Think integration, think workforce:
Three steps to workforce integration

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CONTENTS

Acknowledgements
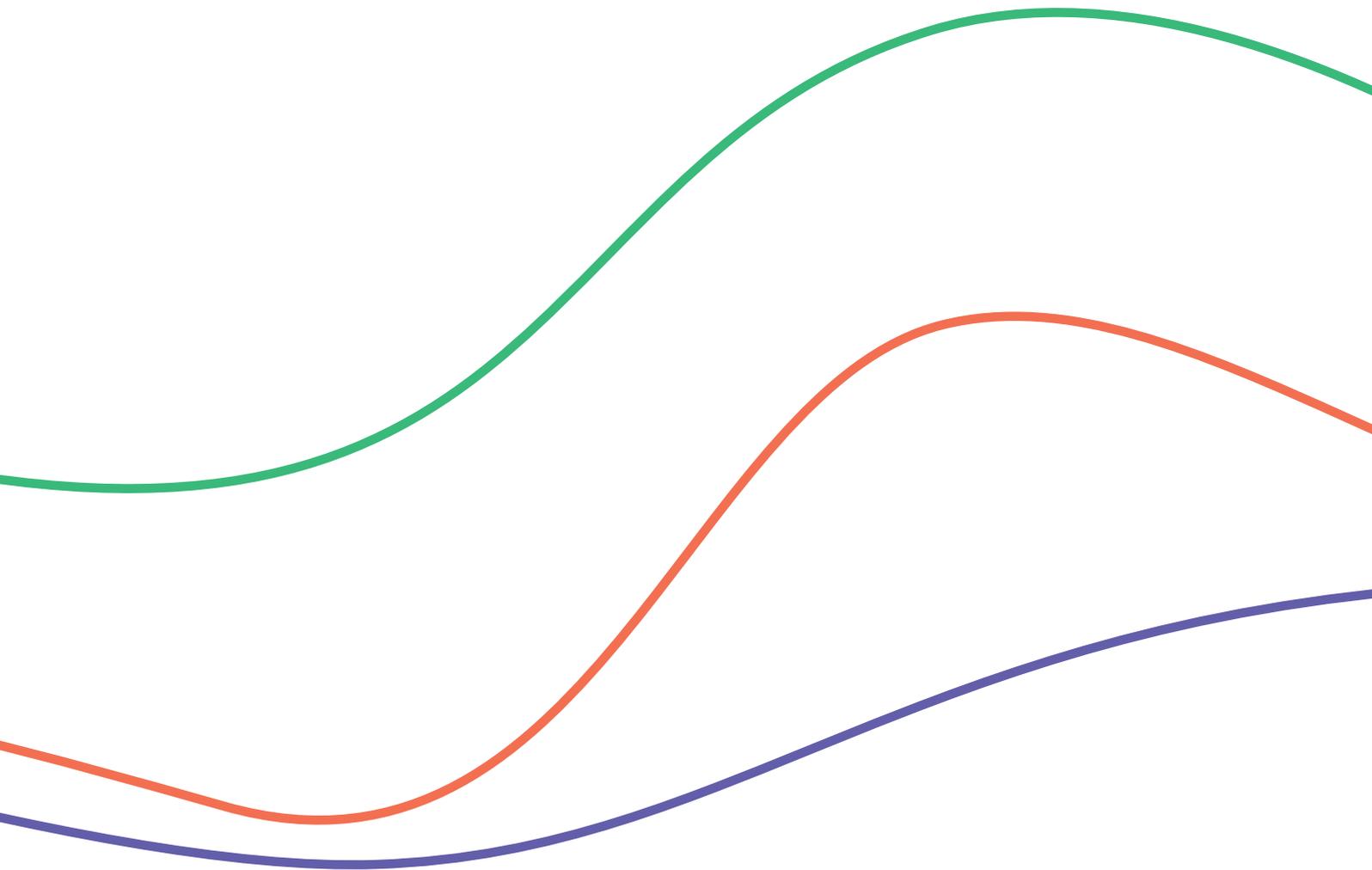
Think integration, think workforce

Better joined-up and integrated services to meet the needs of people using services and local communities is a key ambition for policymakers and practitioners working across health, care and support. Making coordinated care a reality is one of many approaches to improving health and social care outcomes. The coordinated care approach includes streamlining care pathways and reducing bureaucracy and unnecessary costs.[1] [2]

Workforce is an important part of integrating services; indeed, integration will not work without the workforce, making it an excellent time to give consideration to good practice in this area.

It is crucial to recognise the broad reach of the integration agenda, which includes relationships beyond traditional local authority and NHS providers. The majority of social care services are delivered by the independent sector, with an increasing number of local-authority trading companies, social enterprises and community-interest companies playing new roles in these areas. Integration of services is equally relevant and important for them, as it is for wider public and welfare services such as housing and leisure.

This practical resource provides a framework for people considering integrating health and social care services so they can think about the workforce implications and various different approaches. Whilst this practical resource intends to act as a tool to raise questions, and stimulate debate and discussion, its explicit intention is to strengthen the place of workforce on the integrated health, care and support agenda.

'Successful integration will need to address a range of workforce challenges in a world of continuing financial pressures and an ambition to transform services. We need to 'think workforce' and go the extra mile to tackle those challenges through workforce integration.'

Policy commentator

'Integration is... about organising to deliver outcomes for and with citizens, and securing these outcomes hinges on the availability of an effective, engaged workforce.'

Workforce planning manager at a LETB

This paper will be of interest to:

- **workforce leaders and senior workforce specialists** with responsibilities for ensuring we have the right number of staff with the right skills and behaviours in the right place at the right time (this may be in or across organisations at a local or regional level)

- **policymakers and planners of health and social care services**, including leaders in primary, community and social care services, including those working in local authorities, NHS services, and across the independent sectors

- **integration pioneers,** the national collaborative for integrated care and support is working with local areas to become integration pioneers in order to drive forward integration at scale and pace, and share learning from which the country can benefit

- **stakeholders from wider public and welfare services** who work with health and social care services, e.g. housing and leisure.

This paper is based on a review of relevant literature and interviews with sector leaders and workforce specialists. We also convened a roundtable seminar to discuss the findings and follow up case studies.

Following this introduction, the paper outlines the current policy context and highlights implications for workforce planning. It goes on to explore the three steps towards strengthening the place of workforce on the integrated health, care and support agenda:

- **Step one** explores four routes to integration and the workforce implications of each. Recognising there is not a one-size-fits-all approach, this section highlights the potential for routes to integration to overlap or align as part of an overall local strategy.

- **Step two** considers the challenges to workforce management for ensuring the right people with the right skills and behaviours are in place to deliver integrated services around individuals' needs. It recognises the challenges associated with workforce planning and development including education and training for emerging new roles and maximising flexibility across professional boundaries. It analyses the evidence and draws on examples from leaders who have tackled some of these challenges.

- **Step three** raises a range of important questions arising from what workforce leaders told us was critical to planning integrated services. This list is not intended to be exhaustive but draws out key questions to help workforce leaders consider the workforce implications of developing integrated services.

From the review of current themes and perspectives, this paper identifies three steps for workforce leaders who promote integration from a workforce perspective:

Be clear about the local integration agenda.

Address the integrated workforce management challenge.

Implement successful workforce change.

Policy context

It has long been an ambition of governments, policymakers and planners to achieve better integration of services. Whether in services, between services or across sectors, the integration agenda has a history which stretches over many years.[3]

Most recently the *Health and Social Care Act 2012*[4] placed the integration of health and social care at the heart of policy reforms, with an expectation that integrated services are developed around the person using them. The intention is to seek to ensure that care is person centred. This in turn will improve outcomes and reduce health inequalities. The 2012 Act introduces duties for Monitor, NHS England and clinical commissioning groups (CCGs) to promote joined-up services. Health and wellbeing boards have a duty to encourage health and social care commissioners to work together to advance health and wellbeing locally. This work is supported by local health and well-being strategies, backed by joint strategic needs assessments (JSNAs).

The *Draft Care and Support Bill* 2013[5] places a duty on local authorities to carry out their care and support duties in an integrated way with the NHS and other organisations, including housing providers. This is a counterpart to the duty placed on the NHS in the *Health and Social Care Act 2012*[6] to ensure organisations work together to improve outcomes for people.

'Never before has there been such a clear green light for all those seeking to drive health and social care integration closer in a direction which so clearly benefits everyone in our communities who use our services. It is now up to leaders in those communities to make sure the vision is made real.'

Sandie Keene, Association of Directors of Adult Social Services (ADASS)[11]

The definition of integration developed by National Voices, and aligned with *Making it Real*[7] emphasises the perspectives of an individual using a service:

'I can plan my care with people who work together to understand me and my carer(s), allowing me control, and bringing together services to achieve the outcomes important to me'.

To make this happen at pace, the Government is supporting a number of local integration pioneers. The pioneers will be the first to test new models of commissioning and new payment arrangements, which will encourage organisations to work collaboratively to improve delivery of integrated care and support. There will be an emphasis on learning fast and actively sharing every lesson learned for those involved.[8]

The integrated care and support shared commitment has been developed by a collaboration of national organisations across health and social care with a vision for integrated care and support.[9] The ambition is for better-coordinated, person-centred care relevant to all health and care services to become the norm within the next five years. With an emphasis on shared learning, integration pioneers will be given support to develop and adopt approaches for joining up across whole systems at the local level.[10]

The Government has also recently announced a £3.8 billion Better Care Fund from 2015/16. It is intended that this fund will provide a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities.

'Integrated care and support isn't the end. It is the means to the end of achieving high quality, compassionate care resulting in better health and wellbeing and a better experience for patients and service users, their carers and families.'

Jeremy Hunt, Secretary of State for Health and Norman Lamb, Minister of State for Care and Support[12]

There are many workforce implications arising from the shared commitment for people leading integrated workforce planning:

Joining services around the whole individual

Delivering services that are better coordinated to support prevention and to meet the needs of the whole individual will undoubtedly see new roles emerge which require planning and development. Thought will need to be given to education and training for these new roles and skills. Supporting people to live independently should see more care delivered in the home, and better use of new technologies and information sharing. Staff will need to be able to work independently and develop the skills required to support the use of new technologies.

Personal health budgets and direct payments in social care have seen many people choose to employ their own staff, or buy services from different agencies to meet their individual needs, becoming employers within their own right. Support is needed to ensure people choosing to be employers are able to develop the necessary skills and knowledge, and that they are supported in developing the staff they choose to employ.

Training opportunities such as apprenticeships are proving successful in building workforce capacity.[13] These opportunities are a useful way to support people working as personal assistants so they can develop the relevant skills and knowledge required to be effective in their roles. Apprenticeships allow for progression and encourage people to stay in the sector. As such, they are an important priority for the Government in supporting employers to attract people to these roles. These training structures have the potential to be used creatively to support integrated care and support.

'Many do not realise the responsibilities associated with becoming a personal employer, nor do they know where to turn for advice and support.'

Personal assistant coordinator

Staff development

As service delivery changes new roles are likely to emerge that use the skill mix of existing staff in different ways. Staff may need to develop new skills and work across traditional boundaries; they may be working on a one-to-one basis with individuals. In doing so, staff can develop relationships and an understanding of the roles of colleagues in other sectors. Workforce leaders will need to consider a common language to ease barriers between services. Staff engaging with individuals will need skills in advocacy and co-production.

Measuring success and planning for the future

The definition of integration developed by National Voices provides a shared language and common goal from which progress towards integration can be measured. The impact of any workforce changes should also be measured and evidenced to inform outcome-based commissioning and workforce planning, and to ensure integrated services can be maintained and improved in the future. Evaluation should be carried out with the needs of individuals at heart. Over time this will ease the uncertainty of workforce planning 'for the unknown'.

An ambitious shared approach

It is important all workforce leaders involved locally make a commitment to achieve integrated care and support. Both a shared ambition as well as good relationships will be essential. This will require integrated approaches to workforce commissioning, education and training.[14] Determination and a just-do-it approach will be imperative. This approach will prevent barriers from slowing or stopping progress towards integration. It will also prevent people from retreating into traditional comfortable workforce silos; for example, silos associated with traditional financial arrangements.

'Just do it, just do it — that's what our experience suggests from integration locally. Planning takes you so far, but it's the relationships that are key to overcoming challenges and barriers.'

Organisational development manager, CCG

Three steps towards workforce integration

Be clear about the local
integration agenda

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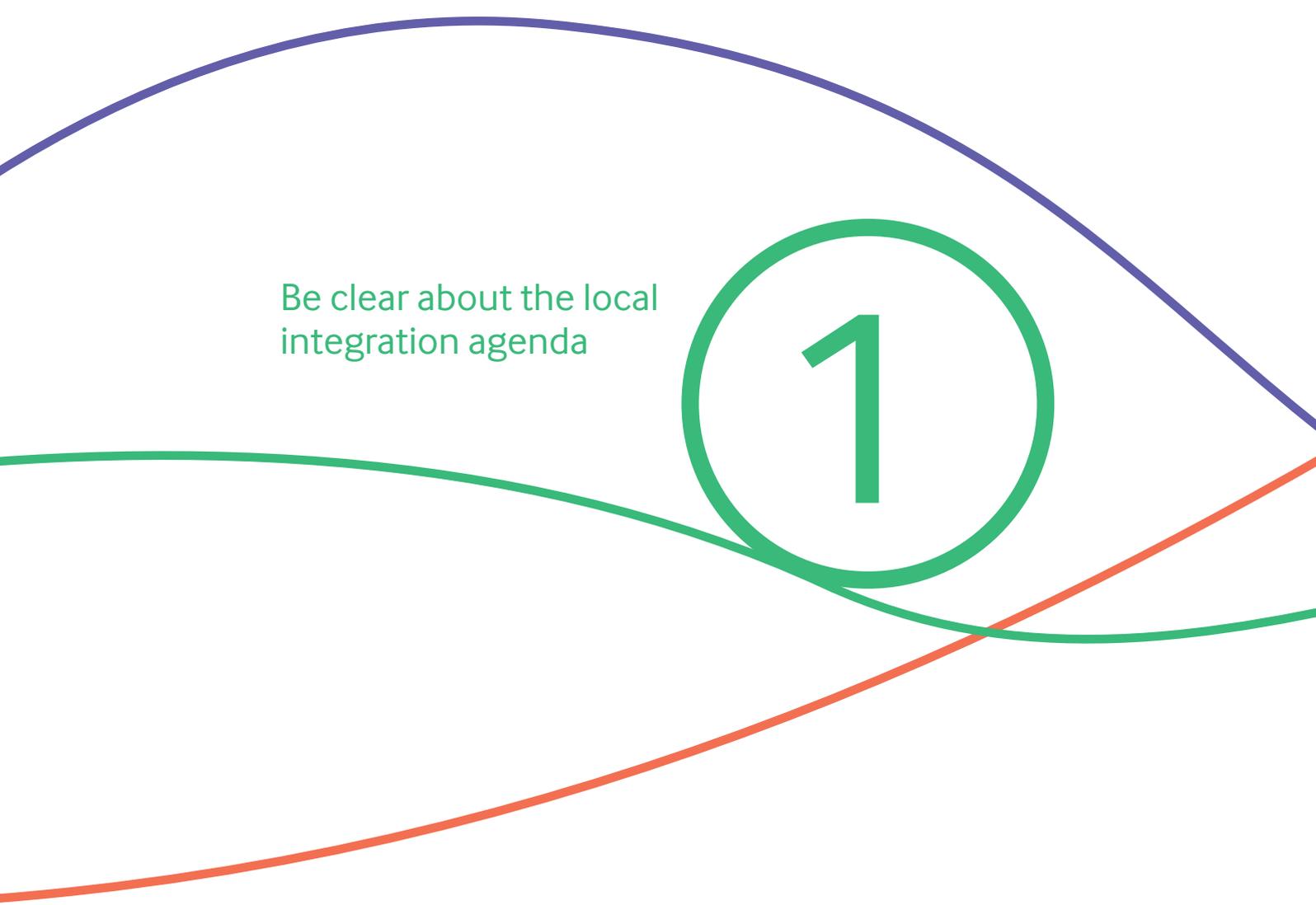
Implement successful
workforce change

2

Address the integrated workforce
management challenge

1 Step 1: Be clear about the local integration agenda

There are many different forms of integration in practice, and an almost equivalent number of views about which forms of integration are most effective. For workforce leaders it is essential for organisations to be clear from the outset about the form of integration best suited to meeting local needs. This is crucial if the right workforce management challenges are to be addressed.

Different routes to integration can be categorised as follows:

- integrated pathways

- integrated teams

- integrated management and governance

- integrated commissioning and planning.

While these routes are different, and each requires particular workforce management responses, they are not mutually exclusive. Often in practice these routes overlap or align as part of an overall local integration strategy. For example, Leeds has taken a mixed approach:

Pathways

Teams

People who use services

Management and governance

Commissioning and planning
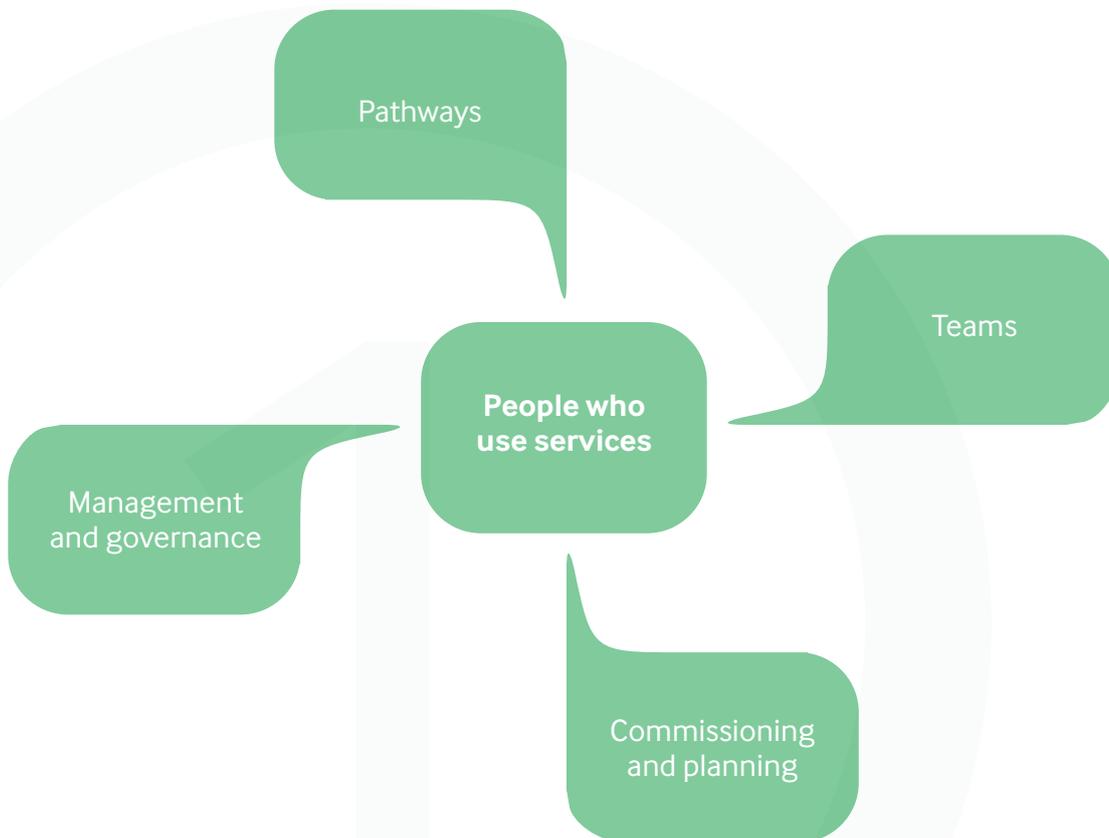
Leeds — mixed approach

Leeds City Council and Leeds Community Health Care Trust are currently developing 12 integrated neighbourhood teams across the city. Each integrated health and social care team is arranged around groups of GP practice populations to cover on average a total of around 60,000 people. Teams are made up of GP practice staff, social workers, district nurses, and community matrons. Initially, three demonstrator sites were established to test out the concept of integrated teams, and embed a proper, effective partnership approach. The sites would look at how opportunities for cooperation, co-location and co-production might bring the anticipated service user benefits and teach lessons prior to a citywide roll-out. Local workshops were held to start bringing staff and other stakeholders together from the different organisations involved in each site. The integrated teams were part of a wider model of integrated care in Leeds, including an integrated mental-health care pathway and integrated commissioning.

The integration initiative builds on a history of other partnerships and integration work, with a strong emphasis on careful piloting, and wide-and-early staff engagement to build commitment to the vision.

Three guiding principles — better, simpler, better value — have been used to develop measures of success for staff. For example: 'I am clear about my role and responsibilities, and how they fit with other roles in the whole system' and 'we have clear ways of sharing learning and best practice between teams'. [15]

Integrated pathways

Workforce planning is never an exact science. However, looking across care pathways can reduce duplication and streamline costs. Integrated care pathways linked to the needs of people using services are an increasingly common way of providing a more seamless service. Many organisations are combining this with an approach that seeks to identify — and target — partnership support on people at greatest risk. Integrated pathways primarily involve redesigning operational and management systems to ensure services are tightly focused on need. This type of integration tends not to focus on pooling resources or restructuring organisations. As such, the integrated pathways approach is often seen as a comparatively straightforward approach to improving integrated services. It is of particular relevance to independent sector organisations who do not wish to lose their own identity or brand, but who recognise the importance of joined-up care.

It does require workforce leaders to focus in particular on:

- understanding the impact existing workforce configurations have on people's experiences of services and the quality of care, and how these workforce configurations could be improved

- shaping and testing new improvements to pathways and, through the workforce, ensuring they have a positive impact on care

- changing professional practice and roles to better meet the needs of people who use services.
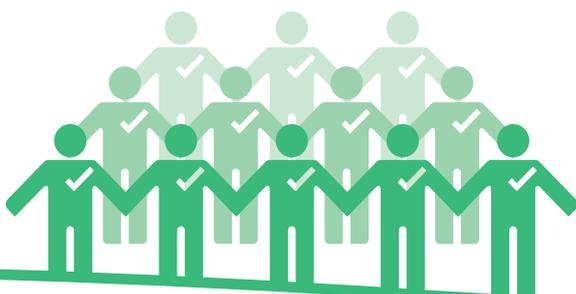
1 Step 1: Be clear about the local integration agenda

For example, a CfWI study of an integrated discharge care pathway in Cambridgeshire[16] (designed to reduce the number of delayed discharges at Addenbrookes hospital) identified a number of particular challenges workforce leaders should address:

Cambridgeshire – discharge pathway

Integrating working practices
The integration of the acute and community sectors involved bringing together organisations with different working practices. It was imperative to implement a process of change management that recognised these differences and gave everyone the chance to contribute to the changes being made. Appointing a strategic manager to sit at the interface between acute and community services in order to manage the change process greatly assisted in the integration of acute and community teams.

Understand competing priorities
Similarly, where people bring forward different priorities, it is important to identify, understand and address differences to ensure everyone works together towards common goals.

Clear roles
During implementation there can be confusion about who is responsible for what in a new structure. It is vital everyone clearly understands new roles and responsibilities, and how these fit into the overall process. Such understanding frees up time and realises results in a more efficient structure.

Common language
With so many roles involved in discharge planning, it is inevitable that different forms of jargon, shorthand and acronyms are used in verbal communication and in written records. This can lead to major problems and delays as queries pass between departments to clarify what someone requires upon discharge. Inter-professional training can help establish a common language and enhance inter-professional working.

Integrated teams

Integrated or multidisciplinary health and social care teams have been developed in numerous areas over many years. Such teams can better meet needs and improve outcomes for individuals by:

- clear common referral and response systems

- coordinated multidisciplinary approaches to addressing people's needs

- an environment for different professionals to work together and learn from each other.

There is no reason in principle why integrated teams cannot manage staff employed by more than one employer. There are examples of independent and voluntary sector organisations who have worked with their public sector colleagues to create integrated teams through secondments and placements of staff.

There is a different emphasis in managing workforce development for integrated teams than that of integrated pathways. Here, workforce leaders can add value by focusing on the following:

- **Joint enterprise**, where successful integrated team working requires practitioners to reconcile professional values and roles with the aims and objectives of the joint enterprise, and to understand the roles and responsibilities of other team members. Changes to staff employment involving transfer of undertakings protection of employment (TUPE) regulations can also be a major barrier to change but can be overcome.[17]

- **Managing integrated teams** needs to ensure the right arrangements are in place to manage multi-professional and inter-professional teams. Through effective workforce management and accountability, which incorporates professional as well as organisational support, staff can feel more secure and confident in their roles and working environment.[18]

- **Information systems** encompass planning for the right systems to support staff. Having separate information systems with different formats for clinical documents, and no facility for shared access to information about people using services, makes the coordination of care more difficult.[19]

- **Legal obligations** are another point of focus. For example, the High Court[20] has raised the possibility that public bodies engaged in joint working may owe more extensive legal obligations to the employees of partner organisations than was previously considered likely. Where one provider obtains information suggesting that another provider's employee may be at risk it should not be assumed disclosure outside the provider's organisation is prohibited. The case for disclosure of the information may be compelling, and policies that cover use of information and joint-working protocols should anticipate this possibility.

- **Developing the workforce** involves supporting people to engage in a new way of working. This might include the following examples.

  - To establish shared values and a collective, communicated vision.

  - Involving operational staff in early discussions about planned integration is one way to overcome misconceptions about new services. Regular meetings provide an opportunity to develop policies and procedures as well as offering a setting to resolve problems and review practice.[21]

  - Staff and organisations involved should understand the aims and objectives of the team, and appreciate the relevance of the initiative locally.

  - Team building supports a climate of trust, reciprocity and respect between members, and promotes clinical and professional engagement. Integrated team working is supported by co-location. But it is important to keep in mind that this is a means to an end rather than an end in itself. [22] [23]

  - Ongoing communications keep the programme prominent in the minds of all staff. Staff remain clear on what the changes are and what is happening when; they are not able to return to the 'status quo'.
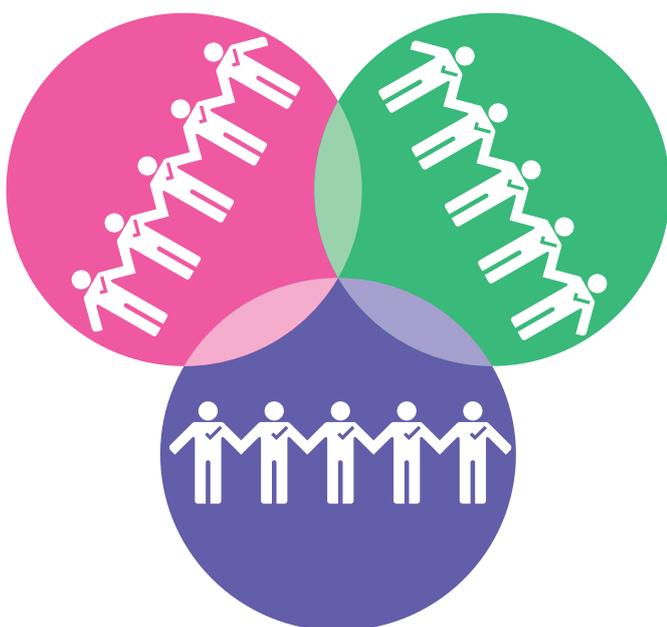
> 'Integration is a journey, not a big bang approach — it's important to plan what you want to achieve, when, how and with whom. It's important to keep reminding people of the journey so that they don't forget they're still travelling.'
>
> Integration programme manager, local authority

- **Professional and organisational cultural differences** between team members may present a significant challenge to effective integrated team working: 'Insufficient attention is paid in policies to the cultural dimensions when professionals from diverse disciplines work together, often related to poor role definition and a heritage of misunderstandings and even mistrust'.[24]

1 Step 1: Be clear about the local integration agenda

Gwent Frailty Programme

From 2011, Aneurin Bevan Health Board and five Welsh local authorities began to implement the Gwent Frailty Programme, an integrated team model of care for frail people.

Key features included:

- a health and social care community resource team in each locality

- a single point of access; a pivotal role of the integrated support and wellbeing (SWB) worker

- service users with named case coordinators

- triage undertaken by experienced and trained workers

- pooled budgets

- integrated records

- developing the use of new technology.

Teams provide three levels of support in the individual's home, and the level of response varies as support needs change over time. Rather than put in place a single Gwent-wide service model, partners agreed on a franchise approach based upon consistent values and principles. However, the approach also recognised the different starting points across Gwent for implementing the programme. In developing the scheme, partners stressed the importance of focusing on culture, not structure; of engagement with staff; of achieving and maintaining the confidence of GPs; and of strong leadership, commitment and drive. Changes were introduced incrementally, with a long run-in period. There was a strong sense of shared purpose and the unifying concept of 'happy independence'.[25]

Integrated management and governance

Structural and organisational integration has also been a common form of integration over recent decades. There is considerable experience to draw on from across the UK. Evidence indicates that integrated structures do not necessarily lead to integrated practices, and a general point of emphasis is that structural integration does not necessarily deliver effective service improvement:[26]

It is not structures per se that determine the degree of success for health and social care integration but the detail of local implementation... areas where initiatives have been less successful have evidenced clashes in culture and insufficient preparation and commitment.[27]

- **Putting the individual at the centre** includes an in-depth understanding of the issues and problems integration is intended to address, and how organisations' design can secure improved practice and outcomes for people using services.

'What is the right workforce for care at home integrated around the individual? We need to start with this question and work from there.'

NHS Director of strategy and business development

- **Developing effective service models** involves developing and testing models for organisation, governance, management and workforce design that will deliver the vision and improve services. Designing integrated performance management frameworks[28] and using incentives and rewards for integrated working and collaboration can facilitate structural integration by re-enforcing common goals and measures of success. Consulting staff about pay and harmonisation of terms and conditions may be particularly challenging, especially if incentives such as levelling up are not available. There may be a need to think through differences in policies, issues such as professional independence, and access to professional development and supervision.

- **Clear leadership** comprises supporting staff throughout the integrated organisation to adjust to new systems, practices, roles and responsibilities. Quality, style and continuity of leadership can be critical to success. Leaders should develop strategies to build and maintain a clear, shared and persuasive vision and goals; engage professionals and other staff; develop relationships with partners; and drive improvements in quality.[29] Allowing time and resources for organisational development work to develop shared goals and values is likely to lead to successful mergers.[30]

'It's the people, personalities and relationships that make things work — it needs enthusiasm, creativity and vision to get over the barriers. Time and energy must be spent engaging with staff to deliver the changes, building an appetite and energy for change, and getting people on board and feeling ownership from the outset.'

Organisational development manager, CCG

Torbay Care Trust

Torbay developed an integrated care trust over a long period of time, building incrementally, and using a person-centred approach, focused on how delivery could benefit 'Mrs Smith'. Following a pilot integrated co-located team of community health and social care staff and services, which was centred on three local GP practices in Brixham, a locality general manager was appointed. This was followed by a health and social care coordinator with a specific remit to streamline referral pathways in 2005. At the same time, Torbay established a merged post of PCT chief executive and director of social services.

Torbay Care Trust was created in 2005, contracted to provide all social care functions for the council and with a single budget. A single commissioning team was formed from existing staff in the council and Torbay PCT, while at provider level, an integrated management structure for the PCT and adult social services was developed and implemented. Then added was an integrated IT system for sharing information, along with ward-based health and social care coordinators, and improved access to intermediate care, including the creation of generic health and social care assistant posts.[31] [32]

The experience of Torbay highlights crucial workforce elements:

- a vision led by the benefits for the individuals who require support

- building on a local history of partnership working

- a bottom-up approach built on the initial pilot

- the transparency of the process (e.g. quarterly seminars were held for staff from both organisations, independently chaired and with management response to questions within a week)

- health and social care co-coordinator posts which involved innovations in skill mix and staff substitution

- a common understanding of integration.

1 Step 1: Be clear about the local integration agenda

Kent County Council, Kent Community Health Trust and Kent and Medway NHS and Social Care Partnership Trust

Kent County Council is working in partnership with Kent Community Health Trust and Kent and Medway NHS and Social Care Partnership Trust to deliver (co-located where possible) integrated health and social care teams, and to work towards coterminous boundaries with CCGs.

An overarching framework for integration of adult health and social care will allow CCGs the flexibility to implement different models locally. This will mean slightly different service configurations across the county. However, the key elements of the new model of care are that multidisciplinary teams should work in an integrated way and there should be a 'single point of access' for people who use services. Services involved include primary care nursing, community matrons, older people's mental health services, intermediate care, social care enablement and social care case management.

Work started two years ago with a focus on function and a deliberate decision against organisational merger, in order to avoid disruption for staff. A multi-agency HR subgroup was established to support the programme board and local implementation teams. To achieve successful integration, they have developed:

- a staff guide to integration
- a training-needs plan
- a new HR plan to support the development of the multi-disciplinary practice-linked teams, integrated neighbourhood teams, front-line referral services and joint management structures to achieve successful integration.

The HR plan covers leadership and integrated management, organisational development, organisational design, recruitment and retention, engagement and consultation, employee relations, and data provision.

Workforce development, sharing of good practice and engagement from all levels of staff are vital elements of this ambitious programme of transformation. A compact between the organisations commits to offer: joint induction, training and development, and joint auditing and review of performance by integrated teams.

Integrated commissioning and planning

Integrated commissioning and planning involves two or more commissioning agencies acting together to co-ordinate their commissioning and planning activity, taking joint responsibility for translating strategy into action. This form of integration is particularly relevant for local authorities and CCGs. Many examples are now emerging of new joint arrangements. This is partly in response to and partly contributing to the changing environment and nature of the workforce. Since 2007, this has been underpinned by the requirement for local statutory agencies to carry out a JSNA to assess local need.

Under the Health and Social Care Act (2012),[33] health and wellbeing boards now have responsibility for JSNAs and will be developing their role in integrated commissioning and planning. This form of integration presents particular challenges for the workforce leader, such as those listed below.

- **Aligning commissioning and workforce strategies** is one challenge. Linking commissioning and financial plans to integrated local workforce strategies can strengthen integration at a strategic level, but can be difficult to achieve in practice. It is important to ensure they cross-refer and take each other into account.

- **Capacity building:** commissioning skills and experiences are very different between health and social care. There may be scope for development of capacity in both sectors (through learning and development support, and opportunities for sharing knowledge and skills across partnerships).

- **Organisational fluidity and turbulence** involves a turbulent organisational and fiscal environment creating uncertainty for workforce planning, as well as for provider organisations engaged in service delivery, where commissioners are cutting costs and have restricted ability to commission for the long term. The emergence of new forms of provider (such as social enterprise and mutual organisations) adds not only further complexity but also new opportunities to the local commissioning market.

- **Relationships with providers** relates to workforce leaders needing to develop and build their relationships with the growing range of providers involved in the delivery of health and social care. This forms part of creating a favourable climate for integrated commissioning and planning. It can be achieved by making links with umbrella organisations representing groups of providers.
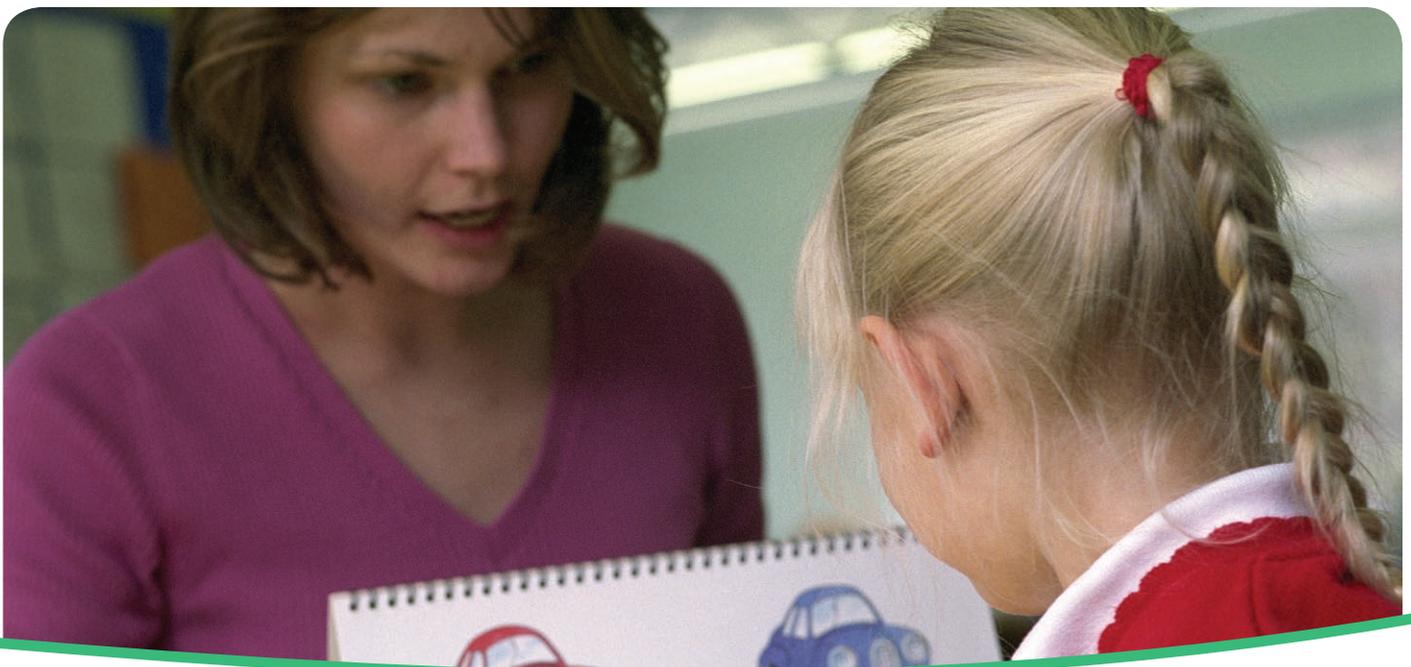
1 Step 1: Be clear about the local integration agenda

The workforce implications of different integration routes at a glance:

Route to integration	Opportunities	Challenges
Integrated care pathways	This route tends not to focus on pooling resources or restructuring organisations so is often seen as a comparatively straightforward approach. Independent organisations can maintain their own identity and brand. A strategic manager and process of carefully handled change management and staff engagement can support the integration process effectively.	Workforce leaders need to understand the impact of current workforce configurations on people who use services in order for experiences to be improved. Competing priorities can slow the process down. Poor understanding of new roles and responsibilities can prevent integration becoming a success. The lack of a common language can hinder effectiveness.
Integrated teams	There is no reason in principle why integrated teams cannot manage staff employed by more than one employer. Some independent and voluntary sector organisations have worked with public sector colleagues to create integrated teams through secondments and placements of staff. Involving operational staff in early discussions about planned integration is one way to overcome misconceptions about new services, while regular meetings provide an opportunity to develop policies and procedures as well as offering a setting to resolve problems and review practice.[34] Establishing shared values and a collective, communicated vision supports staff to understand the aims and objectives of the team, and appreciate the relevance of the initiative locally. Team building supports a climate of trust, reciprocity and respect between members, and promotes clinical and professional engagement.	Changes to staff employment involving TUPE regulations could be a major barrier to change but can be overcome. Another challenge involves legal considerations around use of information and joint working protocols. Consideration should be given to ensuring the right arrangements are in place to manage integrated teams, and new roles and responsibilities are planned effectively to deliver better care. Staff should be supported with systems, support and shared access to information. Integrated team working is supported by co-location, but it is important to keep in mind that this is a means to an end rather than an end in itself.[35 36]

Route to integration	Opportunities	Challenges
Integrated management and governance	Designing integrated performance management frameworks[37] as well as using incentives and rewards for integrated working and collaboration can facilitate structural integration by re-enforcing common goals and measures of success. There is an opportunity to obtain in-depth understanding of the issues and problems integration is intended to address, and how organisations' design can secure improved practice and outcomes for people using services. Allowing time and resources for organisational development work to develop shared goals and values is likely to lead to successful mergers.[38]	Consulting staff about pay and harmonisation of terms and conditions may be particularly challenging, especially if incentives such as levelling up are not available. There may be a need to think through differences in policies. There may also be a need to think through issues such as professional independence as well as access to professional development and supervision. Continuity of leadership will be critical to success by supporting staff throughout the integrated organisation to adjust to new systems, practices, roles and responsibilities.
Integrated commissioning and planning	Commissioning skills and experiences are very different between health and social care. There may be scope for development of capacity in both sectors through learning and development support, and opportunities for sharing knowledge and skills across partnerships. The emergence of new forms of provider – such as social enterprises and mutuals – brings new opportunities to the local commissioning environment. Opportunities to develop and build relationships between workforce leaders and the growing range of providers will support integrated commissioning and planning.	Linking commissioning and financial plans to integrated local workforce strategies can strengthen integration at a strategic level, but be difficult to achieve in practice. It is important to ensure they cross-refer and take each other into account. A turbulent organisational and fiscal environment creates uncertainty for workforce planning, and for provider organisations engaged in service delivery (where commissioners are cutting costs and have restricted ability to commission for the long term).

② Step 2: Address the integrated workforce management challenge

Workforce management is a complex and demanding responsibility, especially in the context of changing services and financial pressures. Workforce leaders should ensure the right people are in the right place with the right skills, so that they can deliver the right care at the right time. It is a combination of three interrelated activities: workforce intelligence, workforce planning and workforce development. In the context of integrated care, each of these areas presents specific challenges to workforce leaders.

'Workforce planning is never an exact science but we face significant challenges in planning for a future of emerging new roles and delivering person-centred care across boundaries that the current workforce data can't keep track of. It is therefore critical to ensure we use what we currently know about the future to its best potential and take a joined up approach between workforce intelligence, planning and development.'

Workforce planning manager, LETB

Workforce intelligence

Workforce intelligence involves analysing and managing information about the resources, capacity, skills and knowledge available to meet the demands of people using current services. It also involves projecting future needs as well as workforce supply and demand and associated costs. Some of the key workforce challenges for those leading service integration include:

- collecting robust data on an increasingly diverse workforce across health and social care, and sharing and analysing the data to support workforce planning

- developing the personalised workforce (for example those who deliver care to people using personal budgets and personal health budgets, who employ their own staff)

- understanding future policy, economic and technological development on future health, care and support needs.

'There is a responsibility to be optimistic. We need to be forward and fresh thinking to realise the potential of integration. We need to have honest conversations about what services might look like and how it could work.'

Chief accountable officer, CCG

Airedale NHS Foundation Trust

Airedale NHS Foundation Trust's innovative use of cutting-edge technologies led to a 45 per cent reduction in hospital admissions and 69 per cent reduction in accident and emergency (A&E) attendances from care homes over the last 12 months, reducing the number of people arriving at A&E who can be treated more appropriately elsewhere. This required a considerable shift in how the workforce was planned and organised.

Airedale NHS Foundation Trust set up a telehealth hub in September 2011. The Trust used the latest videoconferencing technology to connect people (living in care homes, their own homes and in prisons) to specialist medical care, 24 hours a day and seven days a week. The system used secure, encrypted and confidential videoconferencing technology.

The hub is staffed by qualified nurses. These nurses assess and triage people, support care home staff in providing additional care, and call upon GP, emergency, community or consultant support when needed. The system has been popular with people using services, and gives staff and carers the reassurance of immediate access to specialist help without the need to move people to GP surgeries or hospital emergency departments. Similarly, prisoners are seen via the telehealth hub without the need for escort to hospital.

An integrated approach to the health and social care workforce was essential to the success of the model. This includes the following factors:

- The workforce is willing to adjust to new ways of working.

- Different parts of the workforce can access records through a shared electronic patient record between primary and secondary care. This delivers more joined-up care during teleconsultation.

- Good communication with staff across the sectors was essential and kept the workforce engaged. This included the community nursing teams, GPs, ambulance staff, care home staff and the wider social care workforce in the community.

- Joint training initiatives were developed, including joint training with NHS and care home staff. For example, specialist nursing staff needed a comprehensive knowledge of local health and social care services to signpost support.

Airedale NHS Foundation Trust sees future opportunities: teleconsultation enables consultants to work across a range of hospitals, at a distance. As a result rotas are more sustainable, and paramedics can be supported in emergencies. This in turn leads to better targeting of resources to where they are most needed, since much of the unplanned, reactive and costly care becomes more manageable.

'80 per cent of the future workforce is already employed in the current workforce so there is pressure to start doing things in different ways. There will need to be greater flexibility in the workforce.'

LETB workforce planner

(2) Step 2: Address the integrated workforce management challenge

Analysing population projections and estimating future numbers of people who are likely to need care and support will provide important indicators of likely workforce demand. For example, it will be critical to monitor and analyse the impact on services of the growing number of children with complex needs and their transitions through to adulthood. Integrated health and social care services should understand the prevalence and impact of the wide range of care needs, and plan services to meet these increasingly complex needs in the future.

'There are around 800,000 people in the UK who have dementia. Based on current projections, by 2021 there will be over 1 million people living with dementia in the UK. Currently this costs the NHS, local authorities and families £23 billion a year. By 2018, this sum will grow to £27 billion.'[39]

'For the first time, improved health care for people with learning disabilities means that they are living longer. This change brings both opportunities and challenges. There has been high profile research which has shown that some people with learning disabilities have previously experienced second rate health care, and we know as people get older they may be more likely to experience worse health.'[40]

Workforce planning

Local authority commissioners have relatively little direct control over the total social care workforce, the majority of which are employed in social care work in the independent sector. Greater plurality in healthcare markets envisaged by the Health and Social Care Act 2012[41] is also likely to mean commissioners will have reduced direct employment control over the healthcare workforce. Strong partnerships are therefore required between commissioners, providers, and education and training organisations. These partnerships can address the developments to ensure an appropriate workforce exists to fulfil new roles across changing markets. There is a link to be made between market development and workforce planning.

'It is important to align workforce planning and market development – those signals to the market are critical in order for us to build capability.'

Social care provider
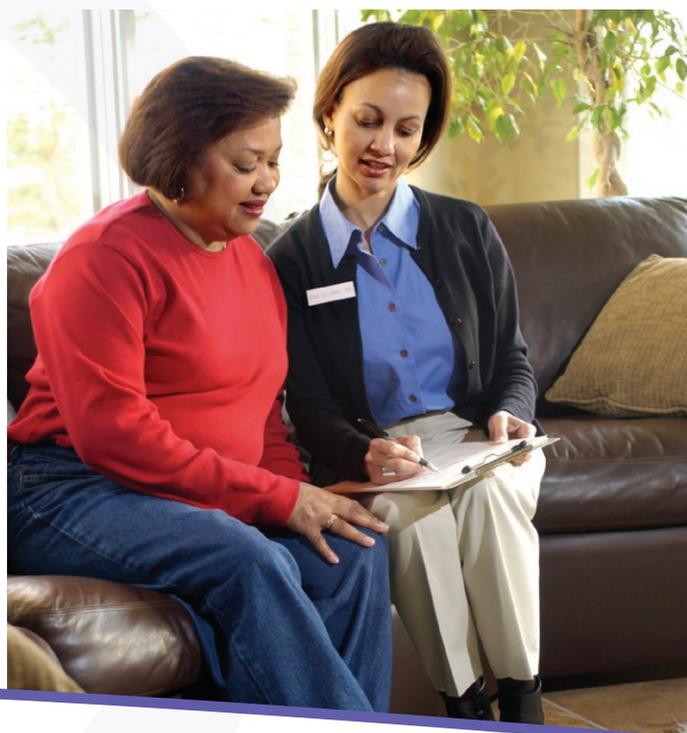
Workforce planning provides opportunities for workforce leaders looking to achieve greater service integration. Some opportunities are detailed below.

- There is the chance to achieve clarity across agencies on the purpose of integration and the workforce required to put integration in place.

- Resource challenges mean leaders will increase their focus on costs and seek value for money in skill mix and staff numbers. Looking at the skill mix across roles may be one way of effectively utilising staff cost.

- The ongoing implementation of personalisation, choice and control is encouraging the emergence of new employers, including those who receive direct payments and employ their own staff. Providers are also developing new roles across professional boundaries which support integrated delivery. These include health and social care coordinators who 'lubricate' referral processes[42] for example. Education and training will need to support these new roles.

'As the work of integrated teams evolved, it became clear that the appointment of health and social care co-ordinators was a critical innovation. Co-ordinators became the main point of contact for referrals and liaised with other team members to decide who should handle these referrals and how. They also worked closely with nurses, allied health professionals and social care staff to put in place appropriate care packages and support.'[43]

Workforce planning for integrated care services should consider regulation, safety and risk issues. On the one hand, commissioners and providers in an integrated environment need to ensure services support people using them to maximise their independence; on the other hand, commissioners and providers need to balance this by ensuring sufficient staff are in place with training to provide safe and effective care alongside regulatory requirements. Risk taking is an individual's right. Yet this right must be managed and supported to enable appropriate positive risk taking. The Berwick report into safe and effective NHS care made a recommendation for local government to 'take lead responsibility for promoting better integration of the boundaries between health and social care in the interests of patient safety and encouraging local government to fulfil its scrutiny role effectively'.[44]

'Risk is part of life, the two are inseparable and therefore people need to be able to take a person-centred approach to risk, focusing on what might go right as well as what could go wrong.'

Social care workforce specialist

'It is time to be asking some important questions of policy and the new NHS structures: who will take the lead on developing new professions? How will we know if there is a demand for innovative new roles nationally so that education institutions can develop training? Should we plan for skills rather than roles? And what is the role of regulation? I don't know the answers to these questions and we need to start the debate.'

Policymaker

PLANNING

CONCEPT

ANALYSE

FORECAST

DEVELOP

IMPLEMENT

EVALUATE
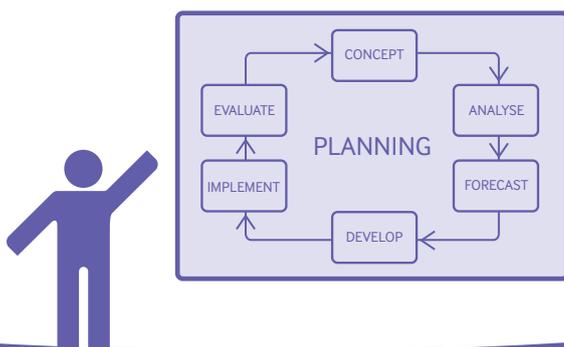
② Step 2: Address the integrated workforce management challenge

Workforce development

Workforce development embraces issues such as leadership, staff development, pay and conditions, wider HR strategy, and, crucially, organisational culture that supports integrated practice. Evidence from our research and discussions with workforce leaders has identified several workforce development opportunities for leaders driving integration:

- Clear leadership is essential in implementing effective integrated services. This involves: establishing a common vision and shared sense of purpose across partners, engaging with and motivating staff at all levels, and driving strategic changes such as the development of integrated workforce strategies.

> 'Involving staff early in planning integration will generate a greater sense of ownership of the vision.'

> Local authority director of
> adult social services

- Managing issues that relate to pay, pensions, and terms and conditions is inescapable, but frequently complex, contentious and time consuming. Maintaining a focus on the people who use services can help to reduce the risk of conflict. Exploring alternatives to full transfer of functions may identify other ways to achieve good outcomes for local people; for example, through increased partnership working, and integrated teams managed through staff placements and secondments.

- Health Education England (HEE) and its LETBs, along with Public Health England, provide the new structures to support workforce planning and development in health. To plan for an integrated care workforce it is crucial these bodies link with social care commissioners and providers. HEE is responsible for providing national leadership and strategic direction for education, training and workforce development and to ensure a nationally coherent system is in place. The HEE mandate sets out how the future needs of the NHS, public health and the care system will require greater emphasis on community, primary and integrated health and social care than in the past. HEE has an objective to ensure that it trains and develops a workforce with skills that are transferrable between different care settings.

> 'We are still training people to work in institutions even though person-centred care needs to be in the community. Trainees still want to work in hospitals because it's more 'sexy' than working in the community — if we can train people in the community we are more likely to get them to stay there.'

> LETB managing director

- Integrated care models may involve a move to multi-professional teams, different kinds of coordinated case management, care planning and assessment, new types of home-based care, and possibly different roles for staff. Staff will work across boundaries in new ways and with new types of skill mix. They will have the need to develop new skills and knowledge to support this integrated approach. A good understanding of the roles and responsibilities of other professionals will enable staff to maximise effectiveness and reduce duplication of tasks and roles.

'Ensuring continuing opportunities for professional development whilst promoting integrated workforce planning is critical, as staff may be concerned about the loss of specialist knowledge and expertise.'

Local authority director of adult social services

- New forms of employment and training initiatives such as apprenticeships are opportunities that could contribute to a more diverse, flexible workforce. The increasing take-up of direct payments over the past 10 years and the introduction of personal health budgets will have an impact on numbers, roles and ways of working. This will be particularly true for personal assistants, many of whom are not reflected in the workforce data currently collected.

- Most studies emphasise the need to develop supportive organisational cultures, paying attention to the 'softer relational aspects of partnership that act as a catalyst for integrated working'.[45] When considering the success of Torbay Care Trust, Thistlethwaite[46] highlights the importance of investing in a professional approach to organisational development and change management over an appropriate period of time, and noted that 'cultural, political and organisational differences and financial and other risks do not have to be deal breakers — they can be overcome'.

'Recognising the challenges that integration is likely to present in terms of intelligence, planning and development, and taking a strategic approach to addressing them, forms the bedrock of a successful approach to delivering well-integrated care and support.'

Local authority director of commissioning

'Workforce integration is about everyone thinking and working differently. For individual budget holders, workforce integration is an opportunity to engage their PAs in broader roles and challenge what workforce integration means when managing their own care and support.'

Skills for Care
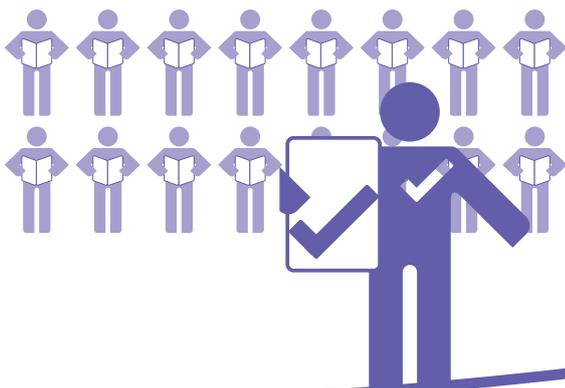
3 Step 3: Implement successful workforce change

The third step to shaping the right integrated workforce to meet local needs is to deliver the changes needed in a way which will produce lasting impact and ultimately better outcomes for service users. The evidence outlined in previous sections suggests that:

- People using services must be in the driving seat of service and workforce design.

- Policy levers and drivers are there to support the swift development of integrated services, and these levers and drivers can be harnessed to better plan and develop joined-up approaches to the workforce.

- Strategic approaches to integrated care, including the workforce, take many different forms. There is no right way to go about this, but it is important to align workforce planning and development around local need and requirements.

- Recognising the challenges integration is likely to present in terms of intelligence, planning and development (and taking a strategic approach to addressing them) forms the bedrock of a successful approach to delivering care and support around individuals.

- Partnerships, leadership and determination to achieve integrated care for people using services are essential to integrated care's delivery, despite barriers.

- Integration raises more questions than it can ever answer. The challenge nationally is to keep tight on outcomes and loose on the means of workforce configuration locally.

Drawing these themes together, the following sets of example questions illustrate the range of issues workforce leaders will want to consider when planning their approach to the workforce, no matter what form the local integration agenda takes. This list is not intended to be exhaustive but highlights the areas outlined as important during discussions with workforce leaders.

Vision and scope

Who will need to be involved in integration of services?

What jobs do they do?

What are their skill sets and what are their terms and conditions?

What organisations are involved; what are their governance and management arrangements?

What legal requirements are there which will influence future workforce design?

Scope

What about pay harmonisation?

Can terms and conditions be reconciled across workforce groups?

Do we have a joint plan to align resources and incentives around key priorities?

Focus

Have we modelled the integrated services to identify what kind of workforce will be needed to deliver the new model?

For instance, what numbers, skills, qualifications, skill mix and workforce flexibility will be involved?

Does the model place the needs of individuals at its heart?

How do we know?

Does the model require changes in staff role requirements?

Will it reduce the need for staff elsewhere in the system?

Are there people who have the same skills and capability to provide the same level and nature of care as others?

For example, could side skilling or upskilling existing staff help?

Workforce design

3 Step 3: Implement successful workforce change

Change management

Will moving to the new integrated model require a culture shift, and how will we manage this?

Change management

Where are we now in terms of the existing level of integration?

Where do we want to get to?

What joint activities does the workforce currently engage in?

Level of change

How will we know we have been successful?

What measures can we implement to monitor progress and impact in order to inform outcome-based commissioning and workforce planning and to ensure integrated services can be maintained and improved in the future?

How can we share learning with others?

'We need to embrace new technologies and think about the possibilities they give us.'

LETB workforce planner

Measuring success

'We need to think about skills rather than qualifications. For example, we can use a band 5 nurse in the community we don't necessarily need a qualified district nurse.'

NHS workforce planner

Has a skill set and training plan been established for each of the roles that support integration?

Could informal interdisciplinary training be used to ensure different staff members can perform simple interventions on behalf of each other?

Do we have leaders with the skills required for collaboration and integration?

What opportunities do we provide to managers across the public, VCSE and private sectors to acquire and strengthen their leadership and management skills?

What are we doing to identify and develop leaders to champion and manage integration?

What type of training is required?

Is there opportunity for multidisciplinary training?

Who will provide the training, when, how much will it cost, and what impact will this have on the day-to-day service?

'Start with a workforce plan — it's important to understand the capacity and capability of the existing workforce in order to plan for the future. We have to be able to understand the skills and competences of the current workforce, and think through what will be required in the future in order to benchmark progress.'

LETB workforce planner

Skills development

(3) Step 3: Implement successful workforce change

Engagement

'We need to analyse what needs to change first – where are we most fragmented, what absolutely needs to be integrated, who are the workforce leaders of the future and what is their job?'

Policymaker

What are current relationships like between those who will be involved in the integration programme?

What views do local people and people who use services express about the health and social care workforce and how it should be configured?

What is the current state of staff morale and staff engagement?

Views of stakeholders

'Is it more about coordination of services around the individual than integration of services? Is integration too ambitious? Shouldn't we prioritise what we can do now, in the medium term and in the longer term and approach it bit by bit? Coordination of services means more to the individual.'

Social care provider

What are we doing to demonstrate that we value and support staff?

What organisations are involved; what are their governance and management arrangements?

What legal requirements are there which will influence future workforce design?

What incentives are there for staff to engage and buy into a new vision or model of care?

For example, what opportunities are there for further training and flexible working?

What level of understanding about roles and responsibilities has been communicated to people using services, managers and other staff?

Will the new model involve a change in workforce roles and responsibilities?

Are we helping staff to understand how and why integration will affect roles and responsibilities?

'There is a lot of risk aversion and fear – we need to be brave and bold to make this work.'

Local authority director of adult social services

Staff engagement

3 Step 3: Implement successful workforce change

Systems

Are employers across sectors involved in LETBs?

Have we agreed shared outcome measures and performance targets?

How well developed are the relationships LETBs have with CCGs and the local health and wellbeing boards?

Are we routinely measuring and monitoring integrated care and support outcomes locally?

Collaboration

'There's a need to explore core competences of all staff members to get integration right, for the ability to manage whole-person care — having that grounding would break down silos. Professionals tend to focus on single issues rather than wider focus.'

Local authority director of adult social services

Does the model require pooled financial resources to ensure integration takes place?

Does the model rely on a particular geographical structure and is the workforce based in the right location(s) for that?

Do we have robust information-sharing protocols?

How are we joining up workforce planning, the JSNA, finance planning and service planning?

'We need to change the culture and perceptions of working in health and care. It's not all around hospital bases. We need to show that nurses work in GP surgeries, and doctors don't work only in hospitals so that we can attract people to areas of high deprivation.'

LETB managing director

Do we have the technology to support integrated care and support?

Supporting systems

Conclusion

There is a broad literature that supports the current drive towards integrated health, care and support services. However, evidence around the workforce implications is limited.[47] This paper provides a start, acting as a framework for people considering integrating health and social care services. In this way they can think about the workforce implications and various different approaches. It is timely to address workforce. Not only because of the economic and transformation challenges ahead for services. Workforce implications should also be addressed to spark debate about future health and social care need as well as to start discussion on how this health and social care need should be shaped around the individual.

> 'If integrated care is the choice for the future, its lifeblood will be the workforce, which comprises the vast majority of health and social care resource.'
>
> Chief executive, health and social care provider

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