Learning Network

Care Provider Alliance and NHS England

Workforce planning across Integrated Care Systems: Learning Summit Report

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Context

The Care Provider Alliance (CPA) and NHS England (NHSE) are supporting effective partnership working between the adult social care provider sector and integrated care systems (ICSs).

To support this, they have established a virtual Learning Network which will host a series of learning summits.

This session, held on 6 June 2023, explored the emerging models for joint workforce planning across health and social care at local level.

Good quality health and social care is dependent on skilled, well-led and valued staff. Health and care workers have a major impact on the lives of the people they support, and effectiveness of the overall system. Recruitment and retention continue to be major issues for the NHS, local authorities and social care providers – with some areas of the country seeing services close due to lack of safe staffing levels, whilst the need for care and support rises.

This Learning Summit was co-chaired by Vic Rayner OBE, Chief Executive Officer of the National Care Forum, and Sir David Pearson CBE, System Transformation Advisor, NHSE.

It included examples from Lincolnshire ICS and Staffordshire and Stoke-on-Trent ICS, plus presentations and discussions with people with lived experience, Skills for Care and the NHS England workforce team.

Key learning

- Workforce recruitment and retention is a clear issue for joint working across health and social care. Focus on tangible challenges which affect all partners and find solutions even if you cannot respond to every issue.
- Maintain the focus on ‘one workforce’. Even if some elements of the integrated workforce programme are NHS led, the overall approach needs to support, and not destabilise, other partners such as social care. No one partner can deliver integrated workforce solutions alone.
- Agree shared principles to underpin integrated workforce planning, such as a shared vision to attract the right staff, in the right roles, to deliver person-centred support to individuals.
- Co-produce workforce solutions with people with lived experience. They bring multiple perspectives, including the skills, attitudes and behaviours they need from health and care staff.
- Consider medium and longer-term workforce objectives, not just immediate needs. For example, NHS trained apprentices/reservists may move in and out of the NHS, social care or the voluntary sector – but the priority is to recruit and retain them within the whole system.
- Good data underpins joint working and planning. Analyse and discuss available data, and consider what needs to be collected in the future (e.g. reason for vacancies, exit data etc). Care providers need to be incentivised to share more data centrally, and benefits need to be clear to them (e.g. will analysis result in targeted support?).
- Be flexible and operate as supportive, equal partners from the start. For example, if NHS brand doesn’t resonate with the social care sector, use the integrated care system identity and branding, or co-create an alternative which is agreed across all partners.
- Work with system partners to find flexible solutions if variations in terms and conditions between the NHS and social care are impacting on recruitment. For example, can resources be used flexibly across the system?

Chair’s introduction

Vic Rayner, Chief Executive, National Care Forum

Integrated Care Systems (ICSs) offer a unique opportunity to improve the quality of health and care by reimagining how it is provided with full involvement from all partners.

Historically, workforce strategy and planning have been carried out at different levels – for example provider level, system level, regional level and national level. As a result, the workforce has been looked at through very different lenses – such as one perspective focused on place, one at pathways, and one at specific professions.

The ICSs have a real opportunity to take a more joined up approach that meets the needs of populations and supports and empowers *one* workforce across health and social care.

People want care provided in ways that make sense to them, and reflects their lives, their needs and their wishes. That is best achieved through integrated working including at a strategic level.

As our population grows and ages many of the challenges faced by health and social care will require more innovative models of care and a more integrated strategic approach to the workforce required to meet that need.

Health and social care face many of the same challenges when it comes to training, recruiting and retaining good staff, especially at a very localised level. That includes challenge such as local employment levels, alternative employers, housing and transport costs.

We need to develop the workforce for *all* services, including specialist services that are often sidelined, such as learning disabilities or social care mental health services.

Local approaches

Lincolnshire Integrated Care System

Melanie Weatherley, Chair of the Lincolnshire Care Association

Cerri Lennon, Director of People and Innovation, Lincolnshire Community Health Trust and the Senior Responsible Officer for People from Lincolnshire Integrated Care System.

Introduction

This is a summary of the Lincolnshire ICS presentation. For a full case study, visit the Learning Network page on the Care Provider Alliance website.

Lincolnshire focused on growing the workforce. Joint ways of working on workforce issues – such as the Care Certificate and Nursing Associates - were already well-established in Lincolnshire prior to the creation of the ICS.

Actions

In Lincolnshire, health and care partners worked together at the start of the Nursing Associate pilot programme, with a single cohort of associates training and rotating around the whole system. The local authority matched the HEE funding so that small social care providers could afford to take part in the programme initially. Once they saw the benefits, these providers continued to pay towards the programme.

Many of the original nursing associates have gone on to become nursing apprentices and they are able to continue to work within the social care sector and achieve their registration. Lincolnshire now has an apprenticeship provider that works across the whole system.

Members of the ICS are working together to engage local schools and encourage working in health and care as a career opportunity.

Structures and plans

Lincolnshire has a People Plan, a People Board which is system-wide and a separate Workforce Board focused on the NHS. Lincolnshire developed a People Team and a People Hub which work with wider system partners, including the Lincolnshire Care Association (LinCa), primary care and the voluntary sector.

Lessons learned from Lincolnshire

- Work on a specific issues together. It is much more productive than abstract discussions about how partners will work together.
- Consider the health and care workforce as one workforce. Health and care employers face the same issues and opportunities.
- Be willing to change the way you work as part of that whole system.
- Don’t be afraid to admit that an approach you have started is not working and try a different tactic.
- Relationships, leadership and behaviours are key. Make sure you understand the structure for engaging partners. Focus on shared endeavours and acknowledge each other as equal partners.
- Ensure all parties have a shared understanding of the lived experience of people using and working in health and care.
- Accept tension and work with it. Be at each other’s tables in order to work through the challenging issues.

Staffordshire and Stoke-on-Trent

Martine Stokes, People Resourcing Manager and Ruth Beard, Recruitment and Deployment manager, Staffordshire and Stoke-on-Trent ICS

Introduction

At the beginning of the coronavirus pandemic in 2020, the Staffordshire and Stoke-on-Trent ICS created a People Hub to recruit staff to support mass vaccination. Approximately 1,200 staff were recruited through the hub.

Staffordshire and Stoke-on-Trent had already been involved as a pilot site for the NHS National Reservist programme.

They built on that programme and their strong relationship with the local authority to co-design bespoke reservist models to benefit both health and care services.

New-to-care reservists

This programme aimed to recruit new care workers for the new enablement service without destabilising the rest of the local care market. These new recruits were appointed on NHS terms and conditions and then seconded back to the Council on a day-to-day basis. This model has been very effective and they are currently on their third cohort, with around 45 care workers recruited.

The approach was to recruit against values and behaviours – not experience. Retention rates have been good.

Offers for new staff included flexible working and paying for intensive driving lessons for successful candidates. As the initial contracts came to an end, the People Team worked to find them permanent roles within the wider system.

Ready-to-go reservists

Staffordshire also aimed to create and develop a pool of 'ready-to-go' reservists who could potentially be released from their day jobs to drop into gaps within providers who were pressurised by staff absences – for example due to sickness, and hard to fill vacancies, and also support providers of last resort.

The first attempt was ineffective, despite exceptional efforts. Reserves were recruited, but they were, in the main, already in substantive roles within already pressurised organisations.

Reservists underwent a range of training – including Skills for Care rapid induction training, manual handling, Mental Capacity Act, DoLS and safeguarding. But they needed to complete shadow shifts within social care. Due to the unprecedented pressures, care providers were unable to facilitate these shadow shifts.

As a result, they created the Staffordshire and Stoke on Trent Social Care Hub, which is focused on recruiting people who are new to care, or people who could come back into the sector again. The aim is to avoid destabilising other parts of the health and social care market. Care providers are now coming to the Hub with their workforce gaps, including maternity cover or long-term sickness, and with offers of shadow shifts. The Hub is currently in the process of matching candidates who have completed their pre-interview checks and training, with those shifts.

There are recharges for this, but it is not currently an income generating project. Unlike agency fees, providers do not need to buy or pay out to request or release the staff that they have from the Social Care Hub. Providers also have the option to offer permanent employment to these candidates at which stage they would transfer to their own payroll.

Retention of staff

The System-wide Retention Steering Group oversees the retention programme which supports care providers with:

- Career coaching conversations including structured one-to-one sessions for 10 weeks.
- Partnership Network meetings to support sharing of good practice on recruitment and retention.
- Care Friends – a staff referral app to encourage staff to refer a friend to a social care job. The app includes a tool to recognise and reward staff.
- 'We miss you' cards to send to valued ex-staff to encourage them to return.

The Voice of Lived Experience

Rich Amos, System Transformation Public Advisor

Recent legislation brings health, housing and social care closer together. It is important that these three big services work together because - at the end of it is a person who feels confused when services do not get to grips with new ways of working.

All services need to work with people with lived experience. It is about taking a whole person approach to understand their background and to appreciate all of their identities.

Workforce is really important, as we have seen through Covid. The service they deliver has to be tailored and personalised to individuals who are receiving care and

not a blanket approach. Personalisation is really high on the agenda, and people with lived experience want to be feel empowered and in charge of their care, to be able to live lives that allow them to achieve all of their ambitions. That begins with having the right workforce.

In Rich's case that means having three personal assistants and the right NHS teams supporting him in a coordinated way, including physios, hospital staff, those who maintain equipment and those providing day to day care. It means having the right people, in the right roles, with the ability to progress and develop in their careers.

Services should be coproduced and personalised, with people who use services having an input and influence at strategic, service and operational level of different aspects of the organisation.

> *"I would like to challenge everyone with remembering that the NHS (and social care) is a human-orientated service. Sometimes it feels as though policies and procedures dictate how things are delivered. But ultimately it should be about working alongside patients and people who use services and strengthening the workforce together."*

National Perspectives on Workforce Integration

Oonagh Smith, Chief Executive, Skills for Care

There are real opportunities for social care to get involved in decision making around planning, commissioning and funding care and support services. It is important to build a better understanding of what social care can *add* and to move away from the idea that social care is always a problem to be solved. This is really important for workforce planning; we know that we can plan better together when it comes to recruitment and retention.

Vacancy rates in social care are high with about 165,000 vacancies on any given day in the last year, and the sector is going to need about 500,000 more people by 2035. Skills for Care data helps with workforce planning by providing data on workforce challenges, gaps and trends. The sector needs to use that data in order to interrogate what we are seeing, plan for the future and understand what we are trying to build. Health and care need to think about joint training and how to delegate health tasks in a way that recognises, through renumeration, where those tasks are being delivered.

There are also challenges. Health and social care often compete for the same staff. If staff genuinely move between the two, that can help build understanding. If it is one way, it becomes a challenge. The difference in NHS and social care terms and conditions, and the dispersed social care sector can mean that the movement is more from social care to the NHS.

Social care provider representation and voice is not consistent in all systems, but there are systems where the care sector is appreciated for its assets and what it can teach. Health and care partners should use data to build better relationships and understanding on an equal basis as genuine partners and move away from narratives about social care being in crisis.

On the assets side, social care has a larger workforce than transport or food or drink, and it adds about £51 billion to the economy every year in England (see The value of adult social care in England). Consider what social care does best: prevention, personalisation and wellbeing - we all want that for our health and social care system.

There is a risk that we lose the focus on social care's strengths and focus on the challenges. We need to redress that balance.

Barney Levers, Director, NHS Workforce Plan, NHS England

(Note: At the time of the Learning Summit, the NHS Long-term Workforce Plan was not published).

The NHS Long-term Workforce Plan aims to set out workforce supply and demand arrangements, principally for the NHS, over the next 15 years. It recognises that the NHS does not work in isolation and that some NHS-trained staff are also needed within independent social care providers.

The focus is on how we create a sustainable workforce that can provide the range of services needed over the next 15 years – particularly how we are using out of hospital services, including primary care, community services, mental health services, and the broad health and care sector.

The plan considers:

- What skills will be required, recovery post-pandemic and training.
- How to make training more efficient, using more apprenticeships and placements across a range of services including social care.
- How to develop specialist and general skills to ensure health staff support the whole patient, including those with multiple comorbidities.
- Joint recruitment opportunities across ICSs, particularly for non-registered roles.

The plan includes several references to interdependence with the social care sector. These include the following key statement in integrated care partnerships:

> *18. The introduction of integrated care partnerships provides a unique opportunity. NHS systems and local authorities will be able to work more*

effectively together to provide integrated care that meets the health and wellbeing needs of the population they serve. This will include integrated workforce planning to best develop and deploy staff; for example, through opportunities for joint teams, joint training and rotation between NHS and social care settings. This will be important for services like public health, which improve population health and prevent ill health, and are vital as the population becomes sicker and has greater healthcare needs. Workforce planning, development and training for public health areas such as sexual and reproductive health and alcohol and drug treatment should benefit from improved joint working between ICBs and local authorities.

Chairs' reflections

Sir David Pearson and Vic Rayner

There is a strong sense that health and social care are in this together and it is the responsibility of everyone involved to work together to improve services and the responses to local people.

There are excellent examples of innovative practice – as outlined in this Learning Summit. Both examples emphasised the importance of seeing the local system - the services, people and workforce – as one entity trying to make a difference for the local population. The Nursing Associates model may be valuable when considering delegated healthcare tasks for social care. The Lincolnshire example echoed many of the themes in the Gordon Messenger review of leadership for a collaborative and inclusive future.

Workforce needs to be part of a wider joint health and care strategy.

Workforce planning needs to be grounded in what really matters – ensuring that we have the right staff available to support people in the ways that work for them.

We need a better understanding of what social care can add to the future of health and social care integration, and we need a plan for the future. Integration is too big an opportunity to miss out on.

Themes from Q&A

Local practice examples

1. **What can national bodies do to support innovative local practices, as outlined in the learning summit?**

   National bodies could take a more integrated approach – for example NHS retention guidance refers to the NHS. It should consider wider context including

social care. If it is overly NHS focused, it can make it challenging to engage social care colleagues.

NHS England and national bodies can set a clear expectation that local areas need to work together on workforce issues.

2. **What difference did the offer to join on NHS terms and conditions make to recruitment of 'new to the sector' staff in Lincolnshire?**

   'New to the sector' staff who came via the People Hub came in on NHS T&Cs, so there was a 'carrot' initially. Lincolnshire was concerned that there may have been concerns regarding pay disparities, but it did help attract new staff, and it has not been as big an issue as expected.

NHS Long Term Workforce Plan

3. **How will the NHS Long Term Workforce Plan help ICSs plan and deliver their own local integrated workforce plans?**

   ICSs are developing their five-year plans. The Workforce Plan is a long-term plan for 15 years. It outlines long-term improvements and actions we can take now to achieve them. It should support ICSs with medium and long-term workforce strategies, including data projections that model anticipated future patient need.

4. **Will the NHS Long Term Workforce Plan reflect that the NHS is a human-centred service and that is where the focus should be?**

   The plan focuses on long term workforce challenges and what will help to put the workforce on a sustainable footing, taking into account people's needs and how they draw on support.

5. **How do we capture the right workforce data? Much of appears to be quantitative data – not qualitative. Are we missing out on the richness of qualitative data from workers and people who use care and support?**

   The sector needs better insight to inform decisions, including decisions about the future workforce. Data is only valuable when it is analysed to improve understanding. The NHS has its regular NHS Staff Survey, and the intention is to do that for social care.

   Skills for Care, Capacity Tracker and local data systems are valuable, but they do not collate data on vacancies (other than Covid-related absence), or staff exit data.

   We also need to work with people drawing on care and support to consider what they need and want from the workforce.

Care providers – particular smaller ones - need to be incentivised to collect and share redacted data centrally and be given clear benefits from that data. For example, they need to see how that data can help support recruitment to a specific geographical location or role.

"A dashboard is a campfire around which we can all tell our stories."

Next steps

- **Contact us:** info@careprovideralliance.org.uk
- **Visit:** https://careprovideralliance.org.uk/integrated-care-learning-network
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Useful links

Recording, slides and report from Learning Summits

Resource pack with links and background information on workforce planning