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Guide

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Integrated workforce thinking across systems: practical solutions to support integrated care systems (ICSs)

This guide has been written to support employers in integrated workforce thinking, in line with delivering the ICS strategy.

19 October 2022

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Improved outcomes in population health and healthcare is one of the fundamental purposes of integrated care systems (ICSs). To achieve this, partners from across both health and social care must come together to plan and develop a workforce that integrates and connects across all parts of the system to deliver personal, person-centred care to their local populations now and in the future. We understand that this is a new way of working for some in health and social care, so this guide builds on emerging lessons to support you to do this successfully across sectors and within multi-agency services.

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It has been produced in partnership with NHS Employers, Skills for Care (SFC), and the Care and Health Improvement Programme, which is a collaboration between the Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS).

This guide will help you to:

understand what is meant by integrated thinking across systems and how it can support the development of integrated workforce plans

understand what data is helpful in informing a good integrated workforce plan

learn from examples and tips from ICSs that have had success with integrating across their systems

find external resources on integrated workforce planning.

We recognise that every ICS will be at a different place in their journey to developing a fully integrated workforce plan. This guide has been written to support you in whatever stage you have reached.



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Foreword

The introduction of 42 ICSs across England represented a change in how we bring together organisations to plan and deliver health and care services in their localities. Those ICSs are now operational, and you will be trying to make sense of a huge amount of information about health and care services in your areas. High quality health and care services are dependent upon a highly skilled and valued workforce. We recognise the vital impact that our workforce has on people's lives and the contribution that each makes to an effective health and care system. So, we felt it was important that we produced a guide that would help you plan what sort of workforce you will need.

Every day, leaders of social care and health services role model and foster positive

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what’s important for them and their quality of life.

Data from Skills for Care’s adult social care workforce data set and health statistics support the need for improving how systems work together. With vacancies currently running at 165,000 for social care and 105,000 in health creating an integrated workforce plan that tackles key issues like recruitment and retention, digitalisation, workforce redesign and staff development will mean better outcomes for people. For example, by ensuring they will only have to tell their story once.

This guide doesn’t have all the answers, but has been designed to support all 42 ICSs to develop effective integrated workforce plans that will meet the needs of those they serve, wherever they might live and whatever services they will need to live the lives they want.

All the partners who created this guide have generously shared experiences and offered case studies to help workforce leads and others really think about key issues they need to consider when planning an integrated workforce. We will also shortly be publishing a case study based on learning from those with lived experience, as it is vital that the voices of those drawing on care and support are represented.

We’re grateful to colleagues from NHS Employers, Skills for Care and the Care and Health Improvement Programme, which is a collaboration of the Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS), who have come together to create this guide. In many ways our work mirrors the effective partnership working the ICSs will develop over the coming months.

- Danny Mortimer**, Chief Executive, NHS Employers
- Oonagh Smyth**, Chief Executive, Skills for Care
- Councillor David Fothergill**, Chair of the LGA Community Wellbeing Board
- Sarah McClinton**, President, ADASS



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What is integrated workforce thinking?

Integrated workforce thinking is when leaders across systems work together to consider population health, health and care needs and their system strategy as

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The current capacity pressures in the system mean that new ways of working will be paramount to delivering health and care across our communities. Building relationships across partners within systems, where there is a shared understanding of each organisation's strengths, is key to successful future delivery.

Successful workforce integration provides a positive experience for people who draw on care and support. This is achieved when health, social care, voluntary sector, unpaid carers and local partners work across systems, to assure that people in their communities are always at the centre of their care in the context of their whole lives.

This joined-up way of working is achieved through leaders building strong relationships across systems to create a culture and workforce that champions integration and the opportunities that it provides for both the people who draw on care and health and staff.

Integrated thinking should always ensure that the person-centred principles of autonomy, choice, self-determination, freedom, and responsibility are at the forefront of every decision made for delivery of care.

Any service redesign that informs a reorganisation or reskilling of workforces across systems should be informed by population health and person-centred care. It can be supported by taking into consideration the social and environmental factors that influence our health, such as education and income, and the strengths talents and assets within individuals and in communities.

Personalised care means that people have the resources and information to look after their own health as well as having control over the way that their care is planned and delivered when needed. Preventative support to maintain the wellbeing and independence of individuals in the community must also play a part in decisions made about use of resources. These person-centred principles will help people live the lives they choose based on what matters to them.

For example, a person living with dementia, learning disability or autism should be encouraged to make decisions about their own care, based on what matters to them. Care plans should be created with the individual and a health or care professional so that they can decide how they want to receive their care, should they need to access emergency treatment. Through doing this, staff have an instant understanding of what care that person needs as well as learning about their life and what matters to them in their care. The person receiving care has confidence that they are going to get access to the best care for them as an individual.

Changing the way that systems work and think to become more integrated can be a challenge at first. However, by understanding what each sector can bring can

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recruitment and retention, workforce redesign and staff development as well as anticipate the future demand based on any future service or workforce redesign.

The health and care sector in England is facing significant pressure, driven strongly but not exclusively by the capacity [challenges affecting social care](#). Data from Skills for Care's adult social care workforce data set and health statistics support the need for improving how systems work together. Like the NHS, adult social care faces significant vacancies and is struggling to recruit and retain the staff desperately needed to keep people well at home, and to support them to leave hospital safely to live in the community, in their own homes, with support from families.

With vacancies currently running at [165,000 for social care](#) and [105,000 for health](#), creating an integrated workforce plan that tackles these issues will mean better outcomes for people. For example, by ensuring they will only have to tell their story once.



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to staffing shortfalls.

These findings illustrate the extent of the interdependency between health and care, with squeezed capacity in primary and community care being an important factor impacting demand for social care services. ADASS has also noted the greater acuity of care needs, which impacts on ASC providers as a result of delays in accessing NHS treatment and reductions in community health services.



The challenges facing the sector are not new, with health and care struggling to recruit and retain staff for a number of years. However, this has been more acutely felt in the wake of events such as COVID-19 and Brexit, with employers

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of care and a more integrated and strategic approach to the workforce required to meet that demand. A decision to address recruitment and retention issues in one sector may have implications in the other, or fail to take advantage of opportunities arising from joint working. Most recruitment takes place from the same pool of ASC staff and so the pay differentials between health and social care staff results in a one-way flow of staff joining health organisations due to better pay and conditions. It is important to highlight that the average care worker pay is £1 per hour less than healthcare assistants in the NHS that are new to their roles.

Challenges are not only around pay and conditions but include career progression, training and qualifications. Employers and training providers are working to identify the training needs of the workforce going forward and the skills that both health and social care will fulfil in the new ICS architecture.

There are opportunities to undertake more work with universities and colleges to improve the narrative around jobs in health and care and for all parts of the domestic workforce to see health and care as a valuable career opportunity.

Similarly, digital information and assistive technology needs to be explored further to identify opportunities to digitalise activities across health and social care. This will provide more time for meaningful interaction with people who draw on care and support, such as shared digital care records so an individual only has to tell their story once.

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[The health and care challenges that impact workforce thinking](#) 

Checklist of readiness

This checklist suggests things to consider in your integrated thinking to ensure you are ready to embark on your workforce planning journey. While systems and organisations will be at different stages in the development of a workforce plan, the checklist will help to ensure partners are aligned and have a clear shared purpose, vision and agreement on the outcomes they wish to achieve together.

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we have pulled together a series of top tips from a range of people across health and social care with some experience of integrating their workforce thinking.

Governance

It is important that the people responsible for integration set out governance arrangements to ensure collaborative working across the system.

Top tips

-  Agree and model the behaviours of integrated thinking and working.
-  Set and agree a transparent framework and system governance that incorporates risk share and clear ownership.
-  Think about how to incorporate checks and challenges to ensure agility in the process.
-  Do not overcomplicate decision-making. Agree how you will prioritise as a team by concentrating on something that is important to everybody, for example, getting people home.
-  Consider pooling funding to bring in external expertise, to maximise resources to achieve the desired outcomes.

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Consider how digital solutions such as virtual wards and digital care plans can support the development and implementation of the workforce plan.

Changing cultures

Culture is an integral part of building a more integrated workforce. Historically, organisations within systems have been working in silo, so it is important that culture change is addressed from the offset when beginning to integrate workforce thinking.

Top tips



Focus on culture change in systems by listening and engaging with leaders from each organisation to agree how integration can be achieved at a system level.



Understand systems' ICS strategy and population health data to understand how this can impact ways of working.



Take time to build relationships to understand who is who, what each other's contributions are and how organisations can work together best to deliver better quality care and support population health.



To help build relationships, encourage proactive

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Communication

Communication is key to developing a shared understanding of what an integrated workforce looks like. We are all new to this way of working so it is important that learning is shared continuously.

Top tips



Communicate across the system at every stage of the process, internally and externally.



Celebrate success and share learning from what has worked locally, within the system and nationally.

Data

Data is crucial to integrating workforce thinking, to provide a shared understanding of the challenges across systems.

Top tips



Ensure a clear understanding of the current and future health, care and support needs of your local population through [Projecting Older People Population Information \(POPPI\)](#) or [Projecting Adult Needs and Service Information \(PANSI\)](#).



Identify where the local workforce demographics can be obtained and analysed along with any other complementary data sources, such as the [Office of National Statistics](#), [ESR system](#), [NHS Digital](#), [Workforce Disability Equality Standard \(WDES\)](#), [Workforce Race Equality Standard \(WRES\)](#), [NHS Staff Survey](#) and the [Adult Social Care Workforce Data Set \(ASC-WDS\)](#)

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Demonstrate how data analysis has informed any decisions, and particularly potential biases of the data sets, to ensure any data gaps. For example, make sure geographical or ethnic indicators are noted and considered during decision-making.

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[Top tips for integrated workforce thinking](#) ↕

Data and integration



Every day, information and data are used to inform decision-making across health and adult social care in England. Workforce leads, local authorities, and ICSs use data to gain insight on the local labour market; future demand for care and support services in their areas; and trends and patterns in workforce issues such as turnover and pay rates. ICSs need to know their market and the workforce that supports it to help shape it. At a strategic level, data is essential to gain a shared understanding of

challenges and opportunities.



True integration and genuine person-centred care and support is underpinned by collecting and sharing this data effectively. A health and social care system where someone can tell their story once to access high-quality care and support is reliant on data being accessible, accurate, reliable, and readily available between sectors and organisations.

Integrated workforce planning presents both the opportunity of thinking across the whole system, as well as the challenge of bringing incomplete and distinct data systems together across ICSs. If comprehensive, accessible and robust data

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Data collection and reporting for ASC providers is currently not as accessible as it is for health, and at present, there is no central data set combining health and social care workforce information. However, the adult social care workforce data set collects information from around 20,000 social care providers, offering an overview of the adult social care workforce in England. NHS workforce data is held in the ESR system, Office of National Statistics, POPPI or PANSI, ESR system, NHS Digital, WDES, WRES,

and the NHS Staff Survey (see resources section below).

Facilitated discussions about data, evidence and insight help to forge connections and trust between partners as well as generating a shared narrative.

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[Data and integration](#) ↕

Good practice and learning from ICSs

A variety of ICSs across the country have shared their good practice examples of integrating their workforce thinking. While there is not a one-size-fits all solution for ICSs, these examples aim to give an idea of what can be achieved.

ICS workforce board at South Yorkshire ICS

South Yorkshire ICS established an ICS workforce board that brings together a range of people from across healthcare, social care and local government to create a culture that values contribution. Through meetings, the board addresses the significant workforce challenges across South Yorkshire and encourages the system to think in an integrated way, and ultimately how they can make things better for the people who live and work in their community.

The group collated a range of principles to address practical things that the system can carry forward, such as integrated care pathways for people within their communities going from care to health.

The board is now planning to co-design and update its development and workforce strategy to assure that it is as integrated as possible.

For further information, contact Alexis Chapel, director of social care at

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the community. The partnership aims to ensure that services are joined up to tackle health inequalities, help communities thrive and that everyone in Devon has access to the best care to live the best life possible.

One Devon is currently working on a series of projects to improve the health, wellbeing and care for local people and communities, this includes:

- establishing a set of five principles for everyone across the system to adhere to

- addressing future thinking with HEE to develop scenarios that reflect what the system could look like in 2025

- establishing an integrated programme of work called LoveCare, which brings together both local and national partners to test, learn and develop local care systems and workforce in Devon.

For more information contact Ian.Hobbs, Senior Commissioning Manager, Integrated Adult Social Care at Devon ICS via his PA julie.treleaven@devon.gov.uk.

One Workforce

In January 2019, Greater Manchester ICS created an integrated workforce planning model and approach by setting up a virtual workforce information system (VWIS). VWIS is a free bespoke online tool that enables organisations and localities in Greater Manchester to:

- understand the current position of the workforce

- identify areas of concern through the visualisation of aggregated data and trends

- recognise the characteristics, population health and labor market of the communities they serve

- have access to information governance legislation

- export and download workforce dashboards.

This system has trained clinical and non-clinical practitioners who are already competent in workforce planning, to gain intelligence that supports workforce planning activities in their system.

The programme to develop an integrated workforce model and approach has evolved and now has a clear vision to develop a health and care workforce where they:



Leicester, Leicestershire and Rutland (LLR) ICB

The three people leaders from the NHS organisation in LLR ICS came together in 2019 as a workforce team to discuss regularly the workforce issues impacting the system. Since then, LLR has developed a range of initiatives to assure that the ICS is working in an integrated way:

Developing a 'Home First' board that brings together a range of people across health and care within the system to discuss their strategy and assure that they are on plan to get people out of hospital and supported to receive care at home, as well as ensuring the population can receive care in the community. The board has a range of sub-groups across the system, including:

virtual monitoring board

virtual wards

and operational delivery team (including discharge hub of multi-disciplinary team)

integrated care team.

Developing a risk and finance share agreement, with a disclaimer for everything put in place across the ICS signed by all the organisations in the system. This has created shared ownership across the system and understanding that the risk is shared if things don't go to plan.

Creating a legally sound workforce sharing agreement across the system that allows organisations to share staff across health and social care organisations both in a crisis and as business as usual. This agreement includes three upper-tier local authorities, 12 district councils, primary care, the ambulance service and the police. This was particularly useful during the Omicron surge, allowing for deployment across sectors and professional groups.

From all this foundation work, LLR has been able to set up 124 virtual wards with the ambition to expand to 250. LLR has had great success in this space and is continuing to develop to work in a more joined-up way across the system to provide the best care for the people within the community.

For more information, contact Alice Mcgee, chief people officer for LLR ICS: Alice.Mcgee@nhs.net.

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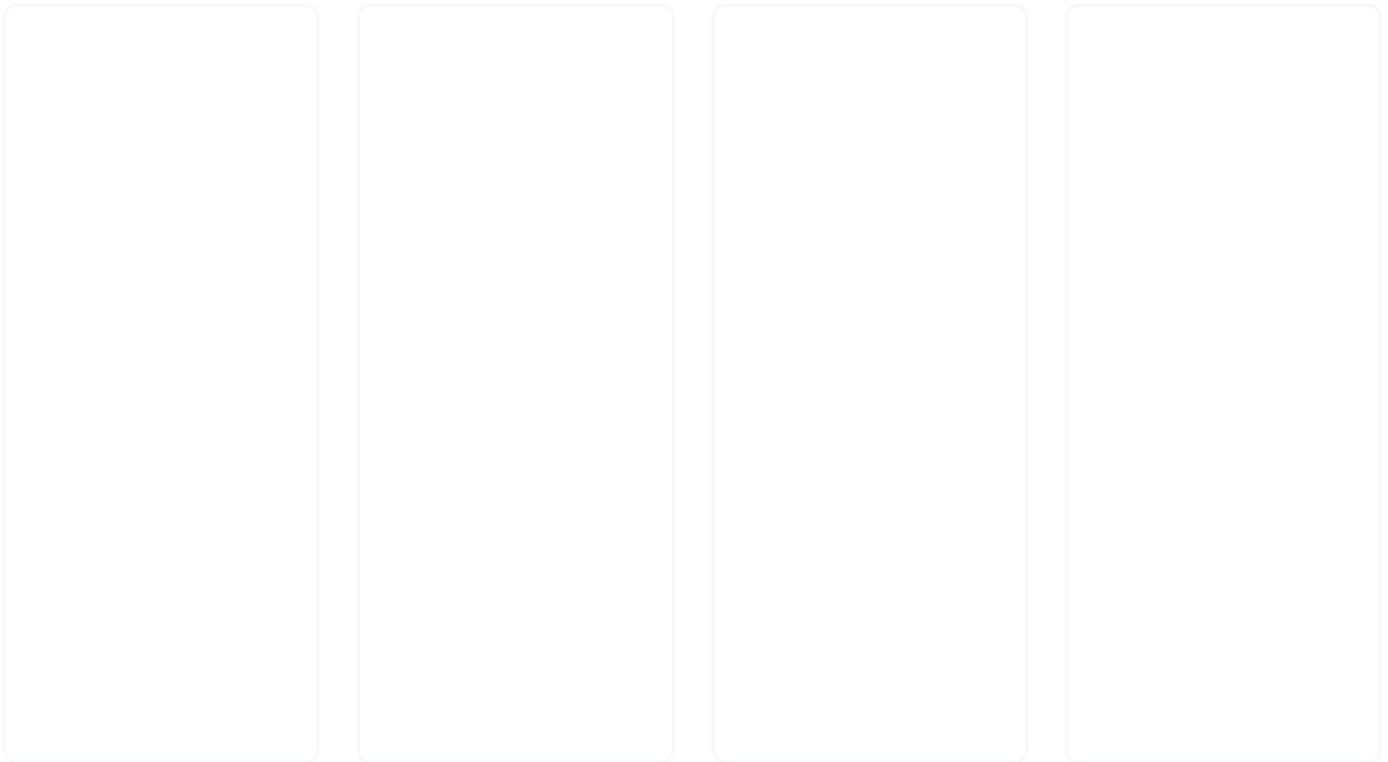
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