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[Department
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Statutory guidance

Annex A: people and organisations to consider involving

Updated 1 February 2024

Applies to England

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We expect each integrated care partnership (ICP) to determine the appropriate people and organisations to involve in the preparation of the integrated care strategy in their area. Sometimes it will be appropriate for these groups to be involved at place or neighbourhood levels, if this is the case the ICP should ensure that there are mechanisms for their input to inform the integrated care strategy. Below is a non-exhaustive list of people and organisations for ICPs to consider when planning this involvement.

Health and care service providers and networks

Providers and networks to consider involving in the preparation of an area's integrated care strategy include:

- adult social care providers
- advocacy service providers
- assisted living technology providers
- audiology providers
- care associations
- care home providers
- children's social care
- community care providers
- dental care providers (including generalist, specialist and hospital)
- domiciliary care and home care providers
- drug and alcohol treatment and wider addiction service providers
- eye care providers
- health visiting and school nursing services
- independent health sector providers, including providers of inpatient care
- local dental networks and local dental committees
- maternity care providers (community and hospital)
- mental health providers
- NHS trusts and NHS foundation trusts (acute, mental health, community, ambulance)
- nursing care providers, including nursing homes.
- pharmacy
- primary care networks
- primary medical care providers
- provider collaboratives

- providers of care and support for children and young people with special educational needs and disabilities (SEND)
- providers of care and support to people in inclusion health groups
- providers of care and support to people with a learning disability and autistic people
- public health providers
- regional UKHSA teams
- registered individual networks
- registered manager networks
- school nursing services
- sexual and reproductive health providers

Health-related service providers

Health-related service providers to consider involving in an integrated care strategy include:

- armed forces
- babies, children, young people, and families' services providers (including family hubs)
- bereavement services (including suicide bereavement services)
- criminal justice system agencies, including probation and prison services
- culture and leisure providers
- domestic abuse and sexual violence services
- early years providers
- schools, education and training providers
- emergency services
- asylum and refugee support services
- employment support providers for example Jobcentre Plus
- environmental health services
- homelessness services
- local housing authorities, housing providers, and housing services (such as home adaptations services)
- local planning services
- police
- social prescribing services
- start for life leaders
- transport providers
- victims' support services

- services that support inclusion health groups
- youth and play service providers

Multi-agency boards and partnerships

Multi-agency boards and partnerships to consider involving in integrated care strategies include:

- clinical senates
- combatting drugs partnerships
- community safety partnerships
- early help partnerships
- health and wellbeing boards
- local maternity and neonatal systems
- local resilience fora
- local enterprise partnerships
- multi-agency safeguarding hubs
- local professional representative committees
- local safeguarding adults boards and partnerships
- local multi-agency child safeguarding arrangements
- maternity voices partnerships
- local suicide prevention boards and leads
- system quality groups
- safeguarding adult boards
- transforming care partnerships
- VCSE alliances
- youth offender management boards

Research and innovation partners

Research and innovation partners to consider involving in integrated care strategies include:

- academic health science centres (AHSCs)
- academic health science networks (AHSNs)
- IMPACT (improving adult social care together)

- National Institute for Health and Care Research (NIHR) research infrastructure
- universities

Other partners

Other partners to consider involving include:

- district or borough councils
- HM Courts and Tribunal Service
- HM Prison and Probation Service
- local businesses and employers
- NHS England commissioners
- police and crime commissioners
- royal colleges and other professional bodies.
- a single, identifiable leader who would be accountable for the Start for Life offer in their area
- trade unions
- Youth Custody Service

Local authority leaders

Local authority leaders to consider involving include:

- directors of adult social services
- directors of children's services
- directors of public health
- local authority chief executives

Community groups and their representatives

Community groups and their representatives to consider involving include:

- black and minority ethnic voices

- children and young people
- children and young people with SEND
- disabled people
- Healthwatch
- inclusion health groups
- LGBT+ people
- Maternity Voices partnerships
- members of the Armed forces and their families
- older people
- parent and carer panels
- parents, carers and families (including new and expectant parents, and foster parents)
- peer supporters and informal advocates
- people in contact with the criminal justice system, including offenders and prisoners
- people living in deprived areas
- people who draw on care and support
- people who draw on mental health services, (including children and young people)
- people who work in health and social care
- people with a learning disability, autism and other neurodevelopmental disorders
- people with lived experience of suicide and self-harm
- religious and faith groups
- transient populations
- unpaid carers including people providing care at a distance, and young carers
- women's and men's health and care groups

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