Good practice and learning from ICSs

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.

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 Sheffield Council
Alexis.Chappell@sheffield.gov.uk.
One Devon

Devon ICS has established the One Devon partnership, which is a collaboration between the NHS, social care, local councils, voluntary communities, the social enterprises sector and people who use services in 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 julietreleaven@devon.gov.uk.

For further information, you can read our full case study on Devon ICS: One Devon
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 working model and approach has evolved and now has a clear vision to develop a health and social care workforce where they:

- have limited vacancies
- make the most of their diversity and rich talent
- ensure they are highly skilled
- work in a culture of collaboration and integrated working.
For further information, contact Michelle Feathersone, workforce, education and transformation lead at Health Education England: Michelle.Featherstone@hee.nhs.uk.

For more information you can read our full case study on GM ICS: Supporting integrated working through blended roles.
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 social 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.