years. They must draw on the Integrated Care Strategy (this is done by the Integrated Care Partnership). The Integrated Care Strategy must “set out how the assessed needs (identified in the Joint Strategic Needs Assessment)” for the ICP area and “they are to be met by the ICB, partner authorities in the local authority area and NHS England (if it commissions services in that area)”.

For example, if the JSNA includes evidence of carers’ health inequalities, challenges around juggling work and care, young carers challenges with mental ill-health, then the Integrated Care Strategy must look at how support will be delivered through the Integrated Care Board, local authority/ies and NHS England.

An Integrated Care Strategy must be in place in every ICS. The guidance is [here](#).



The majority of funding for local carers' support comes through the [Better Care Fund](#) (BCF) which comes through Integrated Care Boards. It's very important that there is a robust JSNA including carers and that there is sound delivery of carers' support funding.

West Yorkshire Health and Care Partnership has had a specific strategy for carers within their [5 Year Forward Plan and Integrated Care Strategy](#) (from p.132 onwards).

## **What does this mean for local carers organisations and local carers?**

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1. Understanding local structures is essential, including local links.
2. Carers UK believes that carers representatives should be part of Integrated Care Partnerships. Dedicated leads and responsibilities for carers need to be set out clearly.
3. The ICB is a key source of potential funding and channels funding from the Better Care Fund.
4. Many issues faced by unpaid carers can only be solved by the NHS or well-co-ordinated health and care services.

## **What kinds of carer engagement is there?**

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Our [Carer Engagement resource](#) sets out the experience of different Integrated Care Systems in involving and engaging unpaid carers. This includes:

1. Practice in terms of engagement with unpaid carers and structures
2. Where local carers' services involvement and how that is encouraged and supported by the local ICS.
3. How the ICS Strategy and Forward Plans contain measures for carers.
4. Positive advice for others.
5. Challenges within systems.

## **Questions to ask for local carers and local carer organisations**

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In addition to the points above, below are a list of questions that carers or local carers organisations may want to ask locally:

- How are local carer organisations / local carers' support organisations involved with their ICB, ICP and the ICS? How are they supported to do so?
- How are carers involved strategically with ICBs, ICPs and ICSs locally? Are there programmes to support engagement and learning?
- Are there clear references to unpaid carers in public engagement?
- Are there areas which specifically look at unpaid carers?
- Do carers have a specific focus in the Integrated Care Strategy?
- Are carers a specific part of the ICB's Joint Forward Plan?

## **Contact:**

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This resource has been created by Carers UK in collaboration NHS England as part of our work with the Voluntary, Community and Social Enterprise (VCSE) Health and Wellbeing Alliance, where we collaborate with Carers Trust to form the Carers Partnership. Find more information about the VCSE Health and Wellbeing Alliance [here](#).

**For further information about this policy briefing, please contact**  
[policy@carersuk.org](mailto:policy@carersuk.org).

Carers UK, 20 Great Dover Street, London, SE1 4LX

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